GOLDEN ARROW
EMPLOYEES' MEDICAL BENEFIT FUND

BENEFITS SUMMARY

Effective 1 January 2024

PLEASE NOTE that the Fund obtained exemption until 31 December 2024 from compliance with the prescribed minimum benefits (PMBs) requirements.

GLOSSARY

Agreed rate
The agreed rate is the negotiated tariff payable to any designated service provider, including those listed on the designated service provider network.

GRP
The generic reference price – the Fund bases its medicine benefits on the cost of generic medicines instead of brand-name medicines.

PMB CDL
Prescribed minimum benefits (PMB) chronic disease list (CDL) – PMBs are benefits that medical funds must offer in terms of the Medical Schemes Act 131 of 1998.

Scheme rate
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.

SEP
The single exit price is the legislated price of medicine.

UFPS
The uniform patient fee schedule is the fee schedule applied by the public sector.

ANNUAL BENEFITS FOR DAY-TO-DAY MEDICAL SERVICES

OUT-OF-HOSPITAL BENEFITS

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
OVERALL ANNUAL DAY-TO-DAY LIMIT Single member Member + 1 Member + 2 Member + 3 Member + 4		**R15 600 per member** **R24 400 per family** **R31 600 per family** **R32 600 per family** **R33 100 per family**	**R13 700 per member** **R20 900 per family** **R27 400 per family** **R28 200 per family** **R28 700 per family**	**R15 000 per member** **R22 100 per family** **R29 400 per family** **R30 100 per family** **R30 500 per family**
General practitioners Limited to **7 visits per beneficiary per year** and subject to overall annual day-to-day limit	**Consultations** Please note that a co-payment equal to the difference between the Scheme rate and the general practitioner rate may apply	100% of Scheme rate	100% of Scheme rate	100% of Scheme rate
	Emergency consultations Please note that a co-payment equal to the difference between the Scheme rate and the general practitioner rate may apply	100% of Scheme rate	100% of Scheme rate	100% of Scheme rate
	Acute medication Subject to **R360** per beneficiary per day	100% of SEP, formulary medication and GRP, subject to overall annual day-to-day limit	100% of SEP, formulary medication and GRP, subject to overall annual day-to-day limit	100% of SEP, formulary medication and GRP, subject to overall annual day-to-day limit
Over-the-counter (OTC) medication This includes 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 GRP, subject to overall annual day-to-day limit	100% of SEP and GRP, subject to overall annual day-to-day limit	100% of SEP and GRP, subject to overall annual day-to-day limit
Specialists Specialist visits are subject to referral by a general practitioner The member is responsible for ensuring that an authorisation number is obtained before consulting a specialist	**Consultations** **Non-network provider** Please note that a co-payment equal to the difference between the Scheme rate and specialist rate may apply **Network provider**	Up to 140% of Scheme rate, subject to overall annual day-to-day limit 100% of agreed rate, subject to overall annual day-to-day limit	Up to 140% of Scheme rate, subject to overall annual day-to-day limit 100% of agreed rate, subject to overall annual day-to-day limit	Up to 140% of Scheme 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 from any pharmacy	100% of SEP and GRP, subject to overall annual day-to-day limit	100% of SEP and GRP, subject to overall annual day-to-day limit	100% of SEP and GRP, 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 payable by the member**	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 **Annual limit:** Single member **R6 800** Member + 1 **R8 200** Member + 2 **R9 700** Member + 3 **R9 900** Member + 4 **R10 100** **Please note:** Members are liable for all costs related to dental care by any general or specialist dentist where costs exceed the dental rate and/or dental limit	Includes the following: - Basic dentistry - Advanced/Specialised dentistry - Dentures - Procedures under conscious sedation in a doctor's rooms Clinical guidelines apply	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
	Dental therapist	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 **Limit:** **R3 100** per beneficiary **every two years**; i.e. 2023 to 2024	Frames, lenses, contact lenses, tints and eye tests 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

OUT-OF-HOSPITAL BENEFITS (CONTINUED)

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
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	Nursing services, speech therapist, dietician, occupational therapist, social worker, audiologist, chiropody, chiropractor, physiotherapy and antiretroviral therapy	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
Appliances **Examples:** Nebulisers, crutches, glucometers, hearing aids, hire of oxygen cylinders, 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 for ensuring that an authorisation number is obtained before consulting 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	PMB CDL conditions: Unlimited Non-CDL conditions: Limited to **R3 000** per beneficiary per year 100% of SEP and GRP	PMB CDL conditions: Unlimited Non-CDL conditions: Limited to **R3 000** per beneficiary per year 100% of SEP and GRP	PMB CDL conditions: Unlimited Non-CDL conditions: Limited to **R3 000** per beneficiary per year 100% of SEP and GRP
Ambulance services	No separate benefit available Members must make use of Netcare 911 **Please call 082 911 for all ambulance services** **For voluntary use of any other emergency service provider, members will be liable for a 20% co-payment**	Netcare 911 only	Netcare 911 only	Netcare 911 only
HIV/AIDS	This benefit is subject to enrolment on the HIV/AIDS Programme Medicine and hospital pre-authorisation is required This benefit includes medication, doctor's consultations and blood tests at contracted service providers as required for the treatment of the condition, as well as the cost of prophylaxis for preventative treatment	**R15 200** per beneficiary per year 100% of Scheme rate Medicine: 100% of SEP and GRP	**R15 200** per beneficiary per year 100% of Scheme rate Medicine: 100% of SEP and GRP	**R15 200** per beneficiary per year 100% of Scheme rate Medicine: 100% of SEP and GRP

ANNUAL BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

IN-HOSPITAL BENEFITS

BENEFIT CATEGORY	NOTES	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** on page 9	100% of Scheme rate Subject to overall annual day-to-day limit	100% of Scheme rate Subject to overall annual in-hospital limit	100% of Scheme rate Subject to overall annual in-hospital limit
Private hospital or State facility **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** **No co-payment will apply to an admission to, or procedure in, a State facility**	**Members must use contracted and State hospitals (provincial Government of the Western Cape)** Applicable to all beneficiaries registered on the **Standard** and **Advanced Options** All admissions and procedures in hospital are subject to: - authorisation 48 hours before the admission or, in the event of an emergency, within 24 hours of the admission or on the next working day - clinical protocols apply	**No separate private hospital cover** Treatment at State facility only; UPFS rates applicable	100% of agreed rate Subject to annual in-hospital limit	100% of agreed rate Subject to annual in-hospital limit
	Non-contract private hospitals and State facilities outside the Western Cape Applicable to all beneficiaries registered on the **Standard** and **Advanced Options** All admissions and procedures in hospital are subject to: - authorisation 48 hours before the admission or, in the event of an emergency, within 24 hours of the admission or on the next working day - clinical protocols apply	**No separate private hospital cover** Treatment at State facility only; UPFS rates applicable	100% of Scheme rate Subject to annual in-hospital limit	100% of Scheme rate Subject to annual in-hospital limit
	General practitioner Please note that a co-payment equal to the difference between the Scheme rate and general practitioner rate may apply	Treatment at State facility only; 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 **Network provider**	Treatment at State facility only; 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
	Specialists **Non-network provider** Please note that a co-payment equal to the difference between the Scheme rate and specialist rate may apply	Treatment at State facility only; 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
	Maternity Patient must register within the first 16 weeks of the pregnancy **Please note:** Due to high annual indemnity insurance fees due by gynaecologists, co-payments may apply Delivery by midwife or specialist at designated service provider **Gynaecologist:** - vaginal delivery (tariff code 2614) - caesarean delivery (tariff code 2615)	Treatment at State facility only; UPFS rates applicable Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Case managed up to a maximum of **three days** for normal delivery and **four days** for caesarean Up to 200% of Scheme rate Subject to overall annual day-to-day limit	Case managed up to a maximum of **three days** for normal delivery and **four days** for caesarean Up to 200% of Scheme rate Subject to overall annual day-to-day limit

IN-HOSPITAL BENEFITS (CONTINUED)

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Private hospital or State facility (continued)	**Maternity (continued)** Maternity treatment plan for out-of-hospital services	Limited to overall annual day-to-day limit	Benefits as per the maternity treatment plan in **TABLE 2** on page 10 Subject to annual in-hospital limit	Benefits as per the maternity treatment plan in **TABLE 2** on page 10 Subject to annual in-hospital limit
	Intensive care unit	Treatment at State facility only; 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
	Radiology	Treatment at State facility only; 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
	Pathology	Treatment at State facility only; 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 Examples: Physiotherapist, occupational therapist, dietician, social worker, clinical psychologist, speech therapist, etc. **In-hospital treatment** Specialist motivation is required **and** authorisation must be obtained prior to treatment **No benefit for a dietician or physiotherapy allowed in the case of a confinement**	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Limited to **R3 600** per event for qualifying diagnoses 100% of Scheme rate Subject to annual in-hospital limit	Limited to **R3 600** per event for qualifying diagnoses 100% of Scheme rate Subject to annual in-hospital limit

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Private hospital or State facility (continued)	**Substance and alcohol abuse** Authorisation must be obtained prior to admission **No co-payment per admission will apply in private and State facilities** **Designated service provider must be used**	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Subject to **one admission** per beneficiary per year and limited to **21 days' hospital-based treatment** and **three days' detoxification** Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit	Subject to **one admission** per beneficiary per year and limited to **21 days' hospital-based treatment** and **three days' detoxification** Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit
	Psychiatric care Authorisation must be obtained prior to admission **A co-payment of R375 per admission will apply in private facilities** **Designated service provider must be used**	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Subject to **one admission** per beneficiary per year and limited to **21 days' hospital-based treatment** or up to **15 outpatient consultations** Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit	Subject to **one admission** per beneficiary per year and limited to **21 days' hospital-based treatment** or up to **15 outpatient consultations** Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit
	MRI and CT scans Authorisation must be obtained prior to treatment **Out of hospital: A co-payment of R250 per admission will apply in private facilities** **In hospital: No co-payment will apply in private and State facilities**	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Limited to **R10 100** per family per year 100% of Scheme rate Subject to annual in-hospital limit	Limited to **R19 200** per family per year 100% of Scheme rate Subject to annual in-hospital limit
	Internal prostheses and joint replacements - Defined as appliances placed internally in the body during an operation, as well as the replacement of artificial eyes and limbs - Dental implants of any nature are not included in the definition of internal prostheses Designated service provider must be used	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Limited to **R60 400** per beneficiary per year Subject to annual in-hospital limit	Limited to **R73 300** per beneficiary per year Subject to annual in-hospital limit
	Maxillofacial and oral surgery Trauma cases only as a result of an emergency or accident **No benefit for selective admission for specialised or advanced dentistry**	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	Subject to annual in-hospital limit
	To-take-out (TTO) medicine Medicine dispensed on discharge from hospital	Treatment at State facility only; 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; UPFS rates applicable Subject to overall annual day-to-day limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Preferred provider only, but referral to State facility may be required, subject to available benefits Subject to annual in-hospital limit
	Transplants Authorisation must be obtained prior to treatment **Benefit at provincial or State facility only**	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Private hospital or State facility (continued)	**Cardiothoracic interventions and surgeries** (including angiograms) Authorisation must be obtained prior to treatment **Benefit at provincial or State facility only**	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit
	Neurosurgery Authorisation must be obtained prior to treatment **Benefit at provincial or State facility only**	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit
	Renal dialysis Authorisation must be obtained prior to treatment **Benefit at provincial or State facility only**	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Treatment at State facility only; 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**
	Care in lieu of hospitalisation Authorisation must be obtained prior to treatment - Protocol-based initiatives to prevent avoidable hospitalisation - May include home nursing - May include rehabilitation or terminal care	 **Not a benefit of the Fund** **Not a benefit of the Fund** Treatment at State facility only; UPFS rates applicable and subject to overall 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	**Not a benefit of the Fund**	**Not a benefit of the Fund**	**Not a benefit of the Fund**
	Specialised procedures Authorisation must be obtained prior to treatment **Members will be liable for any costs in excess of the specified benefits**	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Benefits for diagnostic, laparoscopic and endoscopic surgery limited to **R36 000** per family per year Subject to annual in-hospital limit Includes disposable costs A co-payment of **R500** will apply for the following procedures **in a private facility**: - Gastroscopy - Colonoscopy - Laparoscopy - Sigmoidoscopy - Cystoscopy - Cataract surgery **No co-payment will apply if performed in doctors' rooms or provincial or State facilities**	Benefits for diagnostic, laparoscopic and endoscopic surgery limited to **R48 900** per family per year Subject to annual in-hospital limit Includes disposable costs A co-payment of **R500** will apply for the following procedures **in a private facility**: - Gastroscopy - Colonoscopy - Laparoscopy - Sigmoidoscopy - Cystoscopy - Cataract surgery **No co-payment will apply if performed in doctors' rooms or provincial or State facilities**
	Circumcisions **Performed out of hospital** Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	**No co-payment will apply if the procedure is performed in a doctor's rooms or State facility** Subject to annual in-hospital limit	**No co-payment will apply if the procedure is performed in a doctor's rooms or State facility** Subject to annual in-hospital limit

IN-HOSPITAL BENEFITS (CONTINUED)

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Private hospital or State facility (continued)	**Circumcisions (continued)** **Performed in hospital** Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	**A co-payment of R500 will apply in a private facility** Subject to annual in-hospital limit	**A co-payment of R500 will apply in a private facility** Subject to annual in-hospital limit
	Trauma units Benefit limited to stabilisation of patient only and thereafter transferral to designated service provider Subject to authorisation and case management	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	Subject to annual in-hospital limit
HIV/AIDS	This benefit is subject to enrolment on the HIV/AIDS Programme Hospital pre-authorisation is required Designated service provider must be used	Treatment at State facility only; 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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Contribution rates

Effective 1 January 2024

PRIMARY OPTION

	MEMBER	ADULT/SPOUSE	CHILD
Up to R4 500	R474	R433	R186
Above R4 501	R1 076	R813	R334

STANDARD OPTION

MEMBER	ADULT/SPOUSE	CHILD
R1 076	R813	R334

ADVANCED OPTION

MEMBER	ADULT/SPOUSE	CHILD
R1 551	R1 293	R447

TABLE 1:
PREVENTATIVE CARE BENEFITS

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.

OUT-OF-HOSPITAL PREVENTATIVE CARE PROCEDURES	**Paid at 100% of Scheme rate:** **• Primary Option paid from overall annual day-to-day limit** **• Standard and Advanced Options paid from overall annual in-hospital benefit**	
General health		
Flu vaccine	Limited to one per beneficiary per year	
Pneumococcal vaccine (Pneumovax only)	Limited to one per beneficiary per year	Subject to the following criteria: • Beneficiaries over 65 years • High-risk patients only: Patients diagnosed with cancer, asthma, chronic obstructive pulmonary disease, cardiac failure or HIV
Health risk assessment (HRA): 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 Should your HRA be performed in the doctor's rooms, the consultation fee will be paid from your available general practitioner visits benefit
Cholesterol test	Limited to one per beneficiary per year	Only one of the following tariff codes will be allowed: 4025, 4026, 4027, 4028 or 4170
HIV test	Limited to one per beneficiary per year	Tariff code 3932
Colorectal screening	Limited to one per beneficiary per year	Subject to the following criteria: • Beneficiaries 50 years and older • Tariff code 4351 or 4352
Women's health		
Pap smear	Limited to one per female beneficiary per year	At Dis-Chem or Clicks pharmacies or tariff codes 4566/4599
Mammogram	Limited to one per female beneficiary every two years or as clinically indicated	Subject to the following criteria: • Females 40 years and older • Motivation and pre-authorisation required One of the following tariff codes will be allowed: 34100, 34101, 34110, 34120, 34130, 34150 or 3605
Men's health		
Male circumcision (in general practitioner's rooms)	Limited to one per male beneficiary per year	Tariff code 2133, 2137 or 2139
Prostate-specific antigen (PSA) test	Limited to one per male beneficiary per year	Tariff code 4519 or 4524
Children		
Human papillomavirus (HPV) vaccination	Maximum of three per beneficiary, depending on vaccination manufacturer	Male and female beneficiaries between the ages of nine and 18
Child and infant vaccinations		State protocols apply

TABLE 2:
MATERNITY TREATMENT PLAN ON **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 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.

The following benefits will be paid from the overall annual in-hospital benefit as part of the maternity treatment plan.

PATHOLOGY OUT OF HOSPITAL	PER YEAR	TARIFF CODE
Blood test: Blood group	1	3764
Blood test: Rhesus antigen	1	3765
Full blood count	1	3755
Glucose strip test	1	4050
Haemoglobin estimation	1	3762
Hepatitis B screening	1	3942
HIV antibody rapid test	1	4614
HIV Elisa or other screening test	1	3932
Rubella antibody	1	3948
Urine analysis dipstick	13	4188
Urine culture	1	3893
Venereal Disease Research Laboratory (VDRL) test	1	3949

ANTENATAL VISITS	PER YEAR	TARIFF CODE
Maximum visits per pregnancy (For high-risk patients an additional four visits will be allowed, subject to approval and clinical motivation)	5	-
Ultrasound scans – at **12 and 24 weeks**	2	3615, 3617 or 43250
Antenatal vitamins during pregnancy and up to 1 month after delivery Limited to **R140** per month, including VAT and dispensing fee	-	-