

## ANNEXURE B

## GOLDEN ARROW EMPLOYEES' MEDICAL BENEFIT FUND

## BENEFITS SUMMARY EFFECTIVE 1 JANUARY 2024

| ANNUAL BENEFITS FOR DAY-TO-DAY MEDICAL SERVICES   |  |  |   |   |   |
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| OUT-OF-HOSPITAL BENEFITS  |  |  |   |   |   |
|   |  |  | PRIMARY OPTION  | STANDARD OPTION   | ADVANCED OPTION   |
| <b>Overall annual day-to-day limit</b>  |  |  |   |   |   |
| Member  |  |  | R15 600 per single member   | R13 700 per single member   | R15 000 per single member   |
| Member + 1  |  |  | R24 400 per family  | R20 900 per family  | R22 100 per family  |
| Member + 2  |  |  | R31 600 per family  | R27 400 per family  | R29 400 per family  |
| Member + 3  |  |  | R32 600 per family  | R28 200 per family  | R30 100 per family  |
| Member + 4  |  |  | R33 100 per family  | R28 700 per family  | R30 500 per family  |
| General Practitioners (GPs)   | Consultations  | Please note a co-payment equal to the difference between the Scheme rate and GP rate may apply | 100% of Scheme rate   | 100% of Scheme rate   | 100% of Scheme rate   |
| Limited to <b>7 visits per beneficiary per year</b> and subject to overall annual limit | Emergency consultations  | Please note a co-payment equal to the difference between the Scheme rate and GP rate may apply | 100% of Scheme rate   | 100% of Scheme rate   | 100% of Scheme rate   |
|   | Acute medication   |  | 100% of SEP, formulary medication and Generic reference pricing fee, subject to overall annual day-to-day limit | 100% of SEP and Generic reference pricing fee, subject to overall annual day-to-day limit | 100% of SEP and Generic reference pricing fee, subject to overall annual day-to-day limit |
|   | Subject to R360 per beneficiary per day                                |  |   |   |   |
| Over-the-counter (OTC) medication   | OTC medication<br>Including homeopathic, herbal and natural medication | Subject to R360 per beneficiary per day, with a maximum of R1 570 per family per year          | 100% of SEP and Generic reference pricing fee, subject to overall annual day-to-day limit                       | 100% of SEP and Generic reference pricing fee, subject to overall annual day-to-day limit | 100% of SEP and Generic reference pricing fee, subject to overall annual day-to-day limit |

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| Specialists<br><br>Specialists visits are subject to referral by a general practitioner   | Consultations   | Non-network provider   | Up to 140% of Scheme rate, subject to overall annual day-to-day limit                     | Up to 140% of Scheme rate, subject to overall annual day-to-day limit                     | Up to 140% of Scheme rate, subject to overall annual day-to-day limit                     |
|   |   | Network provider   | 100% of Agreed rate, subject to overall annual day-to-day limit                           | 100% of Agreed rate, subject to overall annual day-to-day limit                           | 100% of Agreed rate, subject to overall annual day-to-day limit                           |
|   | Acute medication  | The medication may be obtained at any pharmacy   | 100% of SEP and Generic reference pricing fee, subject to overall annual day-to-day limit | 100% of SEP and Generic reference pricing fee, subject to overall annual day-to-day limit | 100% of SEP and Generic reference pricing fee, subject to overall annual day-to-day limit |
| Emergency Room/<br>Casualty Department<br>(hospital unit)   | Primary care benefits for acute illnesses or injuries which may require immediate attention   | Excludes facility fee which is a member liability  | 100% of Agreed rate, subject to overall annual day-to-day limit                           | 100% of Agreed rate, subject to overall annual day-to-day limit                           | 100% of Agreed rate, subject to overall annual day-to-day limit                           |
| Dental<br><br><b>Annual limit of:</b><br><br><b>Single member R6 800</b><br><b>Member + 1 R8 200</b><br><b>Member + 2 R9 700</b><br><b>Member + 3 R9 900</b><br><b>Member + 4 R10 100</b> | Includes the following: <ul style="list-style-type: none"> <li>• Basic</li> <li>• Advanced / Specialised</li> <li>• Denture limit</li> <li>• Procedures under conscious sedation in the rooms</li> <li>• Clinical guidelines apply</li> </ul> | Please note: Members are liable for all cost related for dental care by any general or specialist dentist where costs exceeds the dental rate and/or annual dental limit | 100% of Scheme rate; dental limit subject to overall annual day-to-day limit              | 100% of Scheme rate; dental limit subject to overall annual day-to-day limit              | 100% of Scheme rate; dental limit subject to overall annual day-to-day limit              |

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|  | Dental Therapist   | Please note: Members are liable for all cost related for dental care by any general or specialist dentist where costs exceeds the dental rate and/or annual dental limit | 80% of Scheme rate; dental limit subject to overall annual day-to-day limit   | 80% of Scheme rate; dental limit subject to overall annual day-to-day limit   | 80% of Scheme rate; dental limit subject to overall annual day-to-day limit   |
| Optometrists   | Frames, lenses, contact lenses, tints and eye tests<br><br><b>Optical limit:</b><br>R3 100 per beneficiary every two (2) years, i.e. 2023 - 2024   | Optometrists must obtain authorisation for patient referral to a specialist  | 100% of Scheme rate; optical limit subject to overall annual day-to-day limit | 100% of Scheme rate; optical limit subject to overall annual day-to-day limit | 100% of Scheme rate; optical limit subject to overall annual day-to-day limit |
| Radiology  |  |  | 100% of Scheme rate, subject to overall annual day-to-day limit               | 100% of Scheme rate, subject to overall annual day-to-day limit               | 100% of Scheme rate, subject to overall annual day-to-day limit               |
| Pathology  |  |  | 100% of Scheme rate, subject to overall annual day-to-day limit               | 100% of Scheme rate, subject to overall annual day-to-day limit               | 100% of Scheme rate, subject to overall annual day-to-day limit               |
| Allied health services   | <ul style="list-style-type: none"> <li>- Nursing services</li> <li>- Speech therapist</li> <li>- Dietician</li> <li>- Occupational therapist</li> <li>- Social worker</li> <li>- Audiologist</li> <li>- Chiropody</li> <li>- Chiropractor</li> <li>- Physiotherapy</li> <li>- Art therapy</li> </ul> |  | 100% of the Scheme rate, subject to overall annual day-to-day limit           | 100% of the Scheme rate, subject to overall annual day-to-day limit           | 100% of the Scheme rate, subject to overall annual day-to-day limit           |
| Appliances, e.g. nebulisers, crutches, glucometers, hearing aid, hire of oxygen cylinder, etc. | Subject to registration with the appropriate Disease Risk Management programme   | Written motivation from a general practitioner is required; subject to approval from medical advisor   | 100% of Scheme rate, subject to overall annual day-to-day limit               | 100% of Scheme rate, subject to overall annual day-to-day limit               | 100% of Scheme rate, subject to overall annual day-to-day limit               |

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| Clinical psychology |  | The member is responsible to ensure that an authorisation number is obtained before he/she consults a specialist | 100% of Scheme rate, subject to overall annual day-to-day limit | 100% of Scheme rate, subject to overall annual day-to-day limit | 100% of Scheme rate, subject to overall annual day-to-day limit |
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| Chronic medication      | To obtain benefits for chronic medication, the patient must be registered with the Medicine Risk Management Programme   | The Fund's approved chronic condition list is applicable<br><br>Medication approved as per the Chronic Disease Medication Formulary   | <b>PMB CDL conditions:</b><br>Unlimited<br><br><b>Non-CDL conditions:</b><br>Limited to R3 000 per beneficiary per year<br><br>100% of SEP and Generic reference pricing fee | <b>PMB CDL conditions:</b><br>Unlimited<br><br><b>Non-CDL conditions:</b><br>Limited to R3 000 per beneficiary per year<br><br>100% of SEP and Generic reference pricing fee | <b>PMB CDL conditions:</b><br>Unlimited<br><br><b>Non-CDL conditions:</b><br>Limited to R3 000 per beneficiary per year<br><br>100% of SEP and Generic reference pricing fee |
| Ambulance services      | No separate benefit available<br><br><b>Members must call 082 911 for all ambulance services</b>  | Members must make use of Netcare 911<br><br><b>In the event of voluntary use of any other emergency service provider, members will be liable for a 20% co-payment</b>               | To use Netcare 911 only  | To use Netcare 911 only  | To use Netcare 911 only  |
| <b>HIV/AIDS Benefit</b> | This benefit is subject to enrollment on the HIV/AIDS programme.<br><br>The cost of General Practitioners, Medication and Pathology services will be provided through contracted service providers<br><br>Medicine and hospital pre-authorization is required | This benefit includes medication, doctors' consultations and Blood Tests required for the treatment of the condition, as well as the cost of prophylaxis for preventative treatment | R15 200 per beneficiary per year<br><br>100% of the Scheme rate<br><br>Medicine: 100% of SEP and Generic reference pricing   | R15 200 per beneficiary per year<br><br>100% of the Scheme rate<br><br>Medicine: 100% of SEP and Generic reference pricing   | R15 200 per beneficiary per year<br><br>100% of the Scheme rate<br><br>Medicine: 100% of SEP and Generic reference pricing   |

| ANNUAL BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES  |  |  |   |  |  |
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| IN-HOSPITAL BENEFIT   |  |  |   |  |  |
|   |  |  | PRIMARY OPTION  | STANDARD OPTION  | ADVANCED OPTION  |
| Annual in-hospital limit  |  |  | Limited to overall annual day-to-day limit  | R191 900 per beneficiary per year                              | R369 600 per beneficiary per year                              |
| Preventative Care Benefits out-of-hospital  | Limited to detailed list in Table 1  |  | 100% of Scheme rate<br><br>Subject to overall annual day-to-day limit   | 100% of Scheme rate<br><br>Subject to annual in-hospital limit | 100% of Scheme rate<br><br>Subject to annual in-hospital limit |
| <b>Private hospital or state facility</b><br><br><b>A co-payment of R375 will apply to all admissions (including emergencies) to private facilities, except in cases where a R500 co-payment is indicated for a specific procedures</b><br><br><b>No co-payment will apply to an admission or procedure in a state facility</b> | <b>Members must use contracted hospitals and state (Provincial Government of the Western Cape)</b><br><br>This applies to all beneficiaries registered on the <b>Standard and Advanced Options</b> | All admissions and procedures in hospital are subject to:<br>- Authorisation 48 hours before the admission <b>or</b> in the event of an emergency within 24 hours of the admission or next working day<br>- Clinical protocols | <b>No separate private hospital cover</b><br><br>Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable | 100% of Agreed rate<br><br>Subject to annual in-hospital limit | 100% of Agreed rate<br><br>Subject to annual in-hospital limit |
|   | <b>Non-contracted private hospitals and state facilities outside of the Western Cape</b><br><br>This applies to all beneficiaries registered on the <b>Standard and Advanced Options</b>           | All admissions and procedures in hospital are subject to:<br>- Authorisation 48 hours before the admission <b>or</b> in the event of an emergency within 24 hours of the admission or next working day<br>- Clinical protocols | <b>No separate private hospital cover</b><br><br>Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable | 100% of Scheme rate<br><br>Subject to annual in-hospital limit | 100% of Scheme rate<br><br>Subject to annual in-hospital limit |

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| <b>Private hospital or state facility</b> | General practitioner  | Please note a co-payment equal to the difference between the Scheme rate and GP rate may apply   | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | 100% of Scheme rate<br><br>Subject to annual in-hospital limit   | 100% of Scheme rate<br><br>Subject to annual in-hospital limit   |
|   | Specialists   | Non-network provider   | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | 100% of Scheme rate<br><br>Subject to annual in-hospital limit   | 100% of Scheme rate<br><br>Subject to annual in-hospital limit   |
|   |   | Network provider   | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | 100% of Agreed rate<br><br>Subject to annual in-hospital limit   | 100% of Agreed rate<br><br>Subject to annual in-hospital limit   |
|   | Maternity   | Patient must register within the first 16 weeks of the pregnancy<br><br>Delivery by midwife or specialist at designated service provider | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Case managed up to a maximum of three days for normal delivery<br><br>Case managed up to a maximum of four days for caesarian<br><br>Subject to annual in-hospital limit | Case managed up to a maximum of three days for normal delivery<br><br>Case managed up to a maximum of four days for caesarian<br><br>Subject to annual in-hospital limit |
|   | <b>Please note: Due to a high annual indemnity insurance fee due by a gynaecologists, co-payments may apply</b> |  |  |  |  |

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| <b>Private hospital or state facility</b> |                     | Gynaecologist:<br>- Vaginal delivery (tariff code 2614)<br>- Caesarean delivery (tariff code 2615) | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Up to 200% of Scheme rate<br><br>Subject to annual in-hospital limit                                      | Up to 200% of Scheme rate<br><br>Subject to annual in-hospital limit                                      |
|   |                     | Maternity treatment plan for out-of-hospital services  | Limited to overall annual day-to-day limit   | Benefits as per the maternity treatment plan in <b>Table 2</b><br><br>Subject to annual in-hospital limit | Benefits as per the maternity treatment plan in <b>Table 2</b><br><br>Subject to annual in-hospital limit |
|   | Intensive care unit |  | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | 100% of Agreed rate<br><br>Subject to annual in-hospital limit  | 100% of Agreed rate<br><br>Subject to annual in-hospital limit  |
|   | Radiology           |  | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | 100% of Scheme rate<br><br>Subject to annual in-hospital limit  | 100% of Scheme rate<br><br>Subject to annual in-hospital limit  |
|   | Pathology           |  | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | 100% of Scheme rate<br><br>Subject to annual in-hospital limit  | 100% of Scheme rate<br><br>Subject to annual in-hospital limit  |



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| <b>Private hospital or state facility</b> | Allied health services, i.e. physiotherapist, occupational therapist, dietician, social worker, clinical psychologist, speech therapist, etc.<br><br><b>No benefit</b> for Dietician and Physiotherapy allowed in the case of a confinement | In-hospital treatment<br><br>Specialist motivation is required <b>and</b> Authorisation must be obtained prior to treatment | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Limited to <b>R3 600</b> per admission for a qualifying diagnoses<br><br>100% of Scheme rate<br><br>Subject to annual in-hospital limit  | Limited to <b>R3 600</b> per admission for a qualifying diagnoses<br><br>100% of Scheme rate<br><br>Subject to annual in-hospital limit  |
|   | Substance and Alcohol abuse<br><br><b>No co-payment per admission will apply in private and state facilities</b>  | Authorisation must be obtained prior to admission<br><br><b>Designated service provider must be used</b>                    | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Subject to <b>1 admission</b> per beneficiary per year and limited to 21 days' hospital based treatment and 3 days' detoxification<br><br>Subsequent admissions to state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit                  | Subject to <b>1 admission</b> per beneficiary per year and limited to 21 days' hospital based treatment and 3' days detoxification<br><br>Subsequent admissions to state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit                  |
|   | Psychiatric care<br><br><b>A co-payment of R375 per admission will apply in private facilities</b>  | Authorisation must be obtained prior to admission<br><br><b>Designated service provider must be used</b>                    | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Subject to <b>1 admission</b> per beneficiary per year and limited to 21 days' hospital based treatment <u>or</u> up to 15 outpatient consultations<br><br>Subsequent admissions to state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit | Subject to <b>1 admission</b> per beneficiary per year and limited to 21 days' hospital based treatment <u>or</u> up to 15 outpatient consultations<br><br>Subsequent admissions to state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit |

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| <b>Private hospital or state facility</b> | MRI and CT scans<br><br><b>Out-of-hospital: A co-payment of R250 per event will apply in private facilities</b><br><br><b>In-hospital: No co-payment will apply in private and state facilities</b>  | Authorisation must be obtained prior to treatment   | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Limited to <b>R10 100</b> per family per year<br><br>100% of Scheme rate<br><br>Subject to annual in-hospital limit | Limited to <b>R19 200</b> per family per year<br><br>100% of Scheme rate<br><br>Subject to annual in-hospital limit |
|   | Internal prosthesis and joint replacement<br><br><ul style="list-style-type: none"> <li>Defined as appliances placed internally in the body during an operation, as well as the replacement of artificial eyes and limbs</li> <li>Dental implants of any nature are not included in the definition of internal prostheses</li> </ul> | Designated service provider must be used  | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Limited to <b>R60 400</b> per beneficiary per year<br><br>Subject to annual in-hospital limit                       | Limited to <b>R73 300</b> per beneficiary per year<br><br>Subject to annual in-hospital limit                       |
|   | Maxillo-facial and oral surgery  | Trauma cases only as a result of an emergency or accident<br><br><b>No benefit for selective admission for specialised and advanced dentistry</b> | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Subject to annual in-hospital limit   | Subject to annual in-hospital limit   |
|   | To-take-out medicine   | Upon discharge from hospital  | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Maximum of five days' supply<br><br>Subject to annual in-hospital limit   | Maximum of five days' supply<br><br>Subject to annual in-hospital limit   |

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| <b>Private hospital or state facility</b> | Radiotherapy and chemotherapy (for instance cancer treatment)   | Authorisation must be obtained prior to treatment  | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit | Preferred provider only but referral to a state facility may be required depending on available benefit<br><br>Subject to annual in-hospital limit |
|   | Transplants   | Authorisation must be obtained prior to treatment<br><br>Benefit at provincial hospital or State facility only | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit                  |
|   | Cardiothoracic interventions and surgery (including angiograms) | Authorisation must be obtained prior to treatment<br><br>Benefit at provincial hospital or State facility only | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit                  |
|   | Neurosurgery  | Authorisation must be obtained prior to treatment<br><br>Benefit at provincial hospital or State facility only | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit                  |

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| <b>Private hospital or state facility</b> | Renal dialysis   | Authorisation must be obtained prior to treatment<br><br>Benefit at provincial hospital or State facility only | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit  | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to annual in-hospital limit |
|   | Refractive surgery (Lasik)   |  | Not a benefit of the Fund   | Not a benefit of the Fund   | Not a benefit of the Fund   |
|   | Care In lieu of hospitalisation<br><br><ul style="list-style-type: none"> <li>• Protocol based initiatives to prevent avoidable hospitalisation</li> <li>• May include home nursing</li> <li>• May include rehabilitation/terminal care</li> </ul> | Authorisation must be obtained prior to treatment  | Not a benefit of the Fund<br><br>Not a benefit of the Fund<br><br>Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable and subject to overall annual day-to-day limit | Subject to managed care protocols and annual in-hospital limit  | Subject to managed care protocols and annual in-hospital limit  |
|   | Frail care nursing services  |  | Not a benefit of the Fund   | Not a benefit of the Fund   | Not a benefit of the Fund   |

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| <b>Private hospital or state facility</b> | Specialised Procedures | <p>Authorisation must be obtained prior to treatment</p> <p>Members will be liable for any costs in excess of the specified benefits</p> | <p>Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable</p> <p>Subject to overall annual day-to-day limit</p> | <p>Benefits for diagnostic, laparoscopic and endoscopically assisted surgery limited to <b>R36 000</b> per family per year</p> <p>Subject to the annual in-hospital limit</p> <p>(includes disposable costs)</p> <p><b>A co-payment of a R500</b> will apply for the following procedures in a private facility:</p> <ul style="list-style-type: none"> <li>• Gastroscopy</li> <li>• Colonoscopy</li> <li>• Laparoscopy</li> <li>• Sigmoidoscopy</li> <li>• Cystoscopy</li> <li>• Cataract surgery</li> </ul> <p><b>No co-payment will apply if any of the above mentioned procedures are performed in the doctor's rooms or a state facility</b></p> | <p>Benefits for diagnostic, laparoscopic and endoscopically assisted surgery limited to <b>R48 900</b> per family per year</p> <p>Subject to the annual in-hospital limit</p> <p>(includes disposable costs)</p> <p><b>A co-payment of a R500</b> will apply for the following procedures in a private facility:</p> <ul style="list-style-type: none"> <li>• Gastroscopy</li> <li>• Colonoscopy</li> <li>• Laparoscopy</li> <li>• Sigmoidoscopy</li> <li>• Cystoscopy</li> <li>• Cataract surgery</li> </ul> <p><b>No co-payment will apply if any of the above mentioned procedures are performed in the doctor's rooms or a state facility</b></p> |
|   | Circumcision           | <p>Performed out of hospital</p> <p>Authorisation must be obtained prior to treatment</p>  | <p>Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable</p> <p>Subject to overall annual day-to-day limit</p> | <p>Subject to annual in-hospital limit</p> <p><b>No co-payment will apply if the procedure is performed in the doctor's rooms or a state facility</b></p>   | <p>Subject to annual in-hospital limit</p> <p><b>No co-payment will apply if the procedure is performed in the doctor's rooms or a state facility</b></p>   |

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| <b>Private hospital or state facility</b> | Circumcision   | Performed in hospital<br><br>Authorisation must be obtained prior to treatment   | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | <b>A co-payment of a R500 will apply in a private facility</b><br><br>Subject to annual in-hospital limit | <b>A co-payment of a R500 will apply in a private facility</b><br><br>Subject to annual in-hospital limit |
|   | Trauma unit  | Benefit limited to stabilisation of patient only, and thereafter transfer to designated service provider<br><br>Subject to authorisation and case management | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | Subject to annual in-hospital limit   | Subject to annual in-hospital limit   |
|   | <b>HIV/AIDS Benefit</b><br><br>This benefit is subject to enrollment on the HIV/AIDS programme | Hospital pre-authorization is required<br><br>Designated service provider must be used   | Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable<br><br>Subject to overall annual day-to-day limit | 100% of Agreed rate<br><br>Subject to annual in-hospital limit  | 100% of Agreed rate<br><br>Subject to annual in-hospital limit  |

**TABLE 1: PREVENTATIVE CARE BENEFIT**

Consultations and/or any other costs incurred at the time of the visit will be paid from your benefits, as specified in the rules of the Fund. Once the preventative benefit limits have been reached, tests will be paid from the applicable benefit limit.

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| <b>Out-of-hospital Preventative Care Procedures/Services</b>   | <b>Paid at 100% of Scheme rate:</b>  |   |
|  | <ul style="list-style-type: none"> <li>• <b>Primary Option</b> paid from overall annual day-to-day limit</li> <li>• <b>Standard and Advanced Options</b> paid from overall annual in-hospital benefit</li> </ul> |   |
| <b>General Health:</b>   |  |   |
| <b>Flu vaccine</b>   | Limited to one per beneficiary per year  |   |
| <b>Pneumococcal vaccine</b><br>(Pneumovax only)  | Limited to one per beneficiary per year  | Subject to the following criteria: <ul style="list-style-type: none"> <li>• Beneficiaries over 65 years</li> <li>• For high risk patients only – patients diagnosed with cancer, asthma, chronic obstructive pulmonary disease, cardiac failure, HIV</li> </ul> |
| <b>Health Risk Assessment (HRA)</b> – body mass index, blood pressure measurement, cholesterol screening (finger-prick test) and blood sugar screening (finger-prick test) | Limited to one screening per adult beneficiary per year  | At Dis-chem or Clicks pharmacies<br><br>Should your HRA be performed in the doctor's rooms, the consultation fee will be paid from your available General Practitioners visits benefit.   |
| <b>Cholesterol test</b>  | Limited to one per beneficiary per year  | Only one of the following tariff codes will be allowed:<br>4025, 4026, 4027, 4028 or 4170   |
| <b>HIV Test</b>  | Limited to one per beneficiary per year  | Tariff code 3932  |
| <b>Colorectal screening</b>  | Limited to one per beneficiary per year  | Subject to the following criteria: <ul style="list-style-type: none"> <li>• Beneficiaries 50 years and older</li> <li>• Tariff code 4351 or 4352</li> </ul>   |
| <b>Womens Health:</b>  |  |   |
| <b>Pap Smear</b>   | Limited to one per female beneficiary per year   | At Dis-chem or Clicks pharmacies or tariff codes 4566/4559  |
| <b>Mammogram</b>   | Limited to one per female beneficiary every 2 years or as clinically indicated   | Subject to the following criteria: <ul style="list-style-type: none"> <li>• Females over 40 years</li> <li>• Motivation and pre-authorisation required</li> </ul> One of the following tariff codes will be allowed:<br>3605 or 34100/01/10/20/30/50            |
| <b>Mens Health:</b>  |  |   |
| <b>Prostate-specific antigen (PSA) test</b>  | Limited to one per male beneficiary per year   | Tariff code 4519 or 4524  |
| <b>Male circumcision (in GP's rooms)</b>   | Limited to one per male beneficiary per year   | Tariff code 2133, 2137 or 2139  |

|                                      |   |  |
|--------------------------------------|---|--|
| <b>Children:</b>                     |   |  |
| <b>Human papillomavirus (HPV)</b>    | Maximum of three per beneficiary, depending on vaccination manufacturer | Male and female beneficiaries between the ages of 9 and 18 |
| <b>Child and infant vaccinations</b> |   | State protocols apply                                      |

**TABLE 2: MATERNITY TREATMENT PLAN FOR STANDARD AND ADVANCED OPTIONS**

You must register your pregnancy by calling the pre-authorisation department. This will ensure that your maternity claims are paid correctly.

Any other costs incurred at the time of the visit will be paid from your benefits, as specified in the rules of the Fund. Once the maternity treatment plan benefit limits have been reached, tests will be paid from the applicable benefit limit.

|   |                 |   |
|---|-----------------|---|
| <b>The following benefits will be paid from the overall annual in-hospital benefit as part of the maternity treatment plan:</b>       |                 |   |
| <b>Pathology out-of-hospital:</b>   |                 |   |
| <b>Test</b>   | <b>Per Year</b> | <b>Tariff Code</b>  |
| Full blood count  | 1               | 3755  |
| Blood test: Blood group   | 1               | 3764  |
| Blood test: Rhesus antigen  | 1               | 3765  |
| Urine culture   | 1               | 3893  |
| HIV Elisa or other screening  | 1               | 3932  |
| Rubella antibody  | 1               | 3948  |
| VDRL (Venereal Disease Research Laboratory)   | 1               | 3949  |
| Glucose strip   | 1               | 4050  |
| Urine analysis dipstick   | 13              | 4188  |
| HIV antibody rapid  | 1               | 4614  |
| Hepatitis B screening   | 1               | 3942  |
| Haemoglobin estimation  | 1               | 3762  |
| <b>Antenatal Visits:</b>  |                 |   |
| Maximum per pregnancy<br>(for high risk patients an additional 4 visits will be allowed, subject to approval and clinical motivation) |                 | 5   |
| <b>Ultrasound scans:</b>  |                 |   |
| At 12 and 24 weeks (Tariff code 3615, 3617 or 43250)  |                 | 2   |
| <b>Antenatal vitamins during pregnancy and up to one month after delivery:</b>  |                 | Limited to R140 per month, including VAT and dispensing fee |



**GLOSSARY OF TERMS:**

|                    |  |
|--------------------|--|
| <b>Agreed Rate</b> | The agreed rate is the negotiated tariff fee payable to any Designated Service Provider including those listed on the Network.                                   |
| <b>GRP</b>         | The generic reference price – the Fund basis its medicine benefits on the cost of generic medicines instead of brand name medicines.                             |
| <b>Scheme Rate</b> | The scheme rate is the tariff set by the Fund for reimbursement of claims, in the absence of any other agreed or contracted tariff with any service provider.    |
| <b>UPFS</b>        | The uniform patient fee schedule is the fee schedule applied by the public sector.   |
| <b>SEP</b>         | The single exit price is the legislated price of medicine.   |
| <b>PMB CDL</b>     | Prescribed Minimum Benefits (PMB) Chronic Disease List (CDL): PMBs are benefits that medical schemes must offer in terms of the Medical Schemes Act 131 of 1998. |