

ANNEXURE B



GOLDEN ARROW EMPLOYEES' MEDICAL BENEFIT FUND

BENEFITS SUMMARY EFFECTIVE 1 JANUARY 2025

ANNUAL BENEFITS FOR DAY-TO-DAY MEDICAL SERVICES					
OUT-OF-HOSPITAL BENEFITS					
			PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
<b>Overall annual day-to-day limit</b>					
Member			R17 200 per single member	R15 100 per single member	R16 500 per single member
Member + 1			R26 800 per family	R23 000 per family	R24 300 per family
Member + 2			R34 800 per family	R30 100 per family	R32 300 per family
Member + 3			R35 900 per family	R31 000 per family	R33 100 per family
Member + 4 +			R36 400 per family	R31 600 per family	R33 600 per family
			<b>Continued benefits for investigations to manage PMB CDL conditions after depletion of the overall annual day-to-day limit</b>	<b>Continued benefits for investigations to manage PMB CDL conditions after depletion of the overall annual day-to-day limit</b>	<b>Continued benefits for investigations to manage PMB CDL conditions after depletion of the overall annual day-to-day limit</b>
General Practitioners (GPs)	Network and Non-Network general practitioners Consultations  Limited to <b>7 visits per beneficiary per year</b> and subject to overall annual limit	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
	Emergency consultations	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


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	Acute medication (GP and Emergency)  Subject to R380 per beneficiary per day		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
Over-the-counter (OTC) medication	OTC medication  Including homeopathic, herbal and natural medication	Subject to R430 per beneficiary per day, with a maximum of R1 880 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

Specialists  Specialists visits are subject to referral by a general practitioner	Consultations  The member is responsible for ensuring that an authorisation number is obtained before consulting a specialist	Non-network provider  Please note a co-payment equal to the difference between the Scheme rate and Specialist rate may apply	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/ Casualty Department (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

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<p>Dental</p> <p>Annual limit of:</p> <p>Single member R7 500  Member + 1 R9 000  Member + 2 R10 700  Member + 3 R10 900  Member + 4 + R11 100</p>	<p>Includes the following:</p> <ul style="list-style-type: none"> <li>• Basic</li> <li>• Specialised</li> <li>• Denture limit</li> <li>• Procedures under conscious sedation in the rooms</li> <li>• Clinical guidelines apply</li> </ul>	<p>Please note: Members are liable for all cost related for dental care by any general or specialist dentist where costs exceed the dental rate and/or annual dental limit</p>	<p>100% of Scheme rate; dental limit subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate; dental limit subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate; dental limit subject to overall annual day-to-day limit</p>
 <p>REGISTERED BY ME ON</p> <p>Mfana Maswanganyi</p> <p><i>Mfana</i></p> <p>2025/02/03</p> <p>Signed by Mfana Maswanganyi,  m.maswanganyi@medicalsschemes.co.za  03/02/2025 13:12:56(UTC+02:00)</p> <p>SIGNIFLOW</p> <p>REGISTRAR OF MEDICAL SCHEMES</p>	<p>Dental Therapist</p>	<p>Please note: Members are liable for all cost related for dental care by any general or specialist dentist where costs exceed the dental rate and/or annual dental limit</p>	<p>80% of Scheme rate; dental limit subject to overall annual day-to-day limit</p>	<p>80% of Scheme rate; dental limit subject to overall annual day-to-day limit</p>	<p>80% of Scheme rate; dental limit subject to overall annual day-to-day limit</p>
<p>Optometrists</p>	<p>Frames, lenses, contact lenses, tints and eye tests</p> <p>Optical limit:  R3 260 per beneficiary every two (2) years, i.e. 2025 - 2026</p>	<p>Optometrists must obtain authorisation for patient referral to a specialist</p>	<p>100% of Scheme rate; optical limit subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate; optical limit subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate; optical limit subject to overall annual day-to-day limit</p>
<p>Radiology</p>			<p>100% of Scheme rate, subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate, subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate, subject to overall annual day-to-day limit</p>
<p>Pathology</p>			<p>100% of Scheme rate, subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate, subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate, subject to overall annual day-to-day limit</p>
<p>Allied health services</p>	<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>		<p>100% of the Scheme rate, subject to overall annual day-to-day limit</p>	<p>100% of the Scheme rate, subject to overall annual day-to-day limit</p>	<p>100% of the Scheme rate, subject to overall annual day-to-day limit</p>

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
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




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  Medication approved as per the Chronic Disease Medication Formulary	<b>PMB CDL conditions:</b> Unlimited  <b>Non-CDL conditions:</b> Limited to R3 150 per beneficiary per year  100% of SEP and Generic reference pricing fee	<b>PMB CDL conditions:</b> Unlimited  <b>Non-CDL conditions:</b> Limited to R3 150 per beneficiary per year  100% of SEP and Generic reference pricing fee	<b>PMB CDL conditions:</b> Unlimited  <b>Non-CDL conditions:</b> Limited to R3 150 per beneficiary per year  100% of SEP and Generic reference pricing fee
Ambulance services	No separate benefit available  <b>Members must call 082 911 for all ambulance services</b>	Members must make use of Netcare 911  <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



<p>HIV/AIDS Benefit</p>	<p>This benefit is subject to enrollment on the HIV/AIDS programme.</p> <p>The cost of General Practitioners, Medication and Pathology services will be provided through contracted service providers</p> <p>Medicine and hospital pre-authorization are required</p>	<p>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</p>	<p>R16 000 per beneficiary per year</p> <p>100% of the Scheme rate</p> <p>Medicine: 100% of SEP and Generic reference pricing</p>	<p>R16 000 per beneficiary per year</p> <p>100% of the Scheme rate</p> <p>Medicine: 100% of SEP and Generic reference pricing</p>	<p>R16 000 per beneficiary per year</p> <p>100% of the Scheme rate</p> <p>Medicine: 100% of SEP and Generic reference pricing</p>
<p>Substance and Alcohol abuse OOH</p>	<p>Out-of-hospital substance abuse benefit to cover:</p> <ul style="list-style-type: none"> <li>• PMB equivalent care (excluding psychotherapy and medication)</li> <li>• Above PMB level of care (include additional Psychotherapy and medication)</li> </ul>		<p>No benefit</p>	<p>The following should be funded as PMB level of care:</p> <ul style="list-style-type: none"> <li>• All clinically appropriate diagnostic tests.</li> <li>• Consultation with the family doctor, psychiatrist or mental health professional for diagnosis</li> </ul>	<p>The following should be funded as PMB level of care:</p> <ul style="list-style-type: none"> <li>• All clinically appropriate diagnostic tests.</li> <li>• Consultation with the family doctor, psychiatrist or mental health professional for diagnosis</li> </ul>

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ANNUAL BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES					
IN-HOSPITAL BENEFIT					
			PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Annual in-hospital limit			<p>Limited to overall annual day-to-day limit</p> <p>Continued benefits for PMB treatment in a State facility, subject to pre-authorisation and managed healthcare protocols</p>	<p>R201 500 per beneficiary per year</p> <p>Continued benefits for PMB treatment in a State facility, subject to pre-authorisation and managed healthcare protocols</p>	<p>R388 100 per beneficiary per year</p> <p>Continued benefits for PMB treatment in a State facility, subject to pre-authorisation and managed healthcare protocols</p>
Preventative Care Benefits out-of-hospital	Limited to detailed list in Table 1		<p>100% of Scheme rate</p> <p>Subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>
<p>Private hospital or state facility</p> <p>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 procedure</p> <p>No co-payment will apply to an admission or procedure in a state facility</p>	<p><b>Members must use contracted hospitals and state (Provincial Government of the Western Cape)</b></p> <p>This applies to all beneficiaries registered on the <b>Standard and Advanced Options</b></p>	<p>All admissions and procedures in hospital are subject to:</p> <ul style="list-style-type: none"> <li>- 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</li> <li>- Clinical protocols</li> </ul>	<p><b>No separate private hospital cover</b></p> <p>Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable</p>	<p>100% of Agreed rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of Agreed rate</p> <p>Subject to annual in-hospital limit</p>
	<p><b>Non-contracted private hospitals and state facilities outside of the Western Cape</b></p>	<p>All admissions and procedures in hospital are subject to:</p> <ul style="list-style-type: none"> <li>- Authorisation 48 hours before the admission <b>or</b> in</li> </ul>	<p><b>No separate private hospital cover</b></p> <p>Treatment at state facility only; Uniform Patient Fee</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>

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	This applies to all beneficiaries registered on the <b>Standard and Advanced Options</b>	the event of an emergency within 24 hours of the admission or next working day - Clinical protocols	Schedule (UPFS) rates applicable		
Private hospital or state facility	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  Subject to overall annual day-to-day limit	100% of Scheme rate  Subject to annual in-hospital limit	100% of Scheme rate  Subject to annual in-hospital limit
	Specialists	Non-network provider	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to overall annual day-to-day limit	100% of Scheme rate  Subject to annual in-hospital limit	100% of Scheme rate  Subject to annual in-hospital limit
		Network provider	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to overall annual day-to-day limit	100% of Agreed rate  Subject to annual in-hospital limit	100% of Agreed rate  Subject to annual in-hospital limit

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Private hospital or state facility	Maternity	<p>Patient must register within the first 16 weeks of the pregnancy</p> <p>Delivery by midwife or specialist at designated service provider</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>Case managed up to a maximum of three days for normal delivery</p> <p>Case managed up to a maximum of four days for caesarian</p> <p>Subject to annual in-hospital limit</p>	<p>Case managed up to a maximum of three days for normal delivery</p> <p>Case managed up to a maximum of four days for caesarian</p> <p>Subject to annual in-hospital limit</p>
		<p>Gynaecologist:</p> <ul style="list-style-type: none"> <li>- Vaginal delivery (tariff code 2614)</li> <li>- Caesarean delivery (tariff code 2615)</li> </ul>	<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>Up to 200% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>Up to 200% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>
		<p>Maternity treatment plan for out-of-hospital services</p>	<p>Limited to overall annual day-to-day limit</p>	<p>Benefits as per the maternity treatment plan in <b>Table 2</b></p> <p>Subject to annual in-hospital limit</p>	<p>Benefits as per the maternity treatment plan in <b>Table 2</b></p> <p>Subject to annual in-hospital limit</p>
	Intensive care unit		<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>100% of Agreed rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of Agreed rate</p> <p>Subject to annual in-hospital limit</p>
	Radiology		<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>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>



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Private hospital or state facility	Pathology		Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to overall annual day-to-day limit	100% of Scheme rate  Subject to annual in-hospital limit	100% of Scheme rate  Subject to annual in-hospital limit
	Allied health services, i.e. physiotherapist, occupational therapist, dietician, social worker, clinical psychologist, speech therapist, etc.  <b>No benefit</b> for Dietician and Physiotherapy allowed in the case of a confinement	In-hospital treatment  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  Subject to overall annual day-to-day limit	Limited to <b>R3 800</b> per admission for a qualifying diagnoses  100% of Scheme rate  Subject to annual in-hospital limit	Limited to <b>R3 800</b> per admission for a qualifying diagnoses  100% of Scheme rate  Subject to annual in-hospital limit
	Substance and Alcohol abuse  <b>No co-payment per admission will apply in private and state facilities</b>	Authorisation must be obtained prior to admission  <b>Designated service provider must be used</b>	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  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  Subsequent admissions to state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  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  Subsequent admissions to state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to annual in-hospital limit

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Private hospital or state facility	Psychiatric care	Authorisation must be obtained prior to admission	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable	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	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
	<b>A co-payment of R375 per admission will apply in private facilities</b>	<b>Designated service provider must be used</b>		Subsequent admissions to state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable	Subsequent admissions to state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable
			Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	Subject to annual in-hospital limit
	MRI and CT scans	Authorisation must be obtained prior to treatment	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable	Limited to <b>R10 600</b> per family per year	Limited to <b>R20 200</b> per family per year
	<b>Out-of-hospital: A co-payment of R250 per event will apply in private facilities</b>			100% of Scheme rate	100% of Scheme rate
	<b>In-hospital: No co-payment will apply in private and state facilities</b>		Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	Subject to annual in-hospital limit
	Internal prosthesis and joint replacement	Designated service provider must be used	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable	Limited to <b>R63 400</b> per beneficiary per year	Limited to <b>R77 000</b> per beneficiary per year
	<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>		Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	Subject to annual in-hospital limit

Private hospital or state facility	Maxillo-facial and oral surgery	Trauma cases only as a result of an emergency or accident  <b>No benefit for selective admission for specialised dentistry</b>	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to overall annual day-to-day limit, except for PMBs in State	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  Subject to overall annual day-to-day limit	Maximum of five days' supply  Subject to annual in-hospital limit	Maximum of five days' supply  Subject to annual in-hospital limit
	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  Subject to overall annual day-to-day limit	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to annual in-hospital limit	Preferred provider only but referral to a state facility may be required depending on available benefit  Subject to annual in-hospital limit
	Transplants	Authorisation must be obtained prior to treatment  Benefit at provincial hospital or State facility only	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to overall annual day-to-day limit	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to annual in-hospital limit	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to annual in-hospital limit

Private hospital or state facility	Cardiothoracic interventions and surgery (including angiograms)	Authorisation must be obtained prior to treatment  Benefit at provincial hospital or State facility only	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to overall annual day-to-day limit	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to annual in-hospital limit	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to annual in-hospital limit
	Neurosurgery	Authorisation must be obtained prior to treatment  Benefit at provincial hospital or State facility only	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to overall annual day-to-day limit	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to annual in-hospital limit	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to annual in-hospital limit
	Renal dialysis	Authorisation must be obtained prior to treatment  Benefit at provincial hospital or State facility only	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to overall annual day-to-day limit	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to annual in-hospital limit	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  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

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	<p>Care In lieu of hospitalisation</p> <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>	<p>Authorisation must be obtained prior to treatment</p>	<p>Not a benefit of the Fund</p> <p>Not a benefit of the Fund</p> <p>Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable and subject to overall annual day-to-day limit</p>	<p>Subject to managed care protocols and annual in-hospital limit</p>	<p>Subject to managed care protocols and annual in-hospital limit</p>
	<p>Frail care nursing services</p>		<p>Not a benefit of the Fund</p>	<p>Not a benefit of the Fund</p>	<p>Not a benefit of the Fund</p>





Private hospital or state facility	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>R37 800</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 will apply for the following procedures in a private facility:</b></p> <ul style="list-style-type: none"> <li>• Gastroscopy</li> <li>• Colonoscopy</li> <li>• Oesophagoscopy</li> <li>• Sigmoidoscopy</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>R51 300</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 will apply for the following procedures in a private facility:</b></p> <ul style="list-style-type: none"> <li>• Gastroscopy</li> <li>• Colonoscopy</li> <li>• Oesophagoscopy</li> <li>• Sigmoidoscopy</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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Private hospital or state facility	Circumcision	Performed in hospital  Authorisation must be obtained prior to treatment	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to overall annual day-to-day limit	<b>A co-payment of a R500 will apply in a private facility</b>  Subject to annual in-hospital limit	<b>A co-payment of a R500 will apply in a private facility</b>  Subject to annual in-hospital limit
	Trauma unit	Benefit limited to stabilisation of patient only, and thereafter transfer to designated service provider  Subject to authorisation and case management	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  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>  This benefit is subject to enrollment on the HIV/AIDS programme	Hospital pre-authorization is required  Designated service provider must be used	Treatment at state facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Subject to overall annual day-to-day limit	100% of Agreed rate  Subject to annual in-hospital limit	100% of Agreed rate  Subject to annual in-hospital limit

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**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.

<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> (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 two screenings per adult beneficiary per year	At Dis-chem or Clicks pharmacies  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: 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>Women's 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: 3605 or 34100/01/10/20/30/50
<b>Bone Density Scan</b> <b>Dual-energy x-ray absorptiometry (DEXA scan)</b>	Limited to one per adult beneficiary 50 years and above every 3 years	Subject to the following criteria: <ul style="list-style-type: none"> <li>• Beneficiaries over 50 years</li> <li>• Motivation and pre-authorisation required</li> <li>• All adults (18 and above) with diseases associated with low bone mass or bone loss</li> </ul>



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 2025/02/03  
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 03/02/2025 13:14:54 (UTC+02:00)  
 REGISTRAR OF MEDICAL SCHEMES

- All adults (18 and above) with fragility fractures – little or no trauma
- Tariff code: 3604 /39173/150120

<b>Men's 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 (for high risk patients an additional 4 visits will be allowed, subject to approval and clinical motivation)		5

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