**COMPREHENSIVE OPTION - MAJOR MEDICAL BENEFITS, CATEGORY LIMITS, DAY-TO- DAY BENEFITS AND SAVINGS**

All limits depicted in this Annexure are annual limits, unless otherwise indicated.

Day-to-day benefits (depicted by a D in column 5) are subject to category limits as indicated and further subject cumulatively to the annual day-to-day benefit limits indicated in paragraph 26.2.

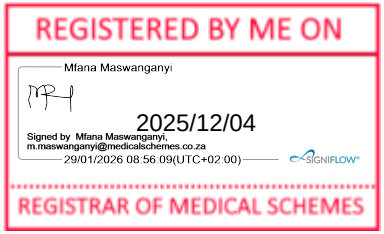
Legally prescribed acute medicine in 11.1 is subject to category limits where indicated and further subject cumulatively to the annual day-to-day benefit limits indicated in paragraph 26.2 and overall annual limit, excluding contraceptives.

Major Medical Benefits (depicted by an M in column 5) are not subject to an Overall Annual Limit, but sub-limits may apply for certain benefit categories where indicated in this table.

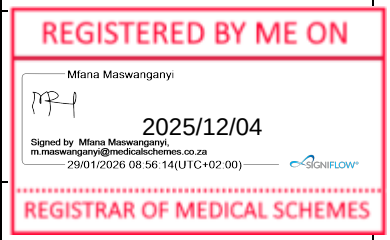
Benefits that are subject to Savings are depicted by an S (see Annexure A1).

Continued benefits apply for Prescribed Minimum Benefits (PMBs) after depletion of limits, subject to PMB regulations and Annexure E.

| | SERVICE | % BENEFIT | ANNUAL LIMITS | | CONDITIONS/REMARKS |
|---|---|---|---|---|---|
| 1 | **ALCOHOLISM AND DRUG DEPENDENCY** | 100% of the lower of cost or recommended tariff for all services | 21 days at a Sanca facility or at Sanca rates per beneficiary;<br><br>PMB benefits subject to Annexure E | M | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 and the PMB regulations |



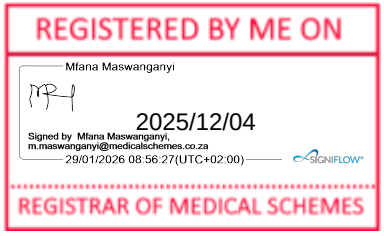
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| 2 | **ALTERNATIVE HEALTHCARE SERVICES**<br>Treatment and medicines prescribed or supplied for:<br>• Acupuncture<br>• Naturopathy<br>• Osteopathy | 80% of the lower of cost or recommended tariff | Subject to Day-to-Day limit | D | Subject to the conditions and limits stipulated in paragraph 26 and PMB regulations |
| 3 | **AMBULANCE SERVICES**<br>• Transport of a beneficiary by a preferred provider<br>• Transport of a beneficiary by any provider in the case of an emergency | 100% of the lower of cost or recommended tariff | Unlimited | M | Subject to the conditions and limits stipulated in paragraph 26, and PMB regulations |
| 4 | **APPLIANCES**<br>Subject to the hospital benefit management programme, prior approval by the Scheme and the conditions and limits stipulated in paragraph 26 | | | | |
| 4.1 | Medical and surgical appliances, including hearing aids | 100% of the cost | R22 499 per family | M | |
| 4.1.1 | Hearing aids | 100% of the cost | Once every three years, included in medical and surgical appliances limit | M | |
| 4.1.2 | Hearing aid repairs | 100% of the cost | R3 932 per beneficiary once every 2 years | M | |
| 4.2 | Home oxygen, cylinders, concentrators and ventilation expenses excluding CPAP machines | 100% of the lower of cost or recommended tariff | Unlimited | M | Subject to Annexure E |



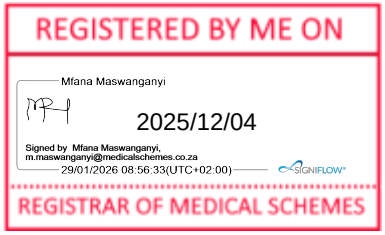
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| 5 | **BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS** | 100% of the cost | Unlimited | M | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 |
| 6 | **CONSULTATIONS, VISITS AND PROCEDURES** | | | | |
| | This paragraph expressly excludes services provided in respect of dentistry (see paragraph 7), psychiatry (see paragraph 12.2), organ transplants (see paragraph 15), oncology (see paragraph 16) and renal dialysis (see paragraph 21) | | | | |
| | The Scheme designates the SABMAS Specialist Network as the Designated Service Provider for Specialist treatment in and out of hospital. These Service Providers shall for the purpose of this Annexure be referred to as Designated Service Providers (DSP's). The DSP will be responsible for the provision of all benefits including PMBs. | | | | |
| | The Scheme nominates the Preferred GP Network for the provision of such GP services as listed below. | | | | |
| 6.1 | **In hospital:** Consultations and visits by general practitioners, medical specialists and nurse practitioners in hospital | 100% of the negotiated fee where applicable or 100% of the lower of cost or recommended tariff | Unlimited | M | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 and PMB regulations |
| 6.2 | **Out of hospital:** Consultations and visits to general practitioners, medical specialists and nurse practitioners in the supplier's rooms or patient's home or primary health care facility | **GP consultations:** 100% of the negotiated fee where applicable or 100% of the lower of cost or recommended tariff | R6 216 per beneficiary for all services combined, including surgical procedures and consumables | D | Subject to the conditions and limits stipulated in paragraph 26 and PMB regulations |
| | | **Medical specialist consultations:** 80% of the negotiated fee where applicable or 80% of the lower of cost or recommended tariffs, where member is referred by a general practitioner. 60% of the negotiated fee where applicable or 60% of the lower of cost or recommended tariff where member is not referred by a general practitioner | | | |

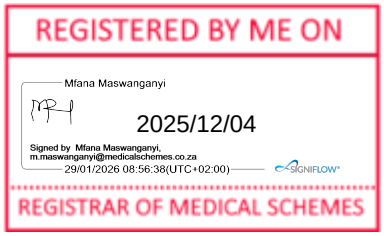
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| 6.3 | **Endoscopies** | | | | |
| 6.3.1 | **In hospital:**<br>• Colonoscopy<br>• Gastroscopy<br>• Colonoscopy + Gastroscopy<br>• Sigmoidoscopy | 90% of the negotiated fee where applicable or 100% of the lower of cost or recommended tariff | Unlimited | M | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 and PMB regulations |
| 6.3.2 | **Day hospital:**<br>• Colonoscopy<br>• Gastroscopy<br>• Colonoscopy + Gastroscopy<br>• Sigmoidoscopy | 80% of the negotiated fee where applicable or 80% of the lower of cost or recommended tariffs | Unlimited | | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 and PMB regulations |
| 6.3.3 | **In Rooms**<br>• Colonoscopy<br>• Gastroscopy<br>• Colonoscopy + Gastroscopy<br>• Sigmoidoscopy | 100% of the negotiated fee where applicable or 90% of the lower of cost or recommended tariffs | Unlimited | D | Subject to the conditions and limits stipulated in paragraph 26 and PMB regulations |



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| 6.4 | In-and out-of-hospital management for spinal care and surgery for defined clinically appropriate procedures | 100% of the negotiated fee where applicable or 100% of the lower of cost or recommended tariff at a network facility.<br><br>Network does not apply to any admissions related to trauma.<br><br>80% of the negotiated fee where applicable or 80% of the lower of cost or recommended tariff if performed at a non-network facility. | Subject to Overall Annual Limit | | Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria.<br><br>Basket of care as set by the Scheme for out-of-hospital conservative treatment. |
| 6.5 | **Circumcisions** | Acute hospitals = 20% co-payment<br>DAY Hospital = 10% co-payment of procedure<br>Out-of-hospital = no co-payment | Subject to Overall Annual Limit | | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 and PMB regulations |
| 6.6 | **Day Clinic Procedures** | Acute hospitals = 20% co-payment<br>DAY Hospital = 10% co-payment of procedure<br>Out-of-hospital = no co-payment | Subject to Overall Annual Limit | | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 and PMB regulations |



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| 6.7 | **Pre-Advanced Illness support:** For defined clinically appropriate conditions and risk categories | 80% of the lower of cost or recommended tariff | Subject to Overall Annual Limit Subject to Annexure E | | Subject to the treatment meeting the Scheme's treatment guidelines and clinical criteria.<br><br>Basket of care as set by the Scheme |
| 7 | **DENTISTRY** | | | | |
| | The dentistry benefit is subject to clinical protocls and the conditions and limits stipulated in paragraph 26 | | | | |
| 7.1 | **Basic dentistry** Basic Dentistry includes consultation, scaling and polishing, fissure sealants, restorations, extractions, root canal treatment and plastic dentures.<br><br>Dental technician fees for all dentists, oral hygienists and dental therapists. It is funded at 80% of the claimed amount or the Scheme Rate, whichever is lower. We pay the remaining 20% from the available funds in your Medical Savings Account or it will come off your salary. Alternatively, for members that pay their contributions through debit order, the 20% portion will be debited from your account. If your provider charges more than the Scheme Rate, you will be required to pay the difference from your own pocket. | | | | |
| 7.1.1 | **Dental practitioners:**<br><br>For basic dentistry and cost of dental<br><br>technicians fees for all such dentistry | 80 % of the lower of the cost or recommended tariffs<br> | Subject to Day-to-Day limit<br><br>Upfront payment for Basic Dentistry performed In Hospital / Day Clinic:<br><br>12 years and younger – R3 068 In Hospital/ R1 389 in Day Clinic<br><br>13 years and older - R7 872 in | D | |

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| | | | Hospital / R5 036 in Day Clinic | | |
| 7.1.2 | **Dental therapists:** For basic dentistry performed by dental therapists | 80% of the lower of cost or recommended tariff | Subject to Day-to-Day limit | D | |
| 7.1.3 | **Oral hygienist:** For basic dentistry performed by oral hygienists. | 80% of the lower of cost or recommended tariff. | Subject to Day-to-day limit. | D | |
| 7.2 | **Advanced dentistry** For inlays, crowns, bridges, mounted study models, metal base dentures, the treatment by periodontists (excluding oral medical procedures) and prosthodontists and the cost of dental technicians' fees for all such dentistry | 80% of the lower of cost or recommended tariff | M0 R14 041<br><br>M1+ R18 369 | M | |
| 7.3 | **Osseo-integrated implants & Orthognathic Surgery**<br><br>For all services rendered including the cost of special investigations, hospitalisation, all general and specialist dental practitioners and their respective assistants and anaesthetist as well as the cost of materials including all implant components, plates, screws and bone and bone equivalents | 100% of the lower of cost or recommended tariff | Subject to and included in Advanced Dentistry limit | | Subject to the dentistry benefit management programme and the conditions and limits stipulated in paragraph 26 |
| 7.4 | **Oral surgery** For consultations, visits, and surgical procedures by maxillo-facial specialists and dental practitioners | 100 % of the lower of cost or recommended tariff | | | Subject to the hospital benefit management programme |

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| 7.5 | **Maxillo-facial surgery** | 100% of the lower of cost or recommended tariff | Unlimited | M | Subject to the hospital benefit management programme See paragraph 24 (Surgical Procedures) |
| 7.6 | **Orthodontic treatment**<br>Limited to members younger than 21 years. Treatment will not be granted after member turns 21 years | 80% of the lower of cost or recommended tariff | Subject to and included in Advanced Dentistry limit | M | Subject to prior approval by the Scheme |
| 8 | **HOSPITALISATION** | | | | |
| 8.1 | **Private and public hospitals, registered unattached operating theatres, day clinics, sub-acute facilities and hospice - in hospital** | | | | |
| | This paragraph expressly excludes the benefit for hospitalisation arising out of osseo-integrated implants and orthognathic surgery (see paragraph 7.3), mental illness (see paragraph 12.1), refractive surgery (see paragraph 14.5) and pregnancy/childbirth (see paragraph 19.1);<br>PMB benefits are subject to Annexure E | | | | |
| | **Acute Hospital** | | | | |
| 8.1.1 | For accommodation in a general ward, high care ward and intensive care unit | 100% of the lower of cost or recommended tariff | Unlimited | M | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 |
| 8.1.2 | For theatre fees | 100% of the lower of cost or recommended tariff | Unlimited | M | |
| 8.1.3 | For materials and hospital equipment and the transport of blood | 100% of the lower of cost or recommended tariff | Unlimited | M | |
| 8.1.4 | Medicines | 100% of the lower of cost or the price determined by the hospital benefit management programme plus the negotiated professional charge for medicines | Unlimited | M | |

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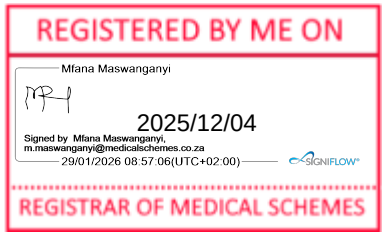
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| 8.1.5 | Medicines for a patient to take home (TTOs) | See paragraph 11.1.1. | See paragraph 11.1.1. | D | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 |
| 8.2 | **Private and public hospitals – out of hospital**<br>Subject to the conditions and limits stipulated in paragraph 26: | | | | |
| 8.2.1 | For out-patient services and materials | 100% of the lower of cost or recommended tariff | Unlimited | M | |
| 8.2.2 | For medicines given to a patient to take home see paragraph 11.1.1. | 100% of the price as determined by the hospital benefits management programme plus the negotiated professional charge for medicines | See paragraph 11.1.1. | D | |
| 8.3 | **Alternatives to hospitalisation: Step-down facility & private nursing**<br>For all services rendered by private nursing/rehabilitation centres and/or step down facilities | 100% of the lower of the cost or recommended tariff | Unlimited | M | Subject to the hospital benefit management programme, the disease management programme and the conditions and limits stipulated in paragraph 26 |
| 8.4 | **Rehabilitation in a private hospital:**<br>For accommodation, services, consumables and equipment. | 100% of the lower of cost or recommended tariff or negotiated fee | R112 394 per family | M | Subject to the hospital benefit management programme, the disease management programme and the conditions and limits stipulated in paragraph 26<br><br>PMB benefits subject to Annexure E |
| 8.5 | **Compassionate Care Benefit for non-oncology patients (inpatient care and home nursing)** | 100% of the negotiated fee where applicable or 100% of the lower of cost between the negotiated fees and recommended tariff | R80 351 per person per lifetime | M | PMB benefits subject to Annexure E |

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| 8.6 | **Hospital at Home (HAH) benefit** | 100% of the negotiated fee where applicable or 100% of the lower of cost between the negotiated fees and recommended tariff | Subject to Overall Annual Limit | M | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 |
| 9 | **IMMUNE DEFICIENCY RELATED TO HIV** | | | | |
| | Subject to the disease management programme, the routine medication programme, the extended or chronic medication programme and the conditions and limits stipulated in paragraph 26 | | | | |
| 9.1 | **Anti-retroviral medicines** | 100% of the cost, plus a fixed dispensing fee per line item where applicable | Unlimited, subject to Annexure E | M | |
| 9.2 | **Related medicines** | 100% of the cost of medicines as determined by the routine medication programme or the extended or chronic medication programme plus the negotiated professional charge | | M | |
| 9.3 | **All other services related to HIV** | Subject to Annexure E | Subject to Annexure E | M | Benefits for all other services shall be subject to Annexure E. If the relevant beneficiary does not comply with the stipulated protocols of the Disease Management programme, the right to benefits will be subject to the Provisions of Regulation 8 to the Medical Schemes Act |

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| 10 | **INFERTILITY** | Subject to Annexure E | Subject to Annexure E | M | Subject to the hospital benefit management programme, benefits payable will be in respect of the medical and surgical management as outlined in Annexure A of the Regulations (Code 902m) |
| 11 | **MEDICINES, DEVICES AND INJECTION MATERIAL** | | | | |
| | This paragraph expressly excludes medicines and devices in respect of alternative health care practitioners, (see paragraph 2), organ transplants (see paragraph 15) and oncology (see paragraph 16). | | | | |
| 11.1 | **Acute sickness conditions** | | | | |
| | Subject to the routine medication programme and the conditions and limits stipulated in paragraph 26 | | | | |
| 11.1.1 | **Legally prescribed acute medicine, including TTOs**<br><br>In respect of registered medicines including injection material, prescribed by a person legally entitled to prescribe | 80% of the lower of cost or the price as determined by the routine medication programme plus the negotiated dispensing fee charged | Subject to Day-to-Day limit and further accumulates to overall annual limit | D | This paragraph excludes prescriptions supplied for use in a hospital but includes, without the payment of a levy, all medicines given to a patient to take home |
| 11.1.2 | **Contraceptives** | 80% of the lower of cost or the price as determined by the routine medication programme plus the negotiated dispensing fee charged | Subject to R2 947 per female beneficiary per annum. | D | No benefit accumulation to overall annual limit |



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| 11.1.3 | **Contraceptive Devices and Implants** | 80% of the lower of cost or the price as determined by the routine medication programme plus the negotiated dispensing fee charged | Limited to frequency of the device | D | Limited to frequency of the device |
| 11.1.3 | **Pharmacy advised therapy (PAT)** | 100% of cost | Subject to available savings | S | Benefit payable from available savings |
| 11.2 | **Chronic sickness conditions: Medicines other than anti-retroviral medicines**<br><br>In respect of registered medicines and administrative devices prescribed by a person legally entitled to prescribe, where a member or dependant suffers from an extended or chronic sickness condition | 100% of the cost determined by the extended or chronic medication programme plus the negotiated dispensing fee charged at a Scheme DSP | For 26 CDL PMB conditions (subject to Annexure E) plus 28 additional conditions listed in paragraph 26<br><br>Medicine Reference Pricing/ MMAP applies | M | Subject to the extended or chronic medication programme and the conditions and limits stipulated in paragraph 26<br><br>Extended chronic list is detailed in paragraph 26 |
| 11.2.1 | **Continuous Blood glucose monitoring devices** | Any beneficiary approved and registered on the Scheme's Chronic Illness Benefit for Diabetes is covered up to 100% of the Scheme Rate. | Limited to R59 421 every 5 years | | The device must be approved by the Scheme, subject to the Scheme's protocols and clinical entry criteria. |
| 11.3 | **Immunisation and vaccines**<br>For providing and administering vaccines or immunisation for polio, rubella, measles, tetanus, diphtheria, mumps, flu, meningitis, hepatitis, whooping cough and pneumonia as prescribed by a person legally entitled to do so | 80% of the lower of the cost or the price as determined by the routine medication programme, plus the negotiated professional charge | Subject to Day-to-Day limit | D | Subject to day-to-day limit only where not covered as part of the SABMAS Wellness benefit (paragraph 25) |

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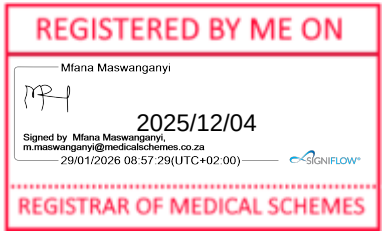
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| 12 | **MENTAL HEALTH BENEFIT** | | | | |
| 12.1 | **Hospitalisation - Private and public hospitals** Subject to the hospital benefit management programme (applicable in hospital), the disease management programme and the conditions and limits stipulated in paragraph 26 and PMB regulations | | | | |
| 12.1.1 | For accommodation in a general ward | 100% of the lower of cost or recommended tariff | 100% of the lower of cost or negotiated tariff at network facility. 80% of the lower of cost or negotiated tariff at a non-network facility.<br><br>R52 299 per beneficiary | M | At an approved facility<br><br>PMB benefits subject to Annexure E |
| 12.1.2 | For electro convulsive therapy (ECT) fees | 100% of the lower of cost or recommended tariff | | | |
| 12.1.3 | For materials and hospital equipment | 100% of the lower of cost or recommended tariff | | | |
| 12.1.4 | Registered medicines | 100% of the cost as determined by the hospital benefits management programme plus the negotiated professional charge | | | |
| 12.2 | **Consultations, visits and procedures** | | | | |
| | The Scheme designates the SABMAS Specialist Network as the Designated Service Provider for Specialist treatment in and out of hospital. These Service Providers shall for the purpose of this Annexure be referred to as Designated Service Providers (DSP's). The DSP will be responsible for the provision of all benefits including PMBs | | | | |
| 12.2.1 | **In hospital** | | | | |
| | For consultations and visits at an approved facility<br><br>For procedures of general practitioners, psychiatrists, psychologists and social workers | 100% of the negotiated fee where applicable or 100% of the lower of cost or recommended tariff | Unlimited | M | |

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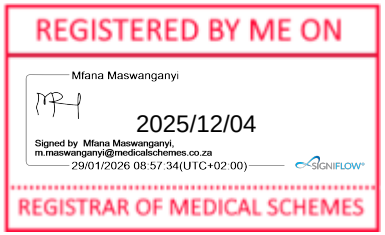
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| 12.2.2 | **Out of hospital** | | | | |
| | For consultations and visits at an approved facility<br><br>For procedures of general practitioners, psychiatrists, psychologists and social workers at the supplier's rooms or in any facility or at any place other than a registered hospital | GP, psychologists and social workers consultation is at 100% of negotiated fee, and psychiatrist consultation is 80%. The specialist referral rules apply. | R16 902 per family<br><br>PMB Benefits subject to Annexure E | M | |
| | Disease management for major depression for members registered on the Scheme's Disease Management Programme | 100% of the lower of cost or recommended tariff | PMB Benefits subject to Annexure E | | Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.<br><br>Basket of care as set by the Scheme |
| 13 | **NON-SURGICAL PROCEDURES AND TESTS** | | | | |
| | This paragraph expressly excludes psychiatry (see paragraph 12.2) and eye examinations (see paragraph 14.4) | | | | |
| 13.1 | **In hospital:**<br>for all non-surgical procedures performed by a general practitioner or medical specialist | 100% of the lower of cost or recommended tariff | Unlimited | M | Subject to the hospital benefit management programme (applicable in hospital), the disease management programme and the conditions and limits stipulated in paragraph 26 |

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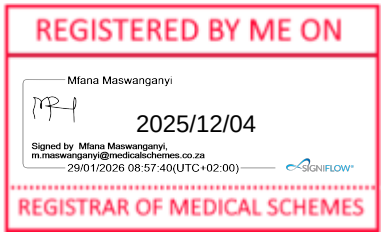
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| 13.2 | **Out of hospital including practitioners' rooms:** For all non-surgical procedures performed by a general practitioner or medical specialist | 100% of the lower of cost or recommended tariff | Unlimited | M | |
| 14 | **OPTICAL BENEFITS** | | | | |
| | Subject to the optical benefit management programme and the conditions and limits stipulated in paragraph 26 | | | | |
| 14.1 | **Readers** | 100% of cost | Up to R220 per beneficiary every 2 benefit years | M | Readers must be obtained from a registered optometrist |
| 14.2 | **Frames and Lens enhancements** | 100% of cost | R2 421 per beneficiary every 2 benefit years | M | Frames limited to one pair of frames per beneficiary every 2 benefit years |
| 14.3 | **Spectacle lenses prescribed or supplied by a registered optometrist, ophthalmologist or supplementary optical practitioner** | 100% of cost | Single vision lens – R349<br>Bifocal lens – R780<br>Multifocal lens – R1 415 | M | Spectacle lenses limited to one pair of lenses per beneficiary every 2 benefit years |
| 14.4 | **Contact lenses disposable and/or contact lenses (clinically essential)** | 100% of cost | R 2428 per beneficiary per benefit year | M | Lenses must have been recommended by a registered optometrist, ophthalmologist or supplementary optical practitioner |



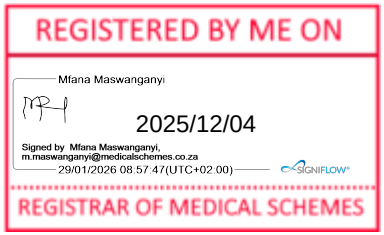
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| 14.5 | **Eye examinations** | 100% of the lower of cost or recommended tariff for eye examinations via a Preferred Provider Network Optometrist; or 80% of the lower of cost or recommended tariff if a non-network provider is used | R790 per beneficiary per benefit year<br><br>1 Consultation per beneficiary per benefit year | M | Benefit not exceeding the composite fee for multiple procedures for eye examinations and tests performed by optometrists or ophthalmologists when clinically essential |
| 14.6 | **Refractive surgery** | 100% of the negotiated fee where applicable or 100% of the lower of cost between the negotiated fees and recommended tariff | R12 476 per beneficiary per life time | M | Subject to clinical protocols and approval by the Medical Advisor<br><br>One treatment per beneficiary per life time subject to pre-authorisation |
| 15 | **ORGAN TRANSPLANTS** | | | | |
| | Subject to the approval by the Scheme prior to the work-up for surgery, the hospital benefit management programme, the disease management programme and the conditions and limits stipulated in paragraph 26 and the PMB regulations | | | | |
| 15.1 | For consultations, visits, the harvesting of the organ and transplantation thereof | 100% of the negotiated fee where applicable or 100% of the lower of cost or recommended tariff | Unlimited,<br><br>subject to Annexure E | M | |
| 15.2 | For post- operative anti-rejection medicines | 100% of the cost determined by the chronic medication programme plus the negotiated professional charge | Unlimited,<br><br>subject to Annexure E | M | |



| | | | | | |
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| 16 | **ONCOLOGY** | | | | |
| | Subject to the hospital benefit management programme, the disease management programme and the conditions, benefit threshold limits and limits stipulated in paragraph 26 and the PMB regulations. | | | | |
| | A Benefit Threshold Limit equivalent to 80% of the Scheme rate becomes applicable after the Threshold Claim Amount has been reached. The Threshold Claim amount is R500 000 per beneficiary for a period of 12 months from the date of registration on the benefit. | | | | |
| 16.1 | For consultations, visits and for treatment and materials used in radiotherapy and chemotherapy | 100% of the negotiated fee where applicable or 100% of the lower of cost between the negotiated fees and recommended tariff | Subject to Benefit<br><br>Threshold Limit subject to Annexure E | M | |
| 16.2 | In respect of registered medicines used in radiotherapy and chemotherapy | 100% of the cost determined by the hospital benefit management programme plus the negotiated professional charge | Subject to Benefit<br><br>Threshold Limit subject to Annexure E | M | |
| 16.3 | Advanced Illness Benefit (AIB) for oncology patients | 100% of the negotiated fee where applicable or 100% of the lower of cost between the negotiated fees and recommended tariff | Unlimited,<br><br>subject to Annexure E | | |
| 16.4 | Pre-AIB support programme | 100% of the lower of cost or recommended tariff | Unlimited,<br><br>subject to Annexure E | | Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.<br><br>Basket of care as set by the Scheme |



| | | | | | |
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| 17 | **PATHOLOGY AND MEDICAL TECHNOLOGY** | | | | |
| | Subject to the hospital benefit management programme (applicable in hospital), the disease management programme and the conditions and limits stipulated in paragraph 26 | | | | |
| 17.1 | **In hospital:** For all tests performed by a pathologist or medical technologist | 100% of the lower of cost or recommended tariff | Unlimited | M | |
| 17.2 | **Out of hospital:** For all tests performed by a pathologist or medical technologist | 80% of the lower of cost or recommended tariff | Subject to Day-to-Day limit | D | |
| 18 | **BACK AND NECK PROGRAM (PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTORS )** | | | | |
| | This will come from the Risk Benefit, subject to registration on back and neck programme and DSP usage and managed care protocols. This will be annual Benefit. | | | | |
| 18.1 | **Out of hospital ( Registered on the program)** For physiotherapy, biokinetics and chiropractors | 100% of the lower of cost or recommended tariff | Unlimited | M | Annual Benefit |
| 18.2 | **Out of hospital (Not registered)** For physiotherapy and biokinetics (No benefit for chiropractors) | 80% of the lower of cost or recommended tariff | Unlimited | M | Annual Benefit |
| 18.3 | **In hospital** For physiotherapy, biokinetics and chiropractors | 100% of the lower of cost or recommended tariff | Unlimited | M | |



| | | | | | |
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| 19 | **PREGNANCY AND CHILDBIRTH** | | | | |
| | Subject to the hospital benefit management programme and the conditions and limits stipulated in paragraph 26 | | | | |
| 19.1 | **Hospitalisation (Public or private hospitals)** | | | | |
| 19.1.1 | For accommodation, theatre fees, labour ward fees, drugs, dressings and materials in a private or provincial hospital<br><br>For drugs, dressings, medicines and materials supplied by a midwife | 100% of the lower of cost or recommended tariff | Subject to the Maternity Programme | M | |
| 19.1.2 | In respect of registered medicines prescribed by a person legally entitled to prescribe or supplied by a midwife | 100% of the cost as determined by the routine medication programme or the extended or chronic medication programme plus the negotiated professional charge | Subject to the Maternity Programme | M | |
| 19.2 | **Medical services and midwifery** | | | | |
| 19.2.1 | For ante-natal consultations | 100% of the negotiated fee where applicable or 100% of the lower of cost or recommended tariff | 12 per pregnancy | M | |
| 19.2.2 | For pregnancy scans and other pregnancy related tests | 100% of the lower of cost or recommended tariff | Scans and related tests – 2x 2d scans per pregnancy | | |
| 19.2.3 | For the delivery by a general practitioner, medical specialist or midwife | | | | |
| 19.2.4 | For post-natal care by a midwife and other practitioners | | | | |

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| 20 | **PROSTHESIS – INTERNAL AND EXTERNAL** | | | | |
| | Subject to the hospital benefit management programme and limits stipulated in paragraph 26 | | | | |
| 20.1 | Internal Prosthesis | 100% of the cost | R94 054 per family | M | |
| 20.2 | External Prosthesis | 100% of the cost | | M | |
| 21 | **RENAL DIALYSIS (ACUTE AND CHRONIC)**<br>For consultations, visits and all services and materials associated with the cost of renal dialysis | 100% of the negotiated fee where applicable or 100% of the lower of cost or recommended tariff | Unlimited,<br><br>subject to Annexure E | | |
| 22 | **RADIOLOGY AND RADIOGRAPHY** | | | | |
| | Subject to the conditions and limits stipulated in paragraph 26 | | | | |
| 22.1 | **General radiology** | | | | |
| 22.1.1 | **In hospital:**<br>For diagnostic radiology tests and scans | 100% of the lower of the cost or recommended tariff | Unlimited | M | |
| 22.1.2 | **Out of hospital:**<br>For diagnostic radiology tests and scans | 80% of the lower of the cost or recommended tariff | Subject to Day-to-Day limit | D | |
| 22.2 | **Specialised radiology** | | | | |
| 22.2.1 | **In-hospital:**<br>Magnetic Resonance Images, CT scans, PET scans and nuclear medicine (excluding nuclear medicines for treatment of oncology), bone densitometry, angiograms and mammograms | 100% of the lower of cost or recommended tariff | Limit of R27 619 per family | M | Subject to the hospital benefit management programme |

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| 22.2.2 | **Out of hospital:** Magnetic Resonance Images, CT scans, bone densitometry and mammograms | 100% of the lower of cost or recommended tariff | | M | Subject to the hospital benefit management programme |
| 23 | **REMEDIAL AND OTHER THERAPIES** | | | | |
| | Subject to the conditions and limits stipulated in paragraph 26 | | | | |
| 23.1 | For services in respect of:<br>• Audiology<br>• Dietetics<br>• Hearing aid acoustics<br>• Occupational therapy<br>• Orthoptics<br>• Podiatry<br>• Speech therapy | 80% of the lower of cost or recommended tariff | Subject to Day-to-Day limit | D | |
| 24 | **SURGICAL PROCEDURES** For surgical procedures performed by a general practitioner, medical specialist and clinical technologist | 100% of the lower of cost or recommended tariff | Unlimited | M | This paragraph expressly excludes services provided in respect of osseointegrated implants and orthognathic surgery (see paragraph 7.3), refractive surgery (see paragraph14.5) and organ transplants (see paragraph 15) and pregnancy (see paragraph 19)<br><br>Subject to the hospital benefit management programme, the disease |

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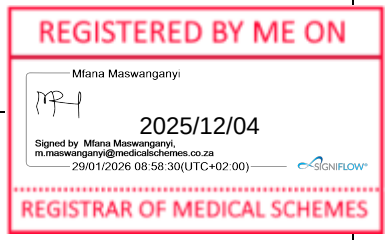
| | | | | | |
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| | | | | | management programme and the conditions and limits stipulated in paragraph 26 |
| 25 | **SABMAS WELLNESS** | | | | |
| | Wellness benefits are provided as additional insured benefits, which do not contribute to the depletion of any other insured limits (or savings) specified elsewhere in these rules. Once the available Wellness benefits have been used, normal category limits apply. Note: Except in the case of PMBs, any consultations and costs not specifically stated in this section but related to the specified tests will be paid from relevant day-to-day benefits (or savings) | | | | |
| 25.1 | **Immunisation Programmes** | | | | |
| 25.1.1 | Child immunisation programme: as per the Department of Health's recommended immunisation program | 100% of the lower of cost or recommended tariff | As per the Department of Health's guidelines | M | |
| 25.1.2 | Tetanus booster: as required | 100% of the lower of cost or recommended tariff | As required | M | |
| 25.1.3 | Influenza vaccination: All beneficiaries: one every year | 100% of the lower of cost or recommended tariff | One every year | M | |
| 25.1.4 | Pneumococcal vaccination: beneficiaries aged 60 years and older, and high-risk individuals | 100% of the lower of cost or recommended tariff | One every year | M | |
| 25.1.5 | HPV vaccination: All beneficiaries aged 9 - 24 years (2 doses) | 100% of the lower of cost or recommended tariff | Once | M | |

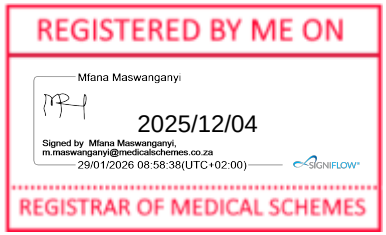
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| 25.2 | **Early Detection Programmes** | | | | |
| 25.2.1 | Full general physical examination | 100% of the lower of cost or recommended tariff | Subject to the GPs, Specialists and Nurses consultation limit | M | To be funded from the wellness benefit |
| 25.2.2 | Mammogram: females aged 40 years and older<br>For high-risk females aged 40 years and younger on motivation | 100% of the lower of cost or recommended tariff. Allow sonar procedure reimbursement (subject to prior authorisation) – where patients are under the age of 40 and present with an abnormal mammogram result and require a sonar procedure to assist with further diagnosis. | Every 2 years | M | |
| 25.2.3 | Prostate specific antigen test<br><br>Male 40-49 years: one every 5 years<br><br>Male 50-59 years: one every 3 years<br><br>Male 60-69 years: one every 2 years<br><br>Male aged over 70 years: one every year | 100% of the lower of cost or recommended tariff | As indicated | M | |
| 25.2.4 | DEXA scan male and female older than 50 years: one every 3 years | 100% of the lower of cost or recommended tariff | One every 3 years | M | |
| 25.2.5 | Health assessment tests: one every year<br>• BMI (Body Mass Index): All adult beneficiaries<br>• Blood sugar test (finger prick): All adult beneficiaries<br>• Blood pressure test: All | 100% of the lower of cost or recommended tariff | One every year, as indicated | M | |

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| | adult beneficiaries<br>• Cholesterol test (Finger Prick): All adult beneficiaries | | | | |
| 25.2.6 | Cholesterol blood test | 100% of the lower of cost or recommended tariff | As indicated | M | |
| 25.2.7 | Blood sugar blood test | 100% of the lower of cost or recommended tariff | As indicated | M | |
| 25.2.8 | HIV test: male and female<br>HIV finger prick test: male and female: | 100% of the lower of cost or recommended tariff | One every year<br>Additional tests will be paid from day-to-day benefits | M | To be funded from the wellness benefit |
| 25.2.9 | Pap smear: female:<br>Cytology one every 3 years<br>HPV test one every 5 years | 100% of the lower of cost or recommended tariff | Consultation subject to day-to-day limit | M | To be funded from the wellness benefit.<br><br>PMB benefits subject to Annexure E |
| 25.2.10 | Glaucoma Test<br><br>• Beneficiaries 40-49 years: once every 2 years<br>• Beneficiaries 50+: once a year | 100% of the lower of cost or recommended tariff | One every year | M | |
| 25.2.11 | Dentistry: General full mouth examination by a general dentist or oral hygienist (including sterile tray and gloves), plus polishing and scaling: one per beneficiary per year | 100% of the lower of cost or recommended tariff | As indicated | M | |
| 25.2.12 | Maternity Blood Tests: 1 test per female beneficiary per pregnancy, subject to registration on the maternity | 100% of the lower of cost or recommended tariff | As indicated, per pregnancy | | Subject to registration on the maternity programme |



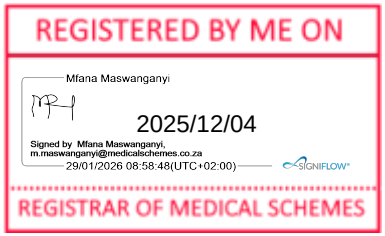
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| | programme:<br><br>• Antiglobulin Test (Coombs)<br>• HIV Ab/Elisa (At least 2 per pregnancy)<br>• Full Blood Count<br>• Grouping: Rh antigen<br>• Rubella-IgM: Specific antibody titer: ELISA/EMIT: Per Ag<br>• Quantitative Khan VDLR or other Flocculation (TPHA)<br>• Beta HCG Qualitative &/Or Quantitative<br>• Hepatitis B H306 Surface antigen |  | | | |
| 25.2.13 | Colon Cancer<br>Faecal Occult blood test | 100% of the lower of cost or recommended tariff | One every 2 years | M | |
| 25.3 | **World Health Organization (WHO) Global Outbreak Benefit** | | | | |
| | Basket of care which includes inhospital and out-of-hospital management and supportive treatment of global World Health Organization recognized disease outbreaks<br><br>- COVID-19<br>- Monkeypox | 100% of the lower of cost or recommended tariff for services within the basket of care. | In hospital: Unlimited<br><br>Out of hospital: Subject to Day-to-Day limit | M | PMB benefits subject to Annexure E<br><br>Treatment will be funded at 100% of cost at a designated service provider.<br><br>Subject to the Scheme's Designated Service Provider (DSP) protocols and clinical entry criteria. |

| | | | | | |
|---|---|---|---|---|---|
| 26 | **BENEFIT LIMITS** | | | | |
| 26.1 | The benefits provided in terms of paragraphs 1 to 24 have annual limits as stipulated in this table. | | | | |
| 26.2 | The **annual limit on day-to-day benefits** are as follows:<br>Day-to-day benefits (Depicted by a D in this Annexure/table) are subject to category limits as indicated, and further subject cumulatively to the day-to-day benefit limits indicated below, depending on family size | | | | |
| | Member without dependants (M0) | R28 081 per member | | | |
| | Member with one dependant (M1) | R37 546 per family | | | |
| | Member with two dependants (M2) | R45 026 per family | | | |
| | Member with three or more dependants (M3+) | R50 820 per family | | | |

26.3 Dependant categories

Dependant categories are as follows:

| | |
|---|---|
| Member without dependants | M0 |
| Member with one dependant | M1 |
| Member with two dependants | M2 |
| Member with three dependants or more | M3+ |



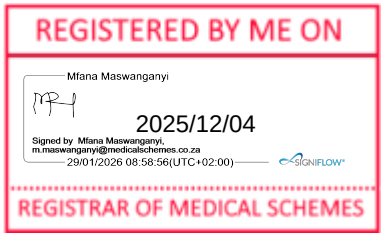

26.4 Savings account

See Annexure A1.

*Routine Benefit = day-to-day as per paragraph 26.2

26.5 List of chronic conditions

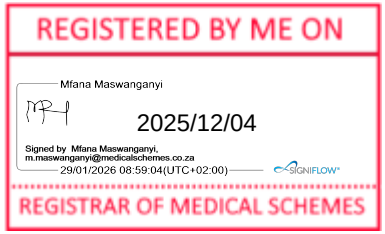
| DIAGNOSIS | | DIAGNOSIS |
|---|---|---|
| Addison's disease | | Asthma |
| Bipolar mood disorder | | Bronchiectasis |
| Cardiac failure | | Cardiomyopathy disease |
| Chronic renal disease | | Coronary artery disease |
| Chronic obstructive disorder | pulmonary | Crohn's disease |
| Diabetes insipidus | | Diabetes mellitus type 1 & 2 |
| Dysrhythmias | | Epilepsy |
| Glaucoma | | Haemophilia |
| Hyperlipidaemia | | Hypertension |
| Hypothyroidism | | Multiple sclerosis |
| Parkinson's disease | | Rheumatoid arthritis |
| Schizophrenia | | Systemic lupus erythematosus |
| Ulcerative colitis | | HIV |




26.3 Extended list of conditions (Benefits will be provided above the PMB entitlement for DTP conditions included in the list below)

| | |
|---|---|
| 1. | MENOPAUSE |
| 2. | DEPRESSION * |
| 3. | OSTEOARTHRITIS |
| 4. | ANKYLOSING SPONDYLITIS |
| 5. | PARAPLEGIA/QUADRAPLEGIA * |
| 6. | STROKE |
| 7. | CARCINOID SYNDROME |
| 8. | DVT AND OTHER THROMBOSIS |

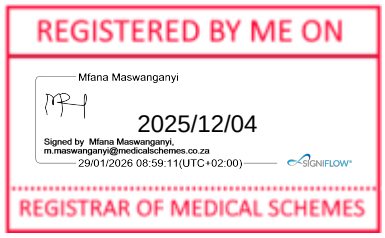
| |
|---|
| 9. HEPATOMYALGY & SPLENOMYALGY |
| 10. CARDIAC DYSRYTHMIAS * |
| 11. ENDOCARDITIS |
| 12. CEREBROVASCULAR DISEASE * |
| 13. PULMONARY HYPERTENSION * |
| 14. HEART VALVE DISEASE * |
| 15. POLYCYSTIC OVARIAN SYNDROME |
| 16. CONGENITAL MALFORMATION.OF HEART * |
| 17. CEREBRAL PALSY |
| 18. GOUT |
| 19. GORD |
| 20. ALLERGIC RHINITIS |
| 21. OSTEOPOROSIS |
| 22. ADHD |
| 23. ECZEMA |
| 24. PSORIASIS |
| 25. BENIGN PROSTATIC HYPERTROPHY * |
| 26. ACNE |
| 27. ALZHEIMER'S * |
| 28. HYPOPARATHYROIDISM |
| 29. Gigantomastia & Gynecomastia |
| 30. Urinary incontinence |



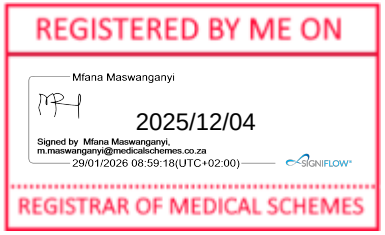

* Benefit will be provided above the PMB level of care / PMB DTP entitlement.

26.6 Day Clinic Procedures List

| **Ear, Nose & Throat Surgery (ENT)** |
|---|
| • Tonsillectomy |
| • Laryngoscopy |
| • Eustachian tube dilatation |
| • Intranasal antrostomies |
| • Bronchoscopy |
| • Myringotomy with grommet insertion |
| |
| **Ophthalmology** |
| • Cataracts GI / local block |
| • Pterygium |
| • Evisceration of eye |
| • Vitrectomy |
| • Phacoemulsification |
| • Posterior vitrectomy and PPV |
| |
| **Gynaecology** |
| • Cauterization of vaginal warts |
| • Dilatation & curetation |
| • LLETZ biopsy colposcopy |
| • Hysteroscopy |
| • Cyst excision |
| |



| **Urology** |
|---|
| • Circumcision |
| • Prostate biopsy |
| • Vasectomy |
| • Brachytherapy |
| • Cystoscopy and bladder biopsy |
| • Ureteroscopy |
| |
| **General Surgery** |
| • Skin lesion repairs |
| • Excision of melanoma |
| • Ingrown toenail removal |
| • Sebaceous cyst excision |
| • Haemorrhoidectomy |
| • Incision and drainage of abscess |
| • Proctoscopy |
| |
| **Orthopaedic Surgery** |
| • Arthroscopy shoulder, knee, elbow, wrist & ankle |
| • Dupuytren's |
| • Prosthesis/external fixators removal |
| • Trigger finger release |
| |



| Dental procedures |
| --- |
| • Extractions |
| • Fillings |
| • Polishing |
| • Pulpotomies |
| • Root canals |
| |
| **Maxillo facial procedures** |
| • All Impacted teeth |
| • TMJ procedures<br>• Oral Surgery |
| **Neurosurgery** |
| • Facet blocks |
| • Infiltrations |
| • Rhizotomies |

