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# **BENEFIT AND CONTRIBUTION SCHEDULE 2023**





**OPTION SELECTION AND PREFERRED GENERAL  
PRACTITIONER (PGP) NOMINATION FOR 2023**

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**CONTRIBUTION TABLE FOR 2023**

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**SUMMARY OF SASOLMED BENEFITS FOR 2023**

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# The choice is yours!

2 Sasolmed offers you flexibility around your choice of providers for the treatment of your family's chronic conditions:



3 On the **Comprehensive Network Option**, members can opt to pay the full contribution and to consult a wide network of general practitioners (GPs) and pharmacies as their designated service providers (DSPs) for their chronic conditions. A wide chronic medicine list (formulary) applies.



On the **Restricted Network Option**, members can opt for a discounted contribution and, in turn, agree to consult only a restricted network of GPs and pharmacies for their chronic conditions. A restricted chronic medicine list (formulary) applies.





### By selecting the Comprehensive Network Option:

- You can use ANY GP and ANY pharmacy as the DSP for your and your family's chronic consultation and chronic medicine needs (please remember to nominate a preferred general practitioner (PGP) as your co-ordinator of care - see footnote below).
- You will pay the standard contribution, based on your income and family composition (while there is a discounted contribution on the Restricted Network Option; read more in the adjacent column).
- A comprehensive medicine formulary (medicine list) will apply in respect of chronic medicine. This Comprehensive Network Formulary covers a more extensive list of medicines than the Restricted Network Formulary that applies to the Restricted Network Option (more information below).
- All other benefits and limits will be the same on the Comprehensive Network Option, as if you were to choose the Restricted Network Option – please check this Summary of Benefits for GP consultation and chronic medicine benefits for 2023.

Visit [mediscor.co.za](https://www.mediscor.co.za) > Information for Members > Search Client Medicine Formulary, and select the Sasolmed Comprehensive Network Formulary to view the chronic medicine list for this option.



### By selecting the Restricted Network Option:

- You agree to use GPs from a RESTRICTED network of GPs and the Medipost courier pharmacy as the DSPs for your and your family's chronic needs (please remember to nominate a PGP as your co-ordinator of care - see footnote below).
- You will get a discount on the contribution that you pay – approximately 10% less than on the Comprehensive Network Option.
- You agree to use medicine on a RESTRICTED medicine formulary (medicine list) – the Restricted Network Formulary – for your and your family's chronic medicine needs.
- You may incur additional co-payments or shortfalls on claims if you use non-network GPs, if you use a pharmacy other than Medipost, or if you use medicine that is not on the Restricted Network Formulary for your and your family's chronic needs.
- All other benefits and limits will be the same on the Restricted Network Option, as if you were to choose the Comprehensive Network Option – please check this Summary of Benefits for GP consultation and chronic medicine benefits for 2023.

If you or any of your family members have chronic conditions, please do the following before choosing the Restricted Network Option.

- Visit [mediscor.co.za](https://www.mediscor.co.za) > Information for Members > Search Client Medicine Formulary, and select the Sasolmed Restricted Network Formulary to view the chronic medicine list for this option.
- Decide if it will cover your needs and, if not, consider whether you are in a financial position to cover the shortfalls. If not, we suggest choosing the Comprehensive Network Option instead.
- Check the Restricted Network GP list to confirm whether your preferred GP is on the network. If not, and you are not willing to change to another GP who is on the Restricted Network of GPs, you should rather consider the Comprehensive Network Option in order to avoid additional co-payments on your chronic consultations.
- Check the Medipost brochure for information on how to order chronic medicine via Medipost. If you prefer to use your current pharmacy rather than switching to the designated courier pharmacy, you should rather consider the Comprehensive Network Option in order to avoid additional co-payments.
- Remember that you will be liable for additional co-payments if you choose this option (and pay the lower contribution) but do not use Restricted Network GPs when visiting a GP for chronic conditions, and the Medipost courier pharmacy when obtaining chronic medicine.

A contribution table is provided on page 3, but you can also login to [sasolmed.co.za](https://www.sasolmed.co.za) to view your total contribution, or to use our handy contribution calculator to calculate the impact of adding or removing dependants at any time during the year.



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

If you choose the Restricted Network Option, we encourage you to nominate PGPs from the Restricted Network GP list for anyone in your family with chronic conditions, to avoid additional co-payments on consultations for chronic conditions. You will need your preferred GP's name and practice code before you call **0860 002 134** or use the Option Selection and Preferred General Practitioner (PGP) Nomination form to nominate a PGP/PGPs.

## CONTRIBUTION TABLE FOR OCTOBER 2022 TO SEPTEMBER 2023

This table reflects the contribution payable to the Scheme based on a member's income and the number and type of dependants he or she has.

Note that whereas the Scheme's benefit year runs from January to December, contributions are adjusted from October every year.

	Principal member contribution  (Contribution payable as a percentage of monthly benefit value/control amount, or pension, subject to a minimum of R3 760 per month and a maximum of R27 880 per month)	Spouse/Adult dependant contribution relative to principal member's contribution  (Adult dependant contribution rates are payable for child dependants from the age of 23, unless they are permanently disabled)	Child dependant contribution, relative to principal member's contribution  (Child dependant contribution rates are payable for child dependants until the age of 23 and for permanently disabled children, irrespective of their age)
 <b>Comprehensive Network as Chronic Network DSP</b> (Any GP/any pharmacy/ wide chronic medicine formulary)	18.26%	70%	13.70%
 <b>Restricted Network as Chronic Network DSP</b> (Limited GP Network/Medipost courier pharmacy/ restricted chronic medicine formulary)	16.47%	70%	13.70%

There is a contribution discount of approximately 10% for choosing the Restricted Network as your Chronic Network DSP; however, please read the information on the previous pages carefully before making a purely financial choice. Make sure that the Restricted Network will work for you and your family, as you will only be allowed to choose your option when joining the Scheme, and thereafter again from 1 January each year.

### Choosing your benefit option and nominating a PGP:

- 1 Make sure you have read and understood the important information above.
- 2 Carefully consider your family's chronic needs in terms of choice of GP, choice of pharmacy and level of chronic medicine formulary cover.
- 3 Choose the **Comprehensive Network Option** for access to a wide network of GPs, a wide network of pharmacies and a comprehensive medicine formulary for the treatment of your family's chronic conditions.

OR

Choose the **Restricted Network Option** and agree to use the Restricted Network of GPs, the Medipost courier pharmacy and a restricted medicine formulary for the treatment of your family's chronic conditions.

- 4 • **If you are a new member joining the Scheme:** Use the Sasolmed Application for Membership form (available on [sasolmed.co.za](http://sasolmed.co.za)) to exercise your option selection and to nominate your PGP. Promptly return the completed form to the Sasol Contact Centre, Human Resources at [Shared.Services@sasol.com](mailto:Shared.Services@sasol.com).
- 5 • **If you are an existing member wanting to change your option or to nominate (or change) your PGP:** Complete the Option Selection and PGP Nomination form (available on [sasolmed.co.za](http://sasolmed.co.za)) and return it to the relevant email address on the form, by **9 December 2022**.

If you miss this deadline, you may only be able to change your option from 1 January 2024.

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

If you are choosing the Restricted Network Option and you and/or any of your family members have any chronic conditions, we recommend that you nominate a GP who is part of the Restricted Network GP list, as your PGP. Additional co-payments apply on this option for chronic consultations with GPs who are not part of the Restricted Network GP list. You are not obliged to nominate a PGP who is part of this network if you choose the Restricted Network Option, but you will incur the additional co-payments for chronic consultations with a GP who is not part of the network, even if he or she is your nominated PGP.

**Preventative care benefits**

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

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

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

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



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## Childhood immunisations

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

\* Rotavirus vaccine should not be administered after 6 months

\*\* Do not administer with another vaccine





## Additional programmes and support

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

Programme	
Active Disease Risk Management Programme	Maternity Management Programme
Back and Neck Rehabilitation Programme (DBC)	Mental Health Programme
Chronic Medicine Management Programme	Oncology Management Programme
Dental Management Programme	Optometry Management Programme (Opticlear)
HIV/AIDS Programme (YourLife)	Smoking Cessation Programme (Allen Carr's Easyway)
Hospital Benefit and Pre-authorisation Management Programme	Weight Management Programme (BASA)

Benefit category	Benefits	Limits	Authorisation   Additional information
<b>Allied health and alternative healthcare services in and out of hospital</b>			
<ul style="list-style-type: none"> <li>Audiology</li> <li>Dietitians</li> <li>Genetic counselling</li> <li>Hearing aid acoustics</li> <li>Occupational therapy</li> <li>Orthotics</li> <li>Podiatry</li> <li>Private nurse practitioners out of hospital (other than as an alternative to hospitalisation)</li> <li>Speech therapy</li> <li>Social workers</li> </ul>	100% of the lower of cost or Sasolmed tariff	Limited to R5 000 per beneficiary per year and further limited to R7 500 per family per year  20% deductible member co-payment	In-hospital services that have been specifically authorised as part an approved hospital admission are not subject to the annual limit and do not attract a 20% deductible co-payment  <b>0860 002 134 / authorisations@sasolmed.co.za</b>
Accupuncture, homeopathy, naturopathy and osteopathy - consultations			
Accupuncture, homeopathy, naturopathy and osteopathy - prescribed medicine	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	Subject to Acute Medicine limited benefit  20% deductible member co-payment	Subject to medicine management protocols  Exclusions may apply
<b>Ambulance services – contracted provider: ER24</b>			
Emergency medical transportation (only)	100% of cost	Unlimited  Benefit for medically justified cases only  Non-emergency transportation is not covered by the Scheme	Subject to prior approval from the contracted provider (ER24)  Call <b>084 124</b> for pre-authorisation or within 24 hours if unable to obtain prior approval due to the nature of the emergency  No benefits for ambulance services outside the borders of South Africa, or for repatriation of a beneficiary to South Africa

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Benefit category	Benefits	Limits	Authorisation   Additional information
<b>Appliances - in and out of hospital hiring and purchasing of appliances</b>			
General medical/surgical appliances, including: <ul style="list-style-type: none"> <li>blood pressure monitors</li> <li>foot orthotics</li> <li>glucometers</li> <li>incontinence products</li> <li>nebulisers</li> <li>walking aids</li> <li>wheelchairs</li> <li>contact lens for keratoconus</li> <li>CPAP and BiPAP appliances for sleep apnoea</li> <li>CPAP replacement masks</li> <li>CPAP humidifiers</li> </ul> Excluding diabetic accessories and appliances, other than glucometers	100% of the lower of cost or Sasolmed tariff	Overall limit of R12 575 per family The following sub-limits are included in the overall limit per family: <ul style="list-style-type: none"> <li>blood pressure monitors: R975 per family every 24 months from January 2023</li> <li>foot orthotics: R4 745 per beneficiary per year</li> <li>nebulisers: R1 082 per family every 24 months from January 2023</li> <li>walking aids: R1 407 per family every 24 months from January 2023</li> <li>contact lenses for keratoconus: R2 788 per lens per beneficiary per year</li> <li>CPAP and BiPAP appliances: one per beneficiary every 36 months from January 2022, subject to overall limit</li> <li>CPAP replacement masks: one per beneficiary per year</li> <li>CPAP humidifier: one per beneficiary every 24 months from 1 January 2023</li> </ul>	Doctor's prescription required CPAP and BiPAP appliances are subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b> Diabetic disposables such as syringes, needles, strips and lancets do not form part of this benefit, and are dealt with under the chronic medicine benefit– see 'Medicines and injection material' on page 15. Insulin pumps, continuous glucose monitoring devices and related consumables do not form part of this benefit, and are dealt with separately on page 8. Hearing aids and hearing aid repairs/reprogramming do not form part of this benefit, and are dealt with separately on below.
Specific appliances and accessories, including: <ul style="list-style-type: none"> <li>oxygen therapy equipment (excluding hyperbaric oxygen treatment)</li> <li>home ventilators</li> <li>long-leg calipers</li> <li>special neck and back braces and any custom-made appliances, home nursing equipment, etc.</li> </ul>	100% of the lower of cost or Sasolmed tariff	Unlimited	Doctor's prescription required Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
Stoma products	100% of the lower of cost or Sasolmed tariff	Unlimited	Doctor's prescription required
Hearing aids	100% of the lower of cost or Sasolmed tariff	R24 000 per beneficiary every 36 months from 1 January 2022 Member responsible for a R1 000 direct co-payment per purchase within the 36-month benefit cycle	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
Hearing aid repairs and re-programming	100% of the lower of cost or Sasolmed tariff	R2 400 per beneficiary every 36 months from 1 January 2022	No pre-authorisation required

Benefit category	Benefits	Limits	Authorisation   Additional information
Cochlear implants, including: <ul style="list-style-type: none"> <li>• Cochlear implant device</li> <li>• Initial speech processor</li> <li>• Cost of implant procedure</li> <li>• Rehabilitation costs</li> <li>• Bone cement, bone graft substitutes and bone anchors</li> </ul>	100% of the negotiated fee <b>OR</b> 100% of the lower of cost or Sasolmed tariff	R280 000 per beneficiary per lifetime	Subject to pre-authorisation and managed care protocols  <b>0860 002 134 / authorisations@sasolmed.co.za</b>
Upgrade or replacement of speech processors	100% of the negotiated fee <b>OR</b> 100% of the lower of cost or Sasolmed tariff	R187 000 per beneficiary per five-year cycle	Subject to pre-authorisation and managed care protocols  <b>0860 002 134 / authorisations@sasolmed.co.za</b>
Insulin pumps, continuous glucose monitoring devices (CGMDs) and related consumables	100% of the lower of cost or Sasolmed tariff	Unlimited	Subject to pre-authorisation and managed care protocols  <b>0860 002 134 / authorisations@sasolmed.co.za</b>  Continued patient compliance required, as monitored by the relevant managed healthcare programme
<b>Blood, blood equivalents, blood products and transportation of blood</b>			
Blood, blood equivalents, blood products and transportation of blood	100% of the lower of cost or Sasolmed tariff	Unlimited (including authorised erythropoietin)	Use of blood equivalents is subject to pre-authorisation and managed care protocols  <b>0860 002 134 / authorisations@sasolmed.co.za</b>

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Benefit category	Benefits	Limits	Authorisation   Additional information
<b>Consultations and visits with GPs and specialists</b>			
<b>GP consultations and visits:</b>			
In hospital	100% of the lower of cost or Sasolmed tariff 150% for childbirth in hospital	Unlimited	All in-hospital benefits are subject to an associated hospital pre-authorisation being obtained
<b>GP consultations and visits:</b>			
Out of hospital	100% of cost at contracted rate for network GPs <b>OR</b> 100% of the lower of cost or Sasolmed tariff for non-contracted GPs	Limited to eight consultations per beneficiary per year  20% deductible co-payment for non-PGPs  (Restricted Network Option only: additional 10% deductible co-payment for chronic consultations with a non-network GP, even if that GP is the nominated PGP)  The following GP consultations do not accumulate towards the annual limit: <ul style="list-style-type: none"> <li>• One annual GP preventative medical examination (see Preventative Care Benefits on page 4);</li> <li>• The 12 antenatal consultations with a GP, for beneficiaries on the Maternity Management Programme (see page 14); and</li> <li>• Mental health consultations, subject to an authorised treatment plan (see Mental health on pages 17 and 18).</li> </ul>	<b>Nominating a PGP:</b> Members must nominate a PGP for themselves and each of their dependants Consultations with a GP who is not the nominated PGP, will attract a 20% deductible co-payment (visit <a href="http://sasolmed.co.za">sasolmed.co.za</a> for a PGP nomination form)  <div style="border: 1px solid black; padding: 5px;"> <b>Restricted Network Option members only: an additional 10% deductible co-payment applies for chronic consultations with a non-network GP, even if that GP is the nominated PGP</b>    <b>(visit <a href="http://sasolmed.co.za">sasolmed.co.za</a> for the Restricted Network GP list)</b> </div> <b>Contracted Network GPs for chronic consultations:</b> <ul style="list-style-type: none"> <li>• Comprehensive Network Option: Any GP</li> <li>• Restricted Network Option: Restricted Network GPs</li> </ul>
Nurse-based virtual GP consultations	100% of the lower of cost or Sasolmed tariff	Unlimited	Benefit available at participating Dis-Chem clinics
<b>Specialist consultations and visits:</b>			
In hospital	150% of the lower of cost or Sasolmed tariff	Unlimited	All in-hospital benefits are subject to an associated hospital pre-authorisation being in place

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Benefit category	Benefits	Limits	Authorisation   Additional information
Out of hospital	100% of the lower of cost or Sasolmed tariff  (Specialist consultations for dentistry, maternity and optometry are dealt with elsewhere in this schedule)	Unlimited 20% deductible member co-payment  GP referral required  An additional 20% deductible member co-payment will apply if a patient consults a specialist out of hospital without a GP referral, except for: <ul style="list-style-type: none"> <li>an emergency medical condition (motivation may be required)</li> <li>dental specialists</li> <li>gynaecologists – maternity consultations</li> <li>gynaecologists – one visit per female per year for check-up and pap smear</li> <li>ophthalmological specialists</li> <li>paediatricians – visits for children under 12 months</li> <li>post-surgical care consultations</li> <li>specialist-to-specialist referrals</li> <li>specialist consultations that form part of an authorised treatment plan issued by the relevant managed healthcare programme</li> <li>urologists – one visit per male per year</li> </ul>	Subject to obtaining a specialist referral number  Please ask your GP to call <b>0860 002 134</b> for a specialist referral number before you visit a specialist  <b>You can limit or avoid additional co-payments by ensuring that you are referred by a GP before seeing a specialist for the first time.</b>

**Dentistry - cosmetic procedures are excluded from benefits**

**General anaesthesia and conscious sedation for dental procedures:**

In hospital	150% of the lower of cost or Sasolmed tariff	Unlimited  Benefits only available for:  - children under the age of eight years, and  - bony impaction of the third molars	Subject to pre-authorisation and managed care protocols  <b>0860 002 134 /</b> <b>In hospital: <a href="mailto:authorisations@sasolmed.co.za">authorisations@sasolmed.co.za</a></b> <b>Out of hospital: <a href="mailto:dental@sasolmed.co.za">dental@sasolmed.co.za</a></b>
Out of hospital	100% of the lower of cost or Sasolmed tariff		

**Basic dentistry:**

Out-of-hospital consultations and visits, including minor oral surgery and associated treatment, removal of teeth and roots, removal of wisdom teeth, exposure of teeth for orthodontic reasons, suturing of wounds, plastic dentures and dental technician's fees (including oral hygienist and dental therapist consultations)	100% of the lower of cost or Sasolmed tariff  200% for removal of wisdom teeth in doctor's rooms and/or for bony impactions in doctor's rooms as an alternative to hospitalisation	Unlimited	Subject to managed care protocols  All general anaesthesia and conscious sedation subject to pre-authorisation
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Benefit category	Benefits	Limits	Authorisation   Additional information
In-hospital consultations and oral surgery/ procedures	100% of the lower of cost or Sasolmed tariff 150% for specialists in hospital	Unlimited  Member responsible for a R1 500 direct co-payment per admission for dental procedures in hospital  (Co-payment may be waived, subject to clinically acceptable motivation and managed care protocols)	Subject to pre-authorisation and managed care protocols  <b>0860 002 134 / authorisations@sasolmed.co.za</b>  Lingual and labial frenectomies under general anaesthetic granted only for children under the age of eight, subject to pre-authorisation

**Advanced dentistry:**

Advanced dentistry limited benefit: Benefit for inlays, crowns, bridges, mounted study models, metal-base partial dentures, treatment by periodontists and prosthodontists, and dental technician's fees for all such dentistry	100% of the lower of cost or Sasolmed tariff	R11 908 per beneficiary per year and further limited to R15 362 per family per year  20% deductible member co-payment  (Advanced dentistry limited benefit does not apply to in- and out-of-hospital oral surgery/ procedures unless stated as such elsewhere in this schedule)	Subject to managed care protocols
Orthodontic treatment	100% of the lower of cost or Sasolmed tariff	Subject to the advanced dentistry limited benefit  20% deductible member co-payment	Subject to pre-authorisation and managed care protocols  <b>0860 002 134 / dental@sasolmed.co.za</b>

**Orthognathic surgery:**

Including hospitalisation, specialist and anaesthetist's fees, special investigations, materials, plates, screws and bone equivalents, and all associated costs	100% of the lower of the cost or Sasolmed tariff 150% for specialists in hospital	Subject to the advanced dentistry limited benefit  20% deductible member co-payment	Subject to pre-authorisation and managed care protocols  <b>0860 002 134 / authorisations@sasolmed.co.za</b>
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**Osseo-integrated implants:**

All-inclusive benefit for hospitalisation, dental practitioner, anaesthetist, bone, bone equivalents, all material and components and cost of the implants	100% of the lower of cost or Sasolmed tariff 150% for specialists in hospital	R19 230 per family  20% deductible member co-payment  (Crowns, bridges and special investigations are subject to the advanced dentistry limited benefit)	Subject to pre-authorisation and managed care protocols  <b>0860 002 134 /</b> <b>In hospital: authorisations@sasolmed.co.za</b> <b>Out of hospital: dental@sasolmed.co.za</b>
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Benefit category	Benefits	Limits	Authorisation   Additional information
<b>Maxillo-facial surgery and consultations – in and out of hospital:</b>			
Specific oral surgery by maxillo-facial specialists: Consultations and visits, removal of teeth, para-orthodontic surgical procedures and preparation of jaws for prosthetics	100% of the lower of cost or Sasolmed tariff 150% for specialists in hospital 150% for procedures under conscious sedation in doctor's rooms	Subject to the advanced dentistry limited benefit 20% deductible member co-payment (Osseo-integrated implants, orthognathic surgery, minor oral surgery/procedures and impacted wisdom teeth are dealt with elsewhere in this schedule)	Subject to pre-authorisation and managed care protocols <b>0860 002 134 /</b> <b>In hospital: authorisations@sasolmed.co.za</b> <b>Out of hospital: dental@sasolmed.co.za</b>
Maxillo-facial surgery: Surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery	100% of the lower of cost or Sasolmed tariff 150% for specialists in hospital	Unlimited (Osseo-integrated implants, orthognathic surgery, specific oral surgery by maxillo-facial specialists, and impacted wisdom teeth are dealt with elsewhere in this schedule)	Subject to pre-authorisation and managed care protocols <b>0860 002 134 /</b> <b>In hospital: authorisations@sasolmed.co.za</b> <b>Out of hospital: dental@sasolmed.co.za</b>
<b>Hip and knee arthroplasties and/or replacements – preferred DSP</b>			
Hospitalisation and all in-hospital costs, including accommodation, surgeon's fees, consultations, anaesthesia, physiotherapy, medicine and associated post-operative care via the preferred DSP	100% of cost at the negotiated fee for services rendered via the preferred DSP <b>OR</b> 100% of the lower of cost, negotiated fee or Sasolmed tariff if a non-DSP is used	Subject to the negotiated global fee via the preferred DSP  Member responsible for a R10 000 direct co-payment for voluntary use of a provider other than the preferred DSP  See 'Prostheses' for associated prosthesis benefit (the R10 000 co-payment above does not apply to the cost of the prosthesis itself)	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
<b>Hospitalisation – private and provincial hospitals, day clinics and alternatives to hospitalisation</b>			
<b>In-hospital services:</b>			
Accommodation in a general ward or high-care ward, intensive care unit, theatre fees and theatre medicines, medicines, materials, hospital equipment and blood transfusions	100% of the lower of cost or Sasolmed tariff Private wards covered for medically justifiable cases only and subject to pre-authorisation	Unlimited  Unlimited benefit excludes hospitalisation for osseo-integrated implants, orthognathic surgery, maternity, mental health, organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medicine, and refractive surgery – these are dealt with elsewhere in this schedule  Hospitalisation for hip and knee arthroplasties and/ or replacements are dealt with elsewhere in this schedule – see 'Hip and knee arthroplasties and/or replacements' above	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>

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Benefit category	Benefits	Limits	Authorisation   Additional information
<b>Casualty/Emergency room consultations with GPs and specialists (outpatient visits):</b>			
If the patient is admitted to hospital	Benefits as for in-hospital GP and specialist consultations	See 'Consultations and visits with GPs and specialists' on pages 9 and 10	Pre-authorisation required should patient need to be admitted to hospital <b>0860 002 134 / authorisations@sasolmed.co.za</b>
If the patient is not admitted to hospital	Benefits as for out-of-hospital GP and specialist consultations		
Facility fee for outpatient visits to a hospital's casualty ward/emergency rooms	100% of the lower of cost or Sasolmed tariff	Unlimited 20% deductible member co-payment	Co-payment will be waived for bona fide medical emergencies, subject to retrospective authorisation being obtained <b>0860 002 134 / authorisations@sasolmed.co.za</b>
<b>Alternatives to hospitalisation:</b>			
Sub-acute facilities, private nurse practitioners, hospice, nursing agencies, registered private nurse practitioners and physical rehabilitation facilities	100% of the lower of cost or Sasolmed tariff	Unlimited	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
<b>Infertility</b>			
Investigations, treatment, blood tests, counselling, procedures and surgery	100% of the lower of cost or Sasolmed tariff	PMBs only	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
<b>Immunodeficiency syndrome (HIV/AIDS)</b>			
HIV counselling and testing (HCT), antiretroviral and related medicines and related pathology and tests	100% of the lower of cost or Sasolmed tariff For medicine: 100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	Unlimited, subject to PMB regulations	Subject to registration on the HIV/AIDS Management Programme, and managed care protocols <b>0860 666 227 / yourlife@sasolmed.co.za</b>

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Benefit category	Benefits	Limits	Authorisation   Additional information
<b>Maternity – Pregnancy, childbirth and post-natal care</b>			
Antenatal consultations with a GP, specialist or registered midwife	100% of the lower of cost or Sasolmed tariff	12 visits per pregnancy  20% deductible member co-payment for GP consultations with a non-PGP  A GP referral is not required for antenatal consultations with a specialist or midwife	Subject to registration on the Maternity Management Programme  <b>0860 002 134 / maternity@sasolmed.co.za</b>  <b>Additional consultations for beneficiaries registered on the Maternity Management Programme only</b>  <b>For beneficiaries not registered on the Maternity Management Programme, GP consultations will be subject to the out-of-hospital GP consultation limit of eight per beneficiary per year</b>
Pregnancy scans, tests and amniocentesis	100% of the lower of cost or Sasolmed tariff	Two 2D-scans per pregnancy  One amniocentesis per pregnancy, including related pathology tests	Subject to registration on the Maternity Management Programme  <b>0860 002 134 / maternity@sasolmed.co.za</b>
Antenatal vitamin supplements	100% of the formulary reference price plus negotiated dispensing fee	Unlimited, subject to Scheme's antenatal vitamin formulary, and maternity treatment plan  (Benefits paid from acute medicine limit and subject to acute medicine co-payments, for beneficiaries not registered on the programme)	Subject to registration on the Maternity Management Programme  <b>0860 002 134 / maternity@sasolmed.co.za</b>  Beneficiaries enrolled on the Maternity Management Programme will have access to a basket of antenatal vitamin supplements as part of their authorised maternity treatment plan, from date of enrolment on the programme, for the balance of the pregnancy, and for another three months after the birth
Antenatal classes	100% of the lower of cost or negotiated Preferred Provider tariff	R500 per pregnancy  Benefits available via Preferred Provider or own provider	Subject to registration on the Maternity Management Programme  <b>0860 002 134 / maternity@sasolmed.co.za</b>  Preferred Provider: Parent Sense
Lactation consultations	100% of the lower of cost or negotiated Preferred Provider tariff	R660 per pregnancy for initial and follow-up consultation combined  Benefits available via Preferred Provider or own provider	Subject to registration on the Maternity Management Programme  <b>0860 002 134 / maternity@sasolmed.co.za</b>  Preferred Provider: Parent Sense

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Benefit category	Benefits	Limits	Authorisation   Additional information
<b>Hospitalisation (public or private hospitals):</b>			
Accommodation, theatre fees, labour ward fees, dressings, medicines and materials	100% of the lower of cost or Sasolmed tariff	Unlimited	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
Registered birthing units	100% of the lower of cost or Sasolmed tariff	Unlimited Hire of water bath and oxygen cylinder allowed from registered practitioners only	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
<b>Delivery by a GP, specialist or registered midwife:</b>			
Including services by an attending anaesthetist and/or paediatrician	150% of the lower of cost or Sasolmed tariff (in hospital or registered birthing unit) 100% of the lower of cost or Sasolmed tariff (out of hospital)	Unlimited Hire of water bath and oxygen cylinder allowed from registered practitioners only	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
Registered medicines, dressings and materials supplied by a registered midwife during and after the birth	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	Unlimited	Subject to pre-authorisation having been obtained for the delivery
Post-natal consultations with a GP, specialist or midwife	100% of the lower of cost or Sasolmed tariff	Four post-natal consultations with a midwife per childbirth <b>Post-natal consultations with GPs and specialists within six weeks of the birth are included in the doctor's global obstetric fee and are not chargeable to the member or the Scheme</b>	Subject to registration on the Maternity Management Programme <b>0860 002 134 / maternity@sasolmed.co.za</b>
<b>Medicines and injection material</b>			
Acute medicines and injections prescribed by a relevant healthcare practitioner: Including contraceptives, contraceptive implants/ devices and alternative healthcare medicines	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	M0: R5 496 M1: R10 118 M2: R12 691 M3+: R16 240  20% deductible member co-payment	Subject to medicine management protocols Exclusions may apply
Antenatal vitamin supplements	See 'Maternity – Pregnancy, childbirth and postnatal care' on page 14  No benefit for pharmacy-advised therapy (PAT) (over-the-counter medicine)	See 'Maternity – Pregnancy, childbirth and postnatal care' on page 14  No benefit for pharmacy-advised therapy (PAT) (over-the-counter medicine)	<b>Register on the Maternity Management Programme for access to a basket of antenatal vitamin supplements as part of your maternity treatment plan, without a 20% deductible co-payment and without using your available acute medicine benefits</b>

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Benefit category	Benefits	Limits	Authorisation   Additional information
Pharmacy-advised therapy (PAT) (over-the-counter medicine)	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R1 524 for a single member or R2 031 per family, with a maximum of R317 per beneficiary per day	Subject to medicine management protocols Exclusions may apply  Vitamin supplements are excluded from this benefit, but may be covered from other relevant medicine benefits when prescribed by a doctor for a diagnosed physiological deficiency or related condition, or pregnancy
To-take-out (TTO) medicine following a hospital discharge	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R835 per beneficiary per hospital event	Subject to medicine management protocols Exclusions may apply
<b>Chronic medicines:</b>			
For the 26 PMB CDL* conditions and other chronic conditions authorised for long-term treatment of a PMB  Excluding non-oncology specialised medicine, oncology specialised medicine and medicine applicable for the treatment of multi-drug resistant tuberculosis (TB) and extensive drug-resistant TB  *PMB CDL = Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL); see the list of 26 CDL conditions at the end of this schedule	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee, for formulary medicine obtained from the member's chosen Chronic Network DSP	R26 771 combined limit per beneficiary for PMB and non-PMB chronic conditions  Thereafter continued benefits (unlimited) for PMB conditions only  20% deductible member co-payment for voluntary use of a non-formulary drug (Comprehensive Network Option and Restricted Network Option), or voluntary use of a non-DSP (Restricted Network Option only)  100% of cost for involuntary use of a non-DSP or a non-formulary drug, subject to PMB regulations - motivation required	Subject to pre-authorisation and Chronic Medicine Management Programme protocols  <b>0860 002 134 / chronic@sasolmed.co.za</b>  <b>The following Chronic Network DSPs and chronic medicine formularies apply:</b>  Comprehensive Network Option: <ul style="list-style-type: none"> <li>any pharmacy</li> <li>Comprehensive Network Formulary</li> </ul> Restricted Network Option: <ul style="list-style-type: none"> <li>Medipost courier pharmacy</li> <li>Restricted Network Formulary</li> </ul>
For non-PMB chronic conditions covered by the Scheme  Excluding non-oncology specialised medicine, oncology specialised medicine and medicine applicable for the treatment of multi-drug resistant tuberculosis (TB) and extensive drug-resistant TB  See the list of non-PMB chronic conditions covered by Sasolmed, at the end of this schedule	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee, for formulary medicine obtained from the applicable Chronic Network DSP	R26 771 combined limit per beneficiary for PMB and non-PMB chronic conditions  Thereafter continued benefits (unlimited) for 26 PMB CDL conditions only  10% deductible member co-payment  An additional 20% deductible member co-payment will apply for the use of non-formulary medicine (Comprehensive Network Option and Restricted Network Option), or medicine obtained from a non-DSP (Restricted Network Option only)	Visit <a href="http://mediscor.co.za">mediscor.co.za</a> > Information for Members > Search Client Medicine Formulary and select either the Comprehensive Formulary or the Restricted Formulary to view the formulary (medicine list) for your chosen Chronic Network DSP  Each prescription limited to a maximum of one month's supply at a time, unless additional supplies have been specifically authorised
<b>Non-oncology specialised medicine in and out of hospital:</b>			
Including, but not limited to, biological drug therapy for inflammatory arthritides, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxins and palivizumab	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R200 002 per family	Subject to pre-authorisation and medicine management protocols  <b>0860 002 134 / chronic@sasolmed.co.za</b>  Formularies and exclusions may apply

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Benefit category	Benefits	Limits	Authorisation   Additional information
Medicine applicable for the treatment of macular degeneration	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R53 366 per family, included in the limit of R200 002 per family for non-oncology specialised medicine	Subject to pre-authorisation and medicine management protocols <b>0860 002 134 / chronic@sasolmed.co.za</b> Formularies and exclusions may apply
Oncology specialised medicine in and out of hospital	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R220 000 per family, subject to the overall oncology limit of R577 025 per family. See 'Oncology' on page 19	Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols <b>0860 002 134 / oncology@sasolmed.co.za</b> Formularies and exclusions may apply
Medicine applicable for the treatment of multi-drug resistant tuberculosis (TB) and extensive drug-resistant TB	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	Unlimited	Subject to pre-authorisation and medicine management protocols <b>0860 002 134 / oncology@sasolmed.co.za</b> Formularies and exclusions may apply

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#### Mental health (including rehabilitation for alcoholism and drug dependency)

Mental health overall limit in and out of hospital	100% of the lower of cost or Sasolmed tariff 150% for specialists in hospital	R53 355 per family (excluding acute and chronic medicine and medicine provided on discharge from hospital – see 'Medicines and injection material' on page 15 for medicine benefits)  An additional R14 130 will be available per beneficiary per year once the overall limit has been reached, subject to registration on the Mental Health Programme and managed care protocols	Subject to pre-authorisation/registration on the Mental Health Programme <b>0860 002 134 /</b> <b>In hospital: authorisations@sasolmed.co.za</b> <b>Out of hospital: mentalhealth@sasolmed.co.za</b>
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#### Mental health - hospitalisation:

Accommodation in a general ward, electroconvulsive therapy fees, medicines, materials and hospital equipment	100% of the lower of cost or Sasolmed tariff	Subject to the mental health overall limit of R53 355 per family per year  Additional motivation required for hospitalisation in excess of three days	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
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Benefit category	Benefits	Limits	Authorisation   Additional information
<b>Mental health - In-hospital consultations, treatment and visits:</b>			
Specialists	150% of the lower of cost or Sasolmed tariff	Subject to the mental health overall limit of R53 355 per family	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
GPs and other registered mental health practitioners	100% of the lower of cost or Sasolmed tariff		
<b>Mental health - Out-of-hospital consultations, treatment and visits:</b>			
Specialists	100% of the lower of cost or Sasolmed tariff	R18 990 per family, further subject to the mental health overall limit of R53 355 per family  A 20% deductible member co-payment will apply if patient is not registered on the Mental Health Programme	Subject to registration on the Mental Health Programme and managed care protocols <b>0860 002 134 / mentalhealth@sasolmed.co.za</b>
GPs and other registered mental health practitioners	100% of the lower of cost or Sasolmed tariff		
<b>Non-surgical procedures and tests by GPs, specialists and clinical technologists</b>			
In-hospital non-surgical procedures and tests, including pre-authorised sleep studies for evaluation of central sleep apnoea (overnight polysomnogram and CPAP titration)	100% of the lower of cost or Sasolmed tariff  150% for specialists	Unlimited	All in-hospital benefits are subject to an associated hospital pre-authorisation being in place
Out-of-hospital non-surgical procedures in doctor's rooms	100% of the lower of cost or Sasolmed tariff for: <ul style="list-style-type: none"> <li>• 24-hour oesophageal pH studies</li> <li>• breast fine-needle biopsy</li> <li>• cystoscopy</li> <li>• prostate-needle biopsy</li> </ul> 200% of the lower of cost or Sasolmed tariff for: <ul style="list-style-type: none"> <li>• colonoscopy</li> <li>• gastroscopy</li> <li>• sigmoidoscopy</li> <li>• proctoscopy</li> <li>• flexible nasopharyngolaryngoscopy</li> </ul>	Unlimited  Deductible member co-payments on out-of-hospital GP and specialist consultations, as stated elsewhere in this schedule, will be waived where these non-surgical procedures and tests are performed in doctor's rooms	

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Benefit category	Benefits	Limits	Authorisation   Additional information
<b>Optometry consultations and appliances - Preferred Provider Network is Opticlear</b>			
Consultations and visits with optometrists, including diagnostic procedures	100% of the lower of cost or negotiated Opticlear tariff	Two consultations per beneficiary per year	Subject to Optometry Management Programme protocols Lens enhancements and frames are only covered when claimed in conjunction with clinically appropriate spectacle lenses No benefit for cosmetic enhancements to spectacle lenses and contact lenses
Spectacle lenses, spectacle frames, lens enhancements, tinted lenses for albinism, contact lenses (general), and readers	100% of the lower of cost or negotiated Opticlear tariff	R4 720 per beneficiary within a 24-month cycle from 1 January 2023	<p><b>Members are encouraged to use the Opticlear network of optical providers to limit or avoid out-of-pocket payments</b></p> <p><b>Visit <a href="http://opticlear.co.za">opticlear.co.za</a> to find a participating network optometrist near you</b></p>
Contact lenses for keratoconus	100% of the lower of cost or Sasolmed tariff	See 'Appliances' benefits on page 7	
<b>Refractive surgery (including lasik, radial keratotomy and phakic lens insertion)</b>			
In and out of hospital: All-inclusive benefit for refractive surgery and all associated services	100% of the lower of cost or Sasolmed tariff	R14 341 per beneficiary per lifetime	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / <a href="mailto:authorisations@sasolmed.co.za">authorisations@sasolmed.co.za</a></b>
<b>Organ, tissue and haemopoietic stem cell (bone marrow) transplants and related medicine, including corneal grafts</b>			
Transplantation, anti-rejection (immunosuppressive) medicine, related radiology and pathology, corneal grafts and post-transplantation biopsies and scans	100% of the lower of cost or Sasolmed tariff 150% for specialists in hospital	Unlimited, except for corneal grafts Corneal grafts limited to R40 000 per beneficiary Organ harvesting limited to South Africa, except for the harvesting of corneal grafts, which is not limited to South Africa	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / <a href="mailto:authorisations@sasolmed.co.za">authorisations@sasolmed.co.za</a></b>
<b>Oncology</b>			
Overall oncology limit: Benefit for consultations, visits, treatment, medicine and materials used in mammograms, chemotherapy, radiotherapy, related radiology, related pathology, and flushing of J lines and/or ports	100% of the lower of cost or Sasolmed tariff 150% for specialists in hospital For medicine: 100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R577 025 per family, including a sub-limit of R220 000 per family for oncology specialised medicine	Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols <b>0860 002 134 / <a href="mailto:oncology@sasolmed.co.za">oncology@sasolmed.co.za</a></b> Formularies, DSPs and exclusions may apply

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Benefit category	Benefits	Limits	Authorisation   Additional information
Oncology specialised medicine	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R220 000 per family, subject to the overall oncology limit of R577 025 per family  A 20% co-payment may apply should the member be directed by the Oncology Management Programme to a designated service provider (DSP), but the member obtains medicine from a non-DSP instead	Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols  <b>0860 002 134 / oncology@sasolmed.co.za</b>  Formularies, DSPs and exclusions may apply
Positron-emission tomography (PET) and computer tomography (CT) scan	100% of the lower of cost or Sasolmed tariff	Two per family, subject to the overall oncology limit of R577 025 per family	Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols  <b>0860 002 134 / oncology@sasolmed.co.za</b>
Brachytherapy materials: Including seeds and disposables	100% of the lower of cost or Sasolmed tariff	R50 949 per family, subject to the overall oncology limit of limit of R577 025 per family	Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols  <b>0860 002 134 / oncology@sasolmed.co.za</b>
<b>Pathology and medical technology</b>			
In hospital	100% of the lower of cost or Sasolmed tariff	Unlimited	All in-hospital benefits are subject to an associated hospital pre-authorisation being in place
Out of hospital	100% of the lower of cost or Sasolmed tariff	R5 460 per beneficiary  Pathology and medical technology benefits, associated with maternity, oncology, organ, tissue and haemopoietic stem cell transplantation and chronic renal dialysis, are not included in this limit, and are dealt with elsewhere in this schedule	If requested by a GP or medical specialist
<b>Physical therapy</b>			
In-hospital physiotherapy and biokinetics	100% of the lower of cost or Sasolmed tariff	Unlimited	All in-hospital benefits are subject to an associated hospital pre-authorisation being in place
Post-hospitalisation physiotherapy within 30 days of discharge from hospital	100% of the lower of cost or Sasolmed tariff	Limited to a maximum of 10 treatments within 30 days of discharge from hospital	Subject to pre-authorisation and managed care protocols  <b>0860 002 134 / authorisations@sasolmed.co.za</b>
Out-of-hospital physiotherapy, biokinetics and chiropractics (excluding X-rays/radiology)	100% of the lower of cost or Sasolmed tariff	R5 152 per beneficiary  20% deductible member co-payment  Benefits for X-rays (radiology) are dealt with under 'Radiology and radiography' on page 21	

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Benefit category	Benefits	Limits	Authorisation   Additional information
<b>Prostheses</b>			
<b>Internal prostheses (surgically implanted):</b>			
Including prosthesis for intraocular lenses, hip and knee replacements, all temporary prostheses and implant material	100% of the lower of cost or Sasolmed tariff	R63 251 per beneficiary, including: Sub-limit of R3 158 per lens for intraocular lenses (R6 316 for both lenses); included in the above Benefits for osseo-integrated implants are dealt with under 'Dentistry' on page on page 11 Benefits for cochlear implants and the upgrade or replacement of speech processes are dealt with on page 8	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
<b>External prostheses:</b>			
Including artificial limbs, artificial eyes and artificial breast prostheses	100% of the lower of cost or Sasolmed tariff	R65 762 per beneficiary	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
<b>Renal dialysis</b>			
Chronic and acute dialysis, including authorised erythropoietin and related radiology and pathology	100% of the lower of cost or Sasolmed tariff	Unlimited	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / renal@sasolmed.co.za</b>
<b>Radiology and radiography</b>			
General radiology in and out of hospital	100% of the lower of cost or Sasolmed tariff	Unlimited	Subject to pre-authorisation (in hospital only) and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
Bone density (DEXA) scans in and out of hospital	100% of the lower of cost or Sasolmed tariff	One bone density scan per beneficiary per year	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b> All bone density scans are subject to pre-authorisation, unless provided for as part of the preventative care screening benefit on page 4. No beneficiary may claim for more than one bone density scan in a year, irrespective of which benefit category it is covered from, unless clinically motivated and authorised by the Scheme
Specialised radiology overall limit in and out of hospital computed tomography (CT) scans, magnetic resonance imaging (MRI) scans, multigated acquisition (MUGA) scans, radio-isotope studies and angiography	100% of the lower of cost or Sasolmed tariff	R25 529 per family Bone density scans are not subject to the specialised radiology overall limit – see 'Bone density (DEXA) scans in and out of hospital' above	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>

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Benefit category	Benefits	Limits	Authorisation   Additional information
Computed tomography (CT) colonography (virtual colonoscopy)	100% of the lower of cost or Sasolmed tariff	Subject to the specialised radiology overall limit of R25 529 per family and further limited to one virtual colonoscopy per beneficiary per year	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
MDCT coronary angiography	100% of the lower of cost or Sasolmed tariff	Unlimited	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>
Interventional radiology replacing surgical procedures Benefit for accredited radiologists, physicians and surgeons only	150% of the lower of cost or Sasolmed tariff	Unlimited	Subject to pre-authorisation and managed care protocols <b>0860 002 134 / authorisations@sasolmed.co.za</b>

#### Surgical procedures performed by a general practitioner, a general dental practitioner or a specialist

##### In and out of hospital:

Including day clinics and unattached operating theatres	100% of the lower of cost or Sasolmed tariff 150% for specialists in hospital	Unlimited (Osseo-integrated implants, orthognathic and oral surgery, maternity, and organ transplants are dealt with elsewhere in this schedule)	Subject to pre-authorisation and managed care protocols
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##### Specific surgical procedures in doctor's rooms:

Laser tonsillectomy	100% of the lower of cost or Sasolmed tariff	Unlimited	Pre-authorisation not required. Benefit includes related consultation, materials, pathology and radiology if done on the same day as the procedure in doctor's rooms
Circumcision, excision of nail bed, vasectomy	200% of the lower of cost or Sasolmed tariff	Unlimited	

#### PRESCRIBED MINIMUM BENEFIT (PMB) CHRONIC DISEASE LIST

1. Addison's disease (hormone imbalance)	14. Epilepsy
2. Asthma	15. Glaucoma (high pressure in the eye)
3. Bipolar mood disorder	16. Haemophilia (bleeding)
4. Bronchiectasis (lung and airway disease)	17. HIV/AIDS
5. Cardiac failure (heart disease)	18. Hyperlipidaemia
6. Cardiomyopathy (heart failure)	19. Hypertension (high blood pressure)
7. Chronic obstructive pulmonary disease	20. Hypothyroidism (subnormal activity in thyroid)
8. Chronic renal failure (kidney disease)	21. Multiple sclerosis (neurological disease)
9. Coronary artery disease (artery obstruction)	22. Parkinson's disease
10. Crohn's disease (intestinal inflammation and obstruction)	23. Rheumatoid arthritis
11. Diabetes insipidus (metabolic dysfunction of pituitary gland)	24. Schizophrenia (psychiatric disease)
12. Diabetes mellitus type 1 (insulin dependent) and type 2 (generally non-insulin dependent)	25. Systemic lupus erythematosus (skin and organ disease)
13. Dysrhythmia (irregular heartbeat)	26. Ulcerative colitis (inflammation and ulceration of the colon and rectum)

## NON-PMB CHRONIC CONDITIONS LIST

The conditions marked with an asterisk (\*) are possible PMB conditions. Where a possible PMB condition has been validated and authorised as a PMB condition, the funding of associated claims will be as for the 26 PMB CDL conditions.

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

Disclaimer: While every attempt has been made to ensure accuracy of this document, the registered rules will apply in the case of a dispute.



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