REGISTERED BY ME ON
Mfana Maswanganyi
2025/12/04
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
29/01/2026 09:01:38(UTC+02:00)
SIGNIFLOW
REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C

COMPREHENSIVE & ESSENTIAL OPTION

(with effect from 1 January 2026)

LIMITATION AND EXCLUSION OF BENEFITS

1. PRESCRIBED MINIMUM BENEFITS

The Scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment, and care costs of the prescribed minimum benefits obtained in South Africa as per regulation 8 of the Act. Furthermore, where a protocol or a formulary drug preferred by the Scheme has been ineffective or would cause harm to a beneficiary, the Scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Act.

2. LIMITATION OF BENEFITS

2.1 In cases of illness of a protracted nature, the Board shall have the right to insist upon a member or dependant of a member consulting any particular specialist the Board may nominate in consultation with the attending practitioner. In such cases, if the specialist's advice is not acted upon, no further benefits will be allowed for that particular illness.

2.2 The Board may require a second opinion in respect of any claim for benefits and for that purpose the relevant beneficiary shall consult a dental or medical practitioner nominated by the Board and at the cost of the Scheme. In the event that the beneficiary refuses or neglects to comply with the requirement of the Board, no benefits will be allowed for that particular claim.

REGISTERED BY ME ON
Mfana Maswanganyi
2025/12/04
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
29/01/2026 09:01:43(UTC+02:00)
SIGNIFLOW
REGISTRAR OF MEDICAL SCHEMES

2.3 Unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month's supply (or to the nearest unbroken pack) for every such prescription or repeat thereof.

3. BENEFITS EXCLUDED

Unless otherwise decided by the Board (and with the express exception of medicines or treatment approved and authorised in terms of the routine medication, extended or chronic medication, hospital benefit management and disease management programmes), expenses incurred in connection with any of the following will not be paid by the Scheme:

(All items marked with an asterisk (*) may be paid at 100% of cost from the member's savings account on the Comprehensive option, except for prescribed minimum benefits, which may not be funded from savings)

***3.1** all costs incurred for the prevention and treatment of obesity;

***3.2** all costs for operations, medicines, treatments, and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident, or disease, including:

- ***3.2.1** abdominoplasties (including the repair of divarication of the abdominal muscles);
- ***3.2.2** bilateral gynecomastia on Essential Option;
- ***3.2.3** blepharoplasties;
- ***3.2.4** breast augmentation; unless medically necessary
- ***3.2.5** breast reconstruction (unless mastectomy is pre-authorised) with medical reasons
- ***3.2.6** breast reductions on Essential Option, unless medically necessary

REGISTERED BY ME ON
Mfana Maswanganyi
2025/12/04
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
29/01/2026 09:01:47 (UTC+02:00)
SIGNIFLOW
REGISTRAR OF MEDICAL SCHEMES

***3.2.7** genioplasties based on protocols

***3.2.8** hirsutism, except for prescribed minimum benefits as per regulation 8 of the Act;

***3.2.9** keloid surgery, except for prescribed minimum benefits as per regulation 8 of the Act;

***3.2.10** otoplasties;

***3.2.11** refractive surgery on Essential Option;

***3.2.12** revision of scars;

***3.2.13** rhinoplasties

3.3 all costs related to wilfully self-inflicted injuries or conditions except for PMBs;

***3.4** the artificial insemination of a person as defined in the Human Tissue Act, 1983 (Act 65 of 1983);

***3.5** all costs in respect of injuries arising from professional sport, speed contests and speed trials; except for PMB's;

***3.6** all costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules, unless otherwise agreed by the Board in terms of the rules; except for PMB's;

3.7 all costs of whatsoever nature incurred for treatment of sickness conditions sustained by a member or a dependant and for which any other party is liable. The member is, however entitled to such benefit as would have applied under normal conditions, provided that should any amount be recovered from the other party, that amount shall first be applied to offset the medical expenses met by the Scheme. In order to access benefits where another party may be proven to be liable, the Principal Member will be required to undertake to repay the Scheme in accordance with this provision. In cases where the sickness or injury is a prescribed minimum benefit condition, the claim must be paid in full by the medical scheme within 30 days and the funds can be recuperated afterwards.

REGISTERED BY ME ON
Mfana Maswanganyi
2025/12/04
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
29/01/2026 09:01:52(UTC+02:00)
SIGNIFLOW
REGISTRAR OF MEDICAL SCHEMES

3.8 The purchase of medicines not included in a prescription from a medical practitioner; except for over the counter (OTC) medicines, subject to the limit applied by the scheme

3.9 all costs for services rendered by:

3.9.1 persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or

3.9.2 any institution, nursing home or similar institution, except a state or provincial hospital, not registered in terms of any law;

provided that, if in terms of the rules, a member incurs a cost for services rendered outside the Republic of South Africa for which, in the discretion of the Board a benefit would have been payable if such service had been rendered within the Republic of South Africa, such service shall be deemed to have been rendered in the Republic of South Africa, but paid at the applicable rate and subject to any limitations that would normally apply to an equivalent non-PMB claim within the borders of South Africa (PMB regulations do not apply to foreign claims);

3.10 All costs related to the purchase, provision or treatment of the following except for PMBs:

***3.10.1** Preparations used specifically to treat and/or prevent obesity);

***3.10.2** Household remedies or preparations of the type generally promoted to the public to increase consumption;

***3.10.3** Nutritional supplements including baby food and special formulae;

***3.10.4** Medicines used specifically to promote fertility;

***3.10.5** Medicines used specifically to treat alcoholism;

REGISTERED BY ME ON
Mfana Maswanganyi
2025/12/04
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
29/01/2026 09:01:57(UTC+02:00)
SIGNIFLOW
REGISTRAR OF MEDICAL SCHEMES

***3.10.6** Household type bandages and dressings;

***3.10.7** Aphrodisiacs;

***3.10.8** Soaps, shampoos, and other topical applications; medicated or otherwise;

***3.10.9** Topical sun screening, sun tanning and after sun agents;

***3.10.10** Preparations to treat a smoking habit;

***3.10.11** Biological vaccines (oral and parenteral) except those included in the benefits;

***3.10.12** Anabolic steroids;

***3.10.13** Multivitamin preparations and vitamin combinations;

***3.10.14** Single or combined mineral preparations;

***3.10.15** Contact lens preparations;

***3.10.16** Cosmetic preparations medicated or otherwise;

***3.10.17** Prenatal and infant vitamins and vitamin/mineral supplements;

***3.10.18** Geriatric vitamins and vitamins, mineral supplements;

***3.10.19** Single vitamin preparations;

***3.10.20**

***3.10.21** Immune sera and immunoglobulins;

***3.10.22** Allergens;

***3.10.23** Haematinics unless prescribed;

***3.10.24** Topical acne preparations;

***3.10.25** Single calcium preparations;

***3.10.26** Essential fatty acid preparations and combinations;

***3.10.27** Tonics and stimulants;

***3.10.28** Non-specific/non-recoverable/involuntary withdrawn Products i.e. products with non-specific NAPPI codes include NAPPI codes that have been assigned for use for multiple products where the exact products are not defined, and a specific costing cannot be allocated;

***3.10.29** Voluntary withdrawn products i.e., products that have been withdrawn by companies out of their own free will;

***3.10.30** Section 21 products;

***3.10.31** Over-the-counter reading glasses;

***3.10.32** Professional services by pharmacists, excluding screening test

***3.10.33** All costs for genetic testing

3.11 all costs for accommodation and services provided in a geriatric hospital, old age home or the like;

3.12 holidays for recuperative purposes;

3.13 charges for appointments which a member or dependant of a member fails to keep;

3.14 all costs for use of high impact acrylic and precious metal in dentures or the cost of precious metal as an alternative to semi-precious or non-precious metal in dental prostheses;

3.15 all optical devices which are not regarded by the Optometric Benefit Management Programme as clinically essential or clinically desirable including tinting, extra-large blanks, sunglasses and repairs to frames and lenses;

3.16 anaesthetics:

3.16.1 in respect of dental services:

REGISTERED BY ME ON
Mfana Maswanganyi
2025/12/04
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
29/01/2026 09:02:02(UTC+02:00)
SIGNIFLOW
REGISTRAR OF MEDICAL SCHEMES

3.16.1.1 general anaesthetics, conscious sedation, and hospitalisation for dental work except in the case of trauma, patients under the age of 8 years and bony impaction of third molars;

13.16.1.2 all general anaesthetics and conscious sedation in the practitioners' rooms unless pre-authorised;

REGISTERED BY ME ON
Mfana Maswanganyi
2025/12/04
Signed by: Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
29/01/2026 09:02:08(UTC+02:00)
SIGNIFLOW
REGISTRAR OF MEDICAL SCHEMES

3.16.2 in respect of all medical services:

all general anaesthetics and conscious sedation in the practitioners' rooms unless pre-authorised;

3.17 no claim shall be payable by the Scheme if, in the opinion of the medical adviser, the health care service in respect of which such claim is made, is not appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition at an affordable level of service and cost;

3.18 all costs for treatment if its efficacy and safety cannot be proved to the satisfaction of the medical adviser or have not been published in scientific peer-reviewed journals or in standard medical texts or treatment which in the opinion of the medical adviser is not affordable from an individual and Scheme healthcare perspective; the onus being on the treating medical or dental practitioner to provide the necessary documentary evidence;

3.19 all costs for traveling expenses incurred by a member or a dependant, except for ambulance services provided for elsewhere in these rules;

3.20 all costs related to the treatment of erectile dysfunction and loss of libido;

3.21 all costs related to gender re-alignment for personal reasons and not directly caused by or related to illness, accident, or disease;

3.22 new medicines until their cost-effectiveness, affordability and evidence-based role in drug therapy have been established;

3.23 all costs for devices, appliances, and procedures not scientifically proven or appropriate or affordable from a Scheme healthcare perspective;

REGISTERED BY ME ON
Mfana Maswanganyi
2025/12/04
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
29/01/2026 09:02:18(UTC+02:00)
SIGNIFLOW
REGISTRAR OF MEDICAL SCHEMES

3.24 all costs for orthodontic treatment in respect of beneficiaries over the age of 21 years;

3.25 all costs for labial frenectomies in respect of beneficiaries under the age of 12 years;

3.26 all costs for photodynamic therapy for macular degeneration, except for prescribed minimum benefits as per regulation 8 of the Act;

3.27 all costs for hyperbaric oxygen therapy except for anaerobic life-threatening infections;

3.28 all costs for erythropoetin unless accepted, by the disease or hospital benefit management programme where applicable;

3.29 all costs in respect of injuries sustained while voluntarily participating in a riot, civil commotion, war, invasion, act of foreign enemy, hostilities whether war is declared or not, and civil war; except for PMB's;

3.30 all costs for medical treatment as a result of exposure to nuclear or radio-active material or waste, except for prescribed minimum benefits as per regulation 8 of the Act;

3.31 all costs for autopsies;

3.32 all costs for medicines not approved by the Medicine Control Council;

3.33 all costs for contact lenses under the **Essential Option only;**

3.34 all costs in respect of orthognathic surgery;

3.35 all costs related to elective hip and knee replacements under the **Essential option only**.

* This healthcare service or product will be re-imbursed as long as you use a healthcare provider who is appropriately registered with the Board of Healthcare Funder's (BHF)

and provided that this healthcare service or product has a valid tariff code or nappi code, ICD10 code and price.

We will pay for this healthcare service from the Medical Savings Account (MSA) up to 100% of the Scheme Tariff.

