BENEFIT GUIDE 2025

Post Office MEDIPOS Medical Scheme

Putting your wellbeing first

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Contents

Introduction

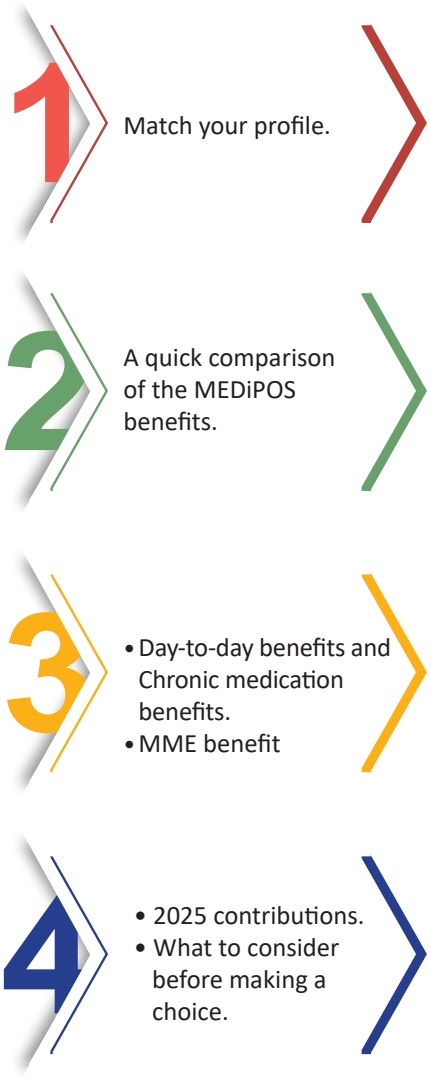
Welcome to MEDiPOS Medical Scheme, the closed medical scheme for South African Post Office (SAPO) employees.

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.



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.

I am young, healthy and single and want affordable basic healthcare cover. I hardly use my medical scheme. I just need it in case something happens to me.	I need comprehensive healthcare cover for myself and my family; some peace of mind.	My healthcare needs are higher than average. I need extensive chronic medication cover, comprehensive everyday benefits and hospital cover.

No matter how old, healthy or sick you may be, you need medical cover. You never know when you may need it the most. Fortunately, MEDiPOS benefits are designed to accommodate different needs. There is definitely an option for you. Now that we know what your needs are, here are some guidelines on what to consider when deciding on the best option.

For that odd doctor's visit and unforeseen needs, like being diagnosed with a chronic condition or being involved in a car accident.	For additional doctor's bills for your family and other unforeseen hospital incidents.	Substantial in- and out-of-hospital cover and chronic medication cover.

The following option best matches your medical profile. However, it is also important to carefully read through all of the options as there may be other things to consider.

Option C	**Option B**	**Option A**

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 240 per member R3 240 per adult dependant R840 per child dependant (Subject to sub-limits on page 12)
	Optical benefits
	Subject to R1 480 per beneficiary every two years, including a frame sub-limit of R500
	Dentistry benefit
	Basic dentistry R3 800 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 R9 140 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 R13 550 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 580 per member R5 580 per adult dependant R1 080 per child dependant (Subject to sub-limits on page 16)	R9 500 per member R9 500 per adult dependant R1 830 per child dependant (Subject to sub-limits on page 22)
OVERALL OPTICAL BENEFITS	
Subject to R3 760 per beneficiary every two years, including a frame sub-limit of R1 200	Subject to R5 070 per beneficiary every two years, including a frame sub-limit of R1 600
OVERALL DENTISTRY BENEFITS	
Basic dentistry R8 990 per family per year	Basic dentistry R10 930 per family per year
Advanced dentistry and dental implants R13 490 per family per year	Advanced dentistry and dental implants R20 370 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

C

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.

CONTRIBUTION FROM 1 JANUARY 2025			
Income	**Member**	**Adult Dependant**	**Child Dependant**
R0 – R8 185	R1 707	R1 470	R453
R8 186 – R11 140	R1 878	R1 653	R561
R11 141 - R14 985	R2 055	R1 812	R615
R14 986+	R2 121	R1 854	R630

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
- Dysrythmias
- 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 240 per member R3 240 per adult dependant R840 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 940 Adult dependant: R1 940 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 R990 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: • 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 110% MSR, 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 090 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, ayuverdic 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 480 per beneficiary every two years, including a frame sub-limit of R500
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 800 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 070 per family per year Subject to MME
Pathology	Limited to R980 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 2025				PMSA (included in contribution)		
Income	Member	Adult Dependant	Child Dependant	Member	Adult Dependant	Child Dependant
R0 – R8 185	R3 363	R3 159	R996	R151	R142	R45
R8 186 – R11 140	R3 510	R3 312	R1 044	R158	R149	R47
R11 141 - R14 985	R3 675	R3 486	R1 104	R165	R157	R50
R14 986+	R 3 768	R3 579	R1 131	R170	R161	R51

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
- Dysrythmias
- 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 580 per member R5 580 per adult dependant R1 080 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: • 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 110% MSR, 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 800 Adult dependant: R2 800 Child dependant: R550
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 280 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 850 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, ayuverdic 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 760 per beneficiary every two years, including a frame sub-limit of R1 200

Service	Benefit limit
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	100% of cost or MSR, whichever is less; Subject to a maximum limit of R8 990 per family per year
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	100% of cost or MSR, whichever is less; Subject to a maximum limit of R13 490 per family per year
PRIMARY CARE BENEFIT (PCB) (Out of hospital):	
Radiology	Limited to R1 800 per family per year; Subject to MME
Pathology	Subject to the Overall Day-to-Day Limit

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.

<table>
<tr><th colspan="3">Personal Medical Savings Account (PMSA)</th></tr>
<tr><td colspan="3">Your PMSA benefit is available in advance giving an annual upfront credit to be utilised in respect of the following medical services and supplies</td></tr>
<tr><td>Copayments</td><td colspan="2">Non-, non-DSP hospital, late authorisation copayments and medication reference price</td></tr>
<tr><td>Benefit exceeded</td><td>Any benefits were your limits have been exceeded</td><td rowspan="3">Advanced Savings</td></tr>
<tr><td>Shortfalls</td><td>Tariffs above the MEDiPOS Scheme rate</td></tr>
<tr><td rowspan="2">Rejections</td><td>Specialist consultation not referred by a GP
Benefits and authorisation that have been declined
Non-oral contraceptives (patches, injectables, devices)</td></tr>
<tr><td>Waiting periods and certain exclusions including optical tints and hardening</td><td>Positive Savings Balance</td></tr>
</table>

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 2024			
Income	**Member**	**Adult Dependant**	**Child Dependant**
All income	R8 787	R8 430	R2 052

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 Iand II
- Dysrythmias
- 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
- Erythematosus
- 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

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 500 per member R9 500 per adult dependant R1 830 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: • 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 110% MSR, 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 750 Adult dependant: R4 750 Child dependant: R920
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 920 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 R3 140 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, ayuverdic 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 R5 070 per beneficiary every two years, including a frame sub-limit of R1 600

Service	Benefit limit
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	100% of cost or MSR, whichever is less; Subject to a maximum limit of R10 930 per family per year
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	100% of cost or MSR, whichever is less; Subject to a maximum limit of R20 370 per family per year
PRIMARY CARE BENEFIT (PCB) (Out of hospital)	
Radiology	Limited to R2 270 per family per year; Subject to MME
Pathology	Subject to the Overall Day-to-Day Limit

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.

	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	R170 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	R340 per beneficiary per year		

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

	Option C	Option B	Option A
Hospitalisation (Subject to pre- authorisation) Failure to obtain pre-authorisation prior to admission to hospital will result in a co-payment of R2 640 Includes ward fees, theatre fees, recovery rooms, confinements, specialised intensive care, high care and materials used in hospital	Benefits for PMBs and non-PMBs: • 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		
Procedures in doctors' rooms (Out of hospital) Refer to Annexure B on pages 44 and 45 for a list of procedures	100% of cost or MSR, whichever is less; Subject to the list of procedures and approval		
Chronic medication 26 Listed PMB chronic conditions and an extended non-PMB condition list	Limited to PMBs only	Limited to chronic medication limit of R9 140 per family per year for PMB and specified non-PMB chronic conditions	Limited to chronic medication limit of R13 550 per family per year for PMB and specified non-PMB chronic conditions
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	Unlimited PMBs	Unlimited PMBs once chronic medication limit is exhausted	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 R21 780 and subject to PMB legislative requirements	100% of cost limited to R47 410 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 - Paid at 100% of cost or 110% MSR, 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 R13 550 per family per year; Paid at 100% of cost or MSR, whichever is less	Limited to R27 110 per family per year; Paid at 100% of cost or MSR, whichever is less	Limited to R38 520 per family per year; Paid at 100% of cost or MSR, whichever is less
Circumcision (Out of hospital)	Limited to a global fee of R2 080 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	Limited to R130 per pregnancy.	Limited to R130 per pregnancy.	Limited to R130 per pregnancy.

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

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td rowspan="3">Oncology (Cancer)
Patients are encouraged to enrol on the Oncology Benefit Management Programme

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

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</td><td colspan="3">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</td></tr>
<tr><td>Subject to PMBs only</td><td>Limited to R299 700 per beneficiary per year for PMBs and non-PMBs; Thereafter unlimited for PMBs</td><td>Limited to R499 500 per beneficiary per year for PMBs and non-PMBs; Thereafter unlimited for PMBs</td></tr>
<tr><td colspan="3">NOTE: Approved medication for the diagnosed condition must be registered with the Medicines Control Council; This will be 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</td></tr>
</table>

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 R19 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 R30 410 per family per year	100% of cost or MSR, whichever is less, subject to a maximum of R75 150 per family per year and the following sub-limits:	100% of cost or MSR, whichever is less, subject to a maximum of R88 620 per family per year and the following sub-limits:
Cardiac stents		Subject to a limit of R 28 980 per beneficiary per year; Limited to three stents per beneficiary per year; The following limits are included in the above sub-limit: Drug eluting: R17 710 Bare metal: R9 560	Subject to a limit of R 30 410 per beneficiary per year; Limited to three stents per beneficiary per year; The following limits are included in the above sub-limit: Drug eluting: R22 550 Bare metal: R12 720
Aorta stent graft		Subject to a limit of R55 800 per beneficiary per year	Subject to a limit of R65 790 per beneficiary per year
Peripheral arterial stent graft		Subject to a limit of R42 970 per beneficiary per year	Subject to a limit of R50 090 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 R30 410 per family per year	Subject to a limit of R72 500 per beneficiary per year	Subject to a limit of R88 610 per beneficiary per year
Cardiac valves		Subject to a limit of R41 080 per valve per year; Limited to two valves per beneficiary per year	Subject to a limit of R46 250 per valve per year; Limited to two valves per beneficiary per year
Total hip replacement		Subject to a limit of R54 240 per hip per beneficiary per year, which includes the cost of cement and antibiotics	Subject to a limit of R73 920 per hip per beneficiary, which includes the cost of cement and antibiotics
Total knee replacement		Subject to a limit of R54 650 per knee per beneficiary per year, which includes the cost of cement and antibiotics	Subject to a limit of R67 800 per knee per beneficiary per year, which includes the cost of cement and antibiotics
Total shoulder replacement		Subject to a limit of R52 360 per shoulder per beneficiary per year, which includes the cost of cement and antibiotics	Subject to a limit of R63 510 per shoulder per beneficiary per year, which includes the cost of cement and antibiotics
Elbow replacement		Subject to a limit of R44 960 per beneficiary per year	Subject to a limit of R63 510 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 R30 410 per family per year	Subject to a limit of R44 960 per beneficiary per year	Subject to a limit of R63 510 per beneficiary per year
Ankle replacement		Subject to a limit of R44 960 per beneficiary per year	Subject to a limit of R63 510 per beneficiary per year
Finger replacement		Subject to a limit of R28 820 per beneficiary per year	Subject to a limit of R41 810 per beneficiary per year
Toe (total or partial) replacement		Subject to a limit of R28 820 per beneficiary per year	Subject to a limit of R41 810 per beneficiary per year
Bryan`s and other intervertebral disc prostheses		Subject to limit of R35 400 per beneficiary per year	Subject to limit of R51 520 per beneficiary per year
Mesh grafts		Subject to a limit of R6 440 per beneficiary per year	Subject to a limit of R36 970 per beneficiary per year
Intra-stromal corneal ring segments		Subject to a limit of R24 100 per beneficiary per year	Subject to a limit of R35 400 per beneficiary per year
Spinal instrumentation		Subject to a limit of R34 530 per beneficiary per year	Subject to a limit of R61 250 per beneficiary per year
Other approved implantable spinal devices and intervertebral discs		Subject to a limit of R51 520 per beneficiary per year	Subject to a limit of R60 650 per beneficiary per year
Bone lengthening devices		Subject to a limit of R46 370 per beneficiary per year	Subject to a limit of R54 510 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)	100% of cost or MSR, whichever is less, subject to a maximum of R30 140 per family per year	Subject to a limit of R49 800 per beneficiary per year	Subject to a limit of R58 660 per beneficiary per year
Vagal stimulator for intractable epilepsy		Subject to a limit of R39 680 per beneficiary per year	Subject to a limit of R46 660 per beneficiary per year
Detachable platinum coils		Subject to a limit of R51 660 per beneficiary per year	Subject to a limit of R60 650 per beneficiary per year
Embolic protection devices		Subject to a limit of R51 520 per beneficiary per year	Subject to a limit of R60 500 per beneficiary per year
Intraocular lens		Subject to a limit of R4 430 per lens per beneficiary per year	Subject to a limit of R5 560 per lens per beneficiary per year
Carotid stent		Subject to a limit of R20 700 per beneficiary per year	Subject to a limit of R24 400 per beneficiary per year
Any other internal prostheses		Subject to a limit of R57 080 per beneficiary per year	Subject to a limit of R63 930 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 720 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 24 100 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
100% of cost or MSR, whichever is less. Limited to the internal prostheses/devices per family per year	100% of cost or MSR, whichever is per family per year	Middle ear bone implants:	
		R12 720	R24 100
		Vocal cord prostheses:	
		R12 720	R24 100
		Macroplasty injection – urethra:	
		R12 720	R24 100
		Penile prostheses:	
		R12 720	R24 100
		Vascular/arterial grafts and patches:	
		R12 720	R24 100
		Atrium- and ventricular septum patches:	
		R12 720	R24 100
		Mammary/breast implants:	
		R4 570	R9 140
		TVT sling device:	
		R2 140	R4 430
		Procter-Livingstone and Celestin tubes:	
		R4 710	R8 990
		Renal artery stent:	
		R6 440	R16 120
		Oesophageal stent:	
		R8 000	R16 120
		Ureteric stent:	
		R8 000	R16 120
		Urethral stent:	
		R8 000	R16 120
		Ductus choledochus stent:	
		R8 000	R16 120
		Other blood vessels stent:	
		R8 000	R16 120
		Permanent supra-pubic catheters:	
		R3 060	R6 440
		Testis prostheses	
		R8 000	R16 120
		Gold weight implants upper eyelid:	
		R9 560	R16 120
		Anal and other sphincter stimulating device:	
		R8 000	R16 120

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

	Option C	Option B	Option A
External medical appliances, aids and supporting devices Subject to approval	Paid at 100% of cost or MSR, whichever is less and limited to R8 000 per family per year, including the following sub-limit: Orthotic shoe/ inner sole: Limited to R2 560 per family per year and limited to PMBs only	Paid at 100% of cost or MSR, whichever is less and limited to R8 430 per family per year, including the following sub-limit: Orthotic shoe/ inner sole: Limited to R2 560 per family per year and limited to PMBs only	Paid at 100% of cost or MSR, whichever is less and limited to R10 280 per family per year, including the following sub-limit: Orthotic shoe/ inner sole: Limited to R2 560 per family per year and limited to PMBs only
Cochlear implants Subject to pre-authorisation and approval by the Scheme	Limited to PMBs only	Limited to R256 100 per family per year with the following sub- limits:	Limited to R320 200 per family per year with the following sub- limits:
		Preoperative evaluation and associated costs: R15 980	Preoperative evaluation and associated costs: R15 980
		Intraoperative audiology testing: R970	Intraoperative audiology testing: R970
		Postoperative rehabilitation: R35 400	Postoperative rehabilitation: R35 400
		Upgrade of sound processor: (80% of cost): R72 500	Upgrade of sound processor: (80% of cost): R72 500
		Repairs outside warranty: Subject to cochlear implant benefit	Repairs outside warranty: Subject to cochlear implant benefit
		Batteries and spares: Subject to external medical appliances benefit	Batteries and spares: Subject to external medical appliances benefit

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 R15 110 per beneficiary per cycle; Paid at 100% of cost or MSR, whichever is less, as approved by the Scheme	Limited to R20 410 per beneficiary per cycle; Paid at 100% of cost or MSR, whichever is less, as approved by the Scheme	Limited to R24 370 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 R32 820 per family per year and the following sub-limits:	100% of cost or MSR, whichever is less, subject to a maximum of R63 500 per family per year and the following sub-limits:	100% of cost or MSR, whichever is less, subject to a maximum of R81 630 per family per year and the following sub-limits:
Artificial limbs	R32 820 per artificial leg or arm per family per year	R63 500 per artificial leg or arm per family per year	R81 630 per artificial leg or arm per family per year
Artificial eyes	R22 700 per artificial eye per family per year	R27 110 per artificial eye per family per year	R27 110 per artificial 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 720 per family per year; Paid at 100% of cost or MSR, whichever is less	Limited to R12 550 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 980 per beneficiary per year; Paid at 100% of cost or MSR, whichever is less		Limited to R19 540 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 R60 080 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)

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td rowspan="2">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</td><td rowspan="2">Limited to PMBs only; Medication paid at 100% of medicine price</td><td>Unlimited</td><td>Unlimited</td></tr>
<tr><td colspan="2">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</td></tr>
<tr><td rowspan="2">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</td><td>Limited to PMBs only</td><td>Unlimited benefit subject to 100% of cost or MSR which ever is less.

Limited to R 381 900 per family per year; Paid at 100% of medicine price</td><td>Unlimited benefit subject to 100% of cost or MSR which ever is less.

Limited to R 454 500 per family per year; Paid at 100% of medicine price</td></tr>
<tr><td colspan="3">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</td></tr>
<tr><td rowspan="2">Hospice and private nursing at accredited facilities only, subject to treatment offered by a registered nurse</td><td>Limited to R10 270 per family per year; Paid at 100% of cost or MSR, whichever is less</td><td>Limited to R28 120 per family per year; Paid at 100% of cost or MSR, whichever is less</td><td>Limited to R40 250 per family per year; Paid at 100% of cost or MSR, whichever is less</td></tr>
<tr><td colspan="3">NOTE: This benefit covers the acute phase after or instead of hospitalisation; Not for long term or chronic care; Subject to pre-authorisation and approval by the Scheme</td></tr>
</table>

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

	Option C	Option B	Option A
HIV/AIDS Patient enrolment on the HIV/ AIDS management programme is encouraged HIV resistance testing is subject to pre- authorisation and approval	Unlimited 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 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		
Ambulance services	Unlimited	Unlimited	Unlimited
Other services Blood transfusions Medical auxiliaries (In-hospital psychology, orthotic consultations, occupational therapy, dieticians, physiotherapy, social workers and speech therapy)	100% of cost or MSR, whichever is less 100% of cost or MSR, whichever is less		

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 2025

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	Contribution		
Monthly income	Principal Member	Adult Dependant	Child Dependant
R0 – R8 185	R1 707	R1 470	R453
R8 186 – R11 140	R1 878	R1 653	R561
R11 141 - R14 985	R2 055	R1 812	R615
R14 986+	R2 121	R1 854	R630

OPTION B	Contribution			PMSA (included in contribution)		
Income	Member	Adult Dependant	Child Dependant	Member	Adult Dependant	Child Dependant
R0 – R8 185	R3 363	R3 159	R996	R151	R142	R45
R8 186 – R11 140	R3 510	R3 312	R1 044	R158	R149	R47
R11 141 - R14 985	R3 675	R3 486	R1 104	R165	R157	R50
R14 986+	R 3 768	R3 579	R1 131	R170	R161	R51

OPTION A	Contribution		
Monthly income	Principal member	Adult dependant	Child dependant
All income levels	R8 787	R8 430	R2 052

Please note

- Adult dependants include spouses/partners, registered children age 21 and older (except children who are younger than 25 years of age and who are full-time students registered 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?	
Are you comfortable that the option you are about to choose is the most suitable for your medical needs?	
Are you comfortable with the monthly contributions you will be required to pay for this option?	
Are you expecting an additional dependant during the course of the benefit year?	
If you are using chronic medication, is the benefit amount adequate for your needs?	

1

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.

2

Are you ready to make your choice?

Please follow the option selection process below:

3

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
- Dysrythmias
- 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
- Erythematosus
- 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 expiritory 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 fibreoptic endoscopy	Examination of the stomach using a fibreoptic 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 fibreoptic colonoscopy	Colonoscopy of the left part of the colon
1676	Fibreoptic 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	Fibreoptic sigmoidoscopy and polypectomy	As per tariff 1676, but not with use of fibreoptic 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	**13300**	
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 dehydrogenise (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 quantitive	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 (quantitive 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 identi- fies 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-authorised. 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	Two annual scale and polish treatments per beneficiary; Benefit is subject to clinical protocols Benefit for fissure sealants is limited to individuals younger than 16 years of age Oral hygiene instruction will be covered once annually per beneficiary Professionally applied fluoride will be covered for a maximum of two per year **Scheme exclusions:** • Oral hygiene evaluation • Dental bleaching Covered at the MDT and paid from basic dentistry benefit		
Fillings	Once per tooth within 12 months; Benefit for retreatment of a tooth is subject to clinical protocols Covered at the MDT and paid from basic dentistry benefit **Scheme exclusions:** • 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	Benefit is subject to clinical protocols Covered at the MDT and paid from basic dentistry benefit **Scheme exclusion:** • Direct pulp capping procedures		

Annexure E

Dental benefit table (continued)

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td rowspan="3">Plastic dentures and associated laboratory costs</td><td colspan="3">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</td></tr>
<tr><td>Covered at the MDT and paid from day-to-day benefit</td><td colspan="2">Covered at the MDT and paid from advanced dentistry benefit</td></tr>
<tr><td colspan="3">Scheme exclusions:
• 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</td></tr>
<tr><td rowspan="3">Partial metal frame dentures and associated laboratory costs</td><td colspan="3">Benefit limited to once per beneficiary per jaw (frame) every 24 months; Benefit is subject to clinical protocols

Pre-authorisation required</td></tr>
<tr><td>Covered at the MDT and paid from day-to-day benefit</td><td colspan="2">Covered at the MDT and paid from advanced dentistry benefit</td></tr>
<tr><td colspan="3">Scheme exclusions:
• 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</td></tr>
</table>

Annexure E

Dental benefit table (continued)

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td rowspan="3">Crowns and bridges and associated laboratory costs, including porcelain/ ceramic inlays/ onlays</td><td colspan="3">Pre-authorisation is required;

Limited to once per tooth every 36 months Benefit is subject to clinical protocols</td></tr>
<tr><td>Covered at the MDT and paid from day-to- day benefit</td><td colspan="2">Covered at the MDT and paid from advanced dentistry benefit</td></tr>
<tr><td colspan="3">Scheme exclusions:
• 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</td></tr>
<tr><td>Implants and associated laboratory costs</td><td>No benefit</td><td colspan="2">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</td></tr>
</table>

Annexure E

Dental benefit table (continued)

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td>Orthodontics and associated laboratory costs</td><td colspan="3">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</td></tr>
<tr><td></td><td>Covered at the MDT and paid from day-to-day benefit</td><td colspan="2">Covered at the MDT and paid from advanced dentistry benefit</td></tr>
<tr><td></td><td colspan="3">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:
• 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</td></tr>
</table>

Annexure E

Dental benefit table (continued)

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td>Periodontics</td><td colspan="3">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</td></tr>
<tr><td></td><td>Covered at the MDT and paid from day-to- day benefit</td><td colspan="2">Covered at the MDT and paid from advanced dentistry benefit</td></tr>
<tr><td></td><td colspan="3">Scheme exclusions:
• Surgical periodontics that includes periodontal flap surgery, tissue grafting and the hemisection of a tooth
• Periochip placement</td></tr>
<tr><td>Maxillofacial surgery and oral pathology (removal of wisdom teeth</td><td colspan="3">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:
• Orthognathic (jaw correction) surgery
• The closure of an oroanthral 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</td></tr>
</table>

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: • 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:** • 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.

NOTES

NOTES

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