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2025/12/04
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29/01/2026 08:50:35(UTC+02:00)
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REGISTRAR OF MEDICAL SCHEMES

ANNEXURE E

PRESCRIBED MINIMUM BENEFITS (PMBs)
WITH EFFECT FROM 1 JANUARY 2026

Definitions

"Prescribed Minimum Benefits"

the benefits contemplated in section 29(1)(o) of the Act and consist of the provision of the diagnosis, treatment and care costs of –

(a) the Diagnosis and Treatment Pairs listed in Annexure A of the regulations, subject to any limitations specified therein; and
(b) any emergency medical condition (reg 7)

within the borders of South Africa.

"Prescribed Minimum Benefit Condition"

a condition contemplated in the Diagnosis and Treatment Pairs listed in Annexure A of the Regulations or any emergency medical condition (reg 7).

1. Designation of service providers

The medical scheme designates the following service providers(s) for the delivery of prescribed minimum benefits to its beneficiaries:

1.1 Essential Option

- Hospitalisation – Essential Plan Acute Hospital Network
- SABMAS General Practitioner and Specialist Network for all services including PMB's.
- SABMAS's Network of Public Health Care Providers as negotiated from time, in respect of beneficiaries who have access to such Networks
- SABMAS Pharmacy Network

1.1.1 Notwithstanding the above, if a member does not have access to a Network, the member will be entitled to access benefits from a non Designated Service Provider

1.2 **Comprehensive Option**

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- Hospitalisation – Essential Plan Acute Hospital Network
- SABMAS General Practitioner and Specialist Network for all services including PMB's.
- SABMAS Pharmacy Network

– SABMAS network of Public Health care providers negotiated from time to time, in respect of beneficiaries who have access to such Networks.

2. **Prescribed minimum benefits obtained from designated service providers**

100% of the lower of submitted or contracted fee in respect of diagnosis, treatment and care costs of prescribed minimum benefit conditions if those services are obtained from a designated service provider.

3. **Prescribed minimum benefits voluntarily obtained from other providers**

If a beneficiary voluntarily obtains diagnosis, treatment and care in respect of a prescribed minimum benefit condition from a provider other than a designated service provider, the benefit payable in respect of such service shall be;

3.1 In the case of medication, 20% co-payment

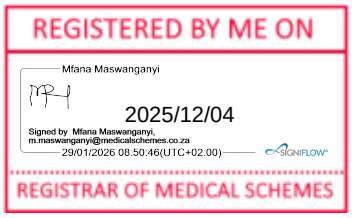
3.2 In case of all other providers a co-payment equal to the difference between the actual cost incurred and the cost that would have been incurred and the Scheme rate..

4. **Prescribed minimum benefits involuntarily obtained from other providers**

4.1 If a beneficiary involuntarily obtains diagnosis, treatment and care in respect of a prescribed minimum benefit condition from a provider in South Africa other than a designated service provider, the medical

scheme will pay 100% of the cost in relation to those prescribed minimum benefit conditions.

4.2 For the purposes of paragraph 4.1, a beneficiary will be deemed to have involuntarily obtained a service from a provider in South Africa other than a designated service provider if –



4.2.1 The service was not available from the designated service provider or would not be provided without unreasonable delay;

4.2.2 immediate medical or surgical treatment for a prescribed minimum benefit condition was required under circumstances or at locations which reasonably precluded the beneficiary from obtaining such treatment from a designated service provider; or

4.2.3 there was no designated service provider within reasonable proximity to the beneficiary's ordinary place of business or personal residence.

4.3 Except in the case of an emergency medical condition, preauthorisation shall be obtained by a member prior to involuntarily obtaining a service from a provider other than a designated service provider in terms of this paragraph, to enable the Scheme to confirm that the circumstances contemplated in paragraph 4.2.2 are applicable.

5. **Medication**

5.1 Where a prescribed minimum benefit includes medication, the scheme will pay 100% of cost if obtained from a designated service provider or is involuntarily obtained from a provider in South Africa other than a designated service provider, *and*

5.1.1 the medication is included on the applicable formulary in use by the Scheme; or

5.1.2 the formulary does not include a drug that is clinically appropriate and effective for the treatment of that prescribed minimum benefit condition.

5.1.3 Where a prescribed minimum benefit includes medication and that medication is voluntarily obtained from a provider other than a designated service provider, a co-payment of 20% will apply.

6. Prescribed minimum benefits obtained from a public hospital

Notwithstanding anything to the contrary contained in these rules, the scheme will pay 100% of the costs of prescribed minimum benefits obtained in a public hospital in South Africa, without limitation.

7. Diagnostic tests for an unconfirmed PMB diagnosis

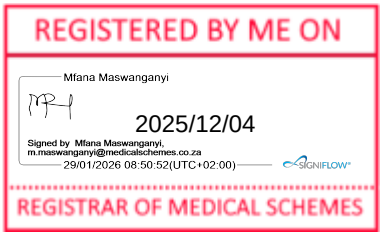
Where diagnostic tests and examinations are performed but do not result in confirmation of a PMB diagnosis, except for an emergency medical condition, such diagnostic tests or examinations are not considered to be a PMB.

8. Co-payments

Co-payments in respect of the costs of PMBs may not be paid out of medical savings accounts.

9. Chronic conditions

Any benefit option covers the full cost for services rendered in respect of the prescribed minimum benefits which includes the diagnosis, medical management and medication to the extent that it is provided for in terms of a therapeutic algorithm as prescribed for the specified chronic conditions.



DIAGNOSIS	DIAGNOSIS
Addison's disease	Asthma
Bipolar mood disorder	Bronchiectasis
Cardiac failure	Cardiomyopathy disease
Chronic renal disease	Coronary artery disease
Chronic obstructive pulmonary disorder	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/Aids

* In addition, to the above chronic conditions, chronic conditions listed in the PMB DTP List will be covered in accordance with the PMB DTP entitlement.

