ANNEXURE B 1
CONTRIBUTIONS AND LATE JOINER PENALTIES

1. Combined, Employer and Employee, monthly contribution for 2018

Option	Income Band	Contr. Type	Member	Adult	Child
Essential	0 – 3 000		322.00	193.00	130.00
Essential	3 001 – 6 500		338.00	203.00	134.00
Essential	6 501 – 9 500		491.00	294.00	197.00
Essential	>9 501+		564.00	338.00	226.00
Custom	0 – 3 200		873.00	700.00	219.00
Custom	3 201 – 5 800		916.00	732.00	229.00
Custom	5 801 – 8 500		1003.00	805.00	252.00
Custom	8 501 – 10 500		1151.00	921.00	288.00
Custom	>10 501+		1597.00	1279.00	399.00
Hospicare	Normal		1810.00	1530.00	450.00
Hospicare	Network		1570.00	1330.00	390.00
Classic	Normal	**Total**	**3080.00**	**2620.00**	**770.00**
Classic	Network	Risk	2189.00	1861.00	574.00
Classic	Network	**Savings**	481.00	409.00	126.00
Classic	Network	**Total**	**2670.00**	**2270.00**	**670.00**
Optimum	All		5640.00	4800.00	1410.00

2. PREMIUM PENALTIES FOR PERSON JOINING LATE IN LIFE

2.1 Premium penalties may be applied to a late joiner. Such penalties shall be applied only to that portion of the contribution relative to the late joiner and shall not exceed the following bands:

Penalty Bands	Maximum penalty
1 to 4 years	0.05 x contribution
5 to 14 years	0.25 x contribution
15 to 24 years	0.5 x contribution
25 + years	0.75 contribution

The following formulae shall be applied to determine the applicable penalty band:

A = B minus (35 + C) where:

A = number of years to determine appropriate penalty band

B = age of the late joiner at the time of application

C = number of years of creditable coverage which can be demonstrated

2.2 Should a late joiner penalty already have been imposed and evidence of creditable coverage is produced thereafter, the penalty shall be recalculated and such revised penalty shall be applied from the time that such evidence was provided.

2.3 If an applicant is unable to obtain documentary proof to substantiate periods of creditable coverage, he /she shall be entitled to produce a sworn affidavit declaring such detailed information and that reasonable efforts to obtain documentary evidence of such periods of creditable coverage were unsuccessful.

ANNEXURE B 2
PERSONAL MEDICAL SAVINGS ACCOUNT
(Classic and Classic Network Options Only)

1. On admission to the Fund, a Personal Medical Savings Account (PMSA), held for members in the name of the Fund into which the contributions allocated by the Fund in respect of the PMSA will be credited and benefits in respect thereof, will be debited. These Funds shall be invested in Cash and cash equivalents.

2. On the first day of each Fund year the Fund will **advance** an amount to the PMSA not exceeding 18% of the total gross contributions in respect of the member during the financial year concerned. The PMSA will be prorated from the month of joining where members join after the first day of the year.

3. Subject to sufficient funds being available at the date on which a claim is processed, members will be entitled to claim for all health care services indicated under their savings account in Annexure C4, at the Moto Health Care Prescribed Rate.

4. Funds allocated to the members PMSA will be available for the exclusive benefit of the member and his/her dependants. Any positive credit balance in the PMSA at the end of a financial year accumulates for the benefit of the member.

5. Upon the death of the member, the positive credit balance due to the member will be transferred to his/her dependants who continue membership of the Fund or paid into his/her estate in the absence of such dependants.

6. On transfer to another benefit option of the Fund, which does not provide for such an account, any balance standing to the credit of

the member in the PMSA will be refunded to the member, not later than 5 months after such transfer, subject to applicable taxation laws.

7. Should a member terminate membership of the Moto Health Care Fund and not be admitted as a member of another medical Fund or be admitted to an option which does not provide for a PMSA, the balance due must be refunded to the member not later than 5 months after termination of membership, subject to applicable taxation laws.

8. Should a member transfer to another benefit option or be admitted to membership of another medical Fund, which provides for a similar account, the balance due must be transferred to such Fund not later than 5 months after termination of membership, as the case may be.

9. Where membership of the Fund is in progress, the member's medical savings account may not be used to pay for the costs of a prescribed minimum benefit or to offset contributions owing to the Fund.

10. On termination of membership, funds in the member's PMSA may be used to offset any debt owed by the member, including outstanding contributions.

11. When a member terminates his/her membership of the Fund and there is a balance owing to the Fund due to the Fund advancing the PMSA limit as per clause 2 above, the balance owing to the Fund must be refunded by the member not later than 4 months after termination of membership. The Fund reserves the right to debit the members bank account should the amount owing not be paid after the fourth month.

ANNEXURE C1 - ESSENTIAL SCHEDULE OF BENEFITS

The Essential Option is exempt from the provision of the Prescribed Minimum Benefits (PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
A	**ANNUAL LIMITS**			Claims for the Prescribed Minimum Benefits are exempt from the provision of the MSA and its Regulations and will be paid according to the PMB exemption application approved by the Council for Medical Schemes.
	PUBLIC HOSPITAL LIMIT	100% of the Scheme Rate	Unlimited	Claims in this benefit category will be paid up to the Scheme Rate.
	PRIVATE HOSPITAL LIMITED TOSTABILISATION ONLY **Stabilisation Definition:** A patient is defined as being stabilised when there is no longer a risk of their medical condition deteriorating once medical treatment has commenced. Commencement of medical treatment includes treatment provided in an Emergency Room, Emergency Medical Assistance at home and/ or at the side of a road.	100% of the cost or rate negotiated with a Preferred Service Provider	No benefit in Private Hospital unless treatment is for Stabilisation.	**Claims for an emergency admission in a Private Hospital will be paid at cost or negotiated rate until patient is stabilised.** **The patient must be transferred to a state facility as soon as there is no longer risk to life or limb.** **Authorisation must be obtained within 48 hours of admission, failure to authorise will result in the hospital claims incurring a 20% co-payment.**
	PROSTHESIS LIMIT	100% of the Scheme Rate	Family Limit = R14 310	Where the Prosthesis forms part of an authorised hospital admission. Limits are prorated calculated from the date member admitted to the Scheme to the end of the financial year.
	APPLIANCE LIMIT	100% of the Scheme Rate	Family Limit = R2 350	Where the Appliance forms part of an authorised hospital admission. Limits are prorated calculated from the date member admitted to the Scheme to the end of the financial year.

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ANNEXURE C1 - ESSENTIAL SCHEDULE OF BENEFITS

The Essential Option is exempt from the provision of the Prescribed Minimum Benefits (PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
B	**PUBLIC HOSPITALS** • Surgical Admission in General ward, high care ward and ICU • Medical Admission in Medical ward, high care ward and ICU • Theatre fees • Visits by medical practitioners • Confinement and midwives • Diagnostic Services	100% of the Scheme Rate	Unlimited in Public Hospital	Scheduled and Unscheduled Treatment performed in a public hospital will be paid subject to the Standard Predictable List. Pre-authorisation is required where the length of stay exceeds the approved Standard Predictable length of stay. Scheduled and/or Unscheduled Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. Pre-Authorisation must be obtained within 48 hours of the admission. In the case of an emergency admission where member is at risk of losing life or limb, authorisation must be obtained within 48 hours of the admission.
	Medicines and materials	100% of the Scheme Rate	Unlimited in Public Hospital	Medicines prescribed on discharge from hospital are subject to a limit of 7 days.
C	**PRIVATE HOSPITALS** **Stabilisation Definition:** A patient is defined as being stabilised when there is no longer a risk of their medical condition deteriorating once medical treatment has commenced. Commencement of medical treatment includes treatment in an Emergency Room, Emergency Medical Assistance at home and/ or at the side of a road.	100% of the cost or rate negotiated with a Preferred Service Provider	No benefit in Private Hospital unless treatment is for Stabilisation.	Claims will be paid in accordance with the Stabilisation Definition in Annexure H. Once stabilised member must be transferred to a Public Hospital. **Authorisation must be obtained within 48 hours of admission, failure to authorise will result in the hospital claims incurring a 20% co-payment.**
D	**CO-PAYMENTS IN HOSPITAL**	See Above		

ANNEXURE C1 - ESSENTIAL SCHEDULE OF BENEFITS

The Essential Option is exempt from the provision of the Prescribed Minimum Benefits (PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
E	CLINICAL TECHNOLOGISTS	No Benefit	Not Applicable	Not covered on the Essential Option except as part of an authorised hospital admission for stabilisation and resuscitation.
F	DIAGNOSTIC PATHOLOGY AND MEDICAL TECHNOLOGY	No Benefit	Not Applicable	Not covered on the Essential Option except as part of an authorised hospital admission for stabilisation and resuscitation.
G	DIAGNOSTIC RADIOLOGY	No Benefit	Not Applicable	Not covered on the Essential Option except as part of an authorised hospital admission for stabilisation and resuscitation.
H	CHEMOTHERAPY and RADIOTHERAPY	No Benefit	Not Applicable	Not covered on the Essential Option except as part of an authorised hospital admission for stabilisation and resuscitation.
I	ORGAN and TISSUE TRANSPLANTS including Renal Dialysis	No Benefit	Not Applicable	Not covered on the Essential Option except as part of an authorised hospital admission for stabilisation and resuscitation.
J	PSYCHIATRIC TREATMENT (All Services)	No Benefit	Not Applicable	Not covered on the Essential Option except as part of an authorised hospital admission for stabilisation and resuscitation.
K	PHYSIOTHERAPY	No Benefit	Not Applicable	Not covered on the Essential Option except as part of an authorised hospital admission for stabilisation and resuscitation.
L	BLOOD TRANSFUSIONS	100% of the Scheme Rate	Subject to Overall Annual Limit	Includes the cost of blood, blood equivalents, blood products and the transport of blood when charged as part of an approved hospital admission.

ANNEXURE C1 - ESSENTIAL SCHEDULE OF BENEFITS

The Essential Option is exempt from the provision of the Prescribed Minimum Benefits (PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
M	AMBULANCE SERVICES (Road only)	100% of the Scheme Rate	Moto Health Care Preferred Provider	Emergency Ambulance transfers from home to hospital; or hospital to hospital must be authorised within 72 hours, failing which the ambulance account will incur a 20% co- payment . Failure to authorise will result in the claims Being paid at 80% of the scheme rate. Transport must be certified by a medical practitioner as being essential.
N	ALTERNATE CARE (In lieu of hospitalisation)			
	Step-down Nursing Facilities	No Benefit	Not Applicable	Not covered on the Essential Option
	Private Nursing	No Benefit	Not Applicable	Not covered on the Essential Option
	Hospice	No Benefit	Not Applicable	Not covered on the Essential Option
	Registered Frail Care Facilities	No Benefit	Not Applicable	Not covered on the Essential Option
O	SPECIALIST SERVICES IN ROOMS			
	Consultations and visits (out of hospital)	No Benefit	Not Applicable	Not covered on the Essential Option.
	All other services unless stated otherwise in this Annexure	No Benefit	Not Applicable	Not covered on the Essential Option.
	CO-PAYMENTS IN SPECIALIST ROOMS	No Benefit	Not Applicable	Not covered on the Essential Option.
P	GENERAL PRACTITIONER SERVICES (MANAGED BY CARECROSS)			
	Consultations and visits (out of hospital)	100% of the Scheme Rate	Unlimited consultations at a Network General Practitioner	Member may be liable for payment where treatment falls outside of the agreed scope of services
	All other services unless stated otherwise in this Annexure	100% of the Scheme Rate	Consultations and treatment at a Network General Practitioner	Member may be liable for payment where treatment falls outside of the agreed scope of services
	Ante-natal care in the doctors rooms	100% of the Scheme Rate	Available from a Primary Care Network Provider for the first 20 weeks. Patient will be referred to a	Member may be liable for payment where treatment falls outside of the agreed scope of services.

ANNEXURE C1 - ESSENTIAL SCHEDULE OF BENEFITS

The Essential Option is exempt from the provision of the Prescribed Minimum Benefits (PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
			State Facility for specialist care and the confinement. 2 2D Scans per pregnancy	Registration on the Birth Management Program between 12 and 20 weeks is encouraged.
	Out of Area or Emergency Visits after hours.	100% of the Scheme Rate	Limited to (3) three consultations to a maximum of R1000.00 per family per annum.	Treatment out of area will be subject to approval. In the case of an emergency approval must be obtained within one working day. Member to pay for services and claim back from the scheme. Member may be liable for payment where treatment falls outside of the agreed scope of services or is not an emergency.
	CO-PAYMENTS IN GP ROOMS	**None**	**No co-payment payable for primary care treatment.**	Member may be liable for payment where treatment falls outside of the agreed scope of services
Q	**DENTAL SERVICES**			**Primary Dental services available from a network provider.**
	Basic Dentistry	100% of the Scheme Rate	2 dental visits per beneficiary per annum, which includes primary extractions, fillings, scaling and polishing	Member may be liable for payment where treatment falls outside of the agreed scope of services
	Specialised Dentistry	No Benefit	Not Applicable	Not covered on the Essential Option.
R	**PRESCRIBED MEDICINE AND INJECTION MATERIAL**			
	Acute Medicine	100% of the Scheme Rate	Acute medicine available from the Network GP or pharmacy.	As dispensed by a Network GP or approved network pharmacy according to the Scheme Acute Medicine Formulary
	Pharmacy advised therapy(PAT)	100% of the Scheme Rate	Limited to 12 conditions only and subject to the over -the- counter (OTC) formulary. Single member: = 3 scripts Family: = 5 scripts	As dispensed by an approved network pharmacy according to the Scheme OTC Medicine Formulary
	Chronic Medication	100% of the Scheme Rate	Limited to the following 5 conditions only and subject to the chronic medicine formulary. Asthma Diabetes 1 and 2	As dispensed by an approved network pharmacy according to the Scheme Chronic Medicine Formulary Registration on the Chronic Medicine Program is encouraged

ANNEXURE C1 - ESSENTIAL SCHEDULE OF BENEFITS

The Essential Option is exempt from the provision of the Prescribed Minimum Benefits (PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
			Hypertension Hyperlipidaemia Hyperthyroidism	
	HIV Treatment Only	100% of the Scheme Rate	Subject to Scheme Formulary and Disease Management Protocols	As dispensed by a State Facility or approved network pharmacy where treatment from the State cannot be obtained, according to the Scheme Formulary. Subject to registration on the HIV Program.
	Preventative Medicine	100% of the Scheme Rate	The following preventative tests: Blood pressure Cholesterol Blood glucose screening TB Screening Clinical breast screening via ultrasound (high risk) PSA (high risk) Pneumococcal and Influenza vaccines (high risk)	Limited to members who have been identified as a high risk patients by either the Primary Care Network Provider or the Scheme: Tests must be performed by an approved Network provider.
	MEDICINE CO-PAYMENTS		Not applicable if preferred provider dispenses during normal hours.	May apply after hours or where member uses a NON preferred provider.
S	**RADIOLOGY IN ROOMS**			
	X-Rays	100% of the Scheme Rate	Subject to Scheme Protocols	Primary Radiology services available from a network provider, subject to referral from the network GP.
	Scopes – Diagnostic	No Benefit	Not Applicable	Not covered on the Essential Option
	Scans - MRI and CAT	No Benefit	Not Applicable	Not covered on the Essential Option
	Scans - Ultra Sound	No Benefit	Not Applicable	Not covered on the Essential Option
	Angiography	No Benefit	Not Applicable	Not covered on the Essential Option
T	**PATHOLOGY AND MEDICAL TECHNOLOGY IN ROOMS**			
	Blood Tests	100% of the Scheme Rate	Subject to Scheme Protocols	Primary Pathology services available from a network provider, subject to referral from the network GP.

ANNEXURE C1 - ESSENTIAL SCHEDULE OF BENEFITS

The Essential Option is exempt from the provision of the Prescribed Minimum Benefits (PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
U	**AUXILIARY SERVICES**			
	Audiology in and out of hospital	No Benefit	Not applicable	Not covered on the Essential Option
	Occupational Therapy in and out of hospital	No Benefit	Not applicable	Not covered on the Essential Option
	Speech Therapy in and out of hospital	No Benefit	Not applicable	Not covered on the Essential Option
	Podiatry	No Benefit	Not applicable	Not covered on the Essential Option
	Dieticians in and out of hospital	No Benefit	Not applicable	Not covered on the Essential Option
	Homeopaths	No Benefit	Not applicable	Not covered on the Essential Option
	Naturopaths	No Benefit	Not applicable	Not covered on the Essential Option
	Chiropractor	No Benefit	Not applicable	Not covered on the Essential Option
	Orthoptists	No Benefit	Not applicable	Not covered on the Essential Option
V	**PROSTHESIS**			
	Internal	100% of the Scheme Rate	Subject to the Prosthesis Limit	Not covered on the Essential Option except as part of an authorised hospital admission
	External (Artificial Limbs and prosthetic devices to improve functionality where it can be established)	100% of the Scheme Rate	Subject to the Prosthesis Limit	Not covered on the Essential Option except as part of an authorised hospital admission
W	**MEDICAL and SURGICAL APPLIANCES**			
	Hearing Aids per set per beneficiary every three years Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the Appliance Limit	Not covered on the Essential Option except as part of an authorised hospital admission
	Wheelchairs not motorised once every three years (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the Appliance Limit	Not covered on the Essential Option except as part of an authorised hospital admission
	Oxygen, cylinders (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the Appliance Limit	Not covered on the Essential Option except as part of an authorised hospital admission
	Other Appliances and Nebulisers/ Glucometers once every four years (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the Appliance Limit	Not covered on the Essential Option except as part of an authorised hospital admission
X	**OPTICAL**			
	Eye examinations	100% of the Scheme Rate	1 Composite examination per beneficiary per annum includes refraction, tonometry and visual fields.	**Primary optometry services available from a network provider.**

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ANNEXURE C1 - ESSENTIAL SCHEDULE OF BENEFITS

The Essential Option is exempt from the provision of the Prescribed Minimum Benefits (PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	Frames	100% of the Scheme Rate	1 Standard Frame per beneficiary every 24 months or R180 discount towards a set of frames selected outside the standard range	
	Lenses only	100% of the Scheme Rate	1 set of White standard mono or bifocal lenses per beneficiary every 24 months	
	Contact Lenses	100% of the Scheme Rate	In lieu of spectacles up to a maximum of R460 per beneficiary every 24 months	Cannot receive contact lenses in the 24 month cycle if spectacles were obtained.
Y	HEALTH MAXIMISER	No Benefit	Not applicable	Not covered on the Essential Option
Z	GENERAL			
	ACQUIRED IMMUNE DEFICIENCY SYNDROME and RELATED ILLNESS	100% of the Scheme Rate	Subject to Scheme Protocols	Subject to registration on the HIV Management Programme.
aa	EXCLUSIONS	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	ALCOHOLISM AND DRUG DEPENDANCY	No Benefit	Not Applicable	Not covered on the Essential Option
	INFERTILITY	No Benefit	Not Applicable	Not covered on the Essential Option
	DENTISTRY IN HOSPITAL	No Benefit	Not Applicable	Not covered on the Essential Option
	COCHLEAR IMPLANTS	No Benefit	Not Applicable	Not covered on the Essential Option
	CORNEA IMPLANTS	No Benefit	Not Applicable	Not covered on the Essential Option
	KIDNEY DIALYSIS	No Benefit	Not Applicable	Not covered on the Essential Option
	REFRACTIVE SURGERY	No Benefit	Not Applicable	Not covered on the Essential Option
	GENERAL EXCLUSIONS AS PER ANNEXURE D	No Benefit	Not Applicable	Not covered on the Essential Option

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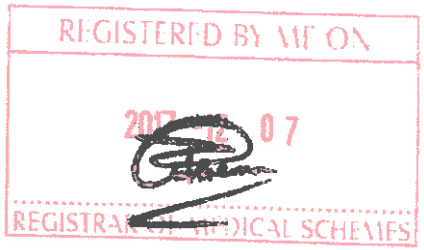
ANNEXURE C1 - ESSENTIAL SCHEDULE OF BENEFITS

The Essential Option is exempt from the provision of the Prescribed Minimum Benefits (PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	DENTAL EXCLUSIONS AS PER ANNEXURE F	No Benefit	Not Applicable	Not covered on the Essential Option



ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
A	**ANNUAL LIMITS**		Overall Annual Limits (OAL) Individual Limit = R280 250 Family Limit = R492 500	Claims for the Prescribed Minimum Benefits will be will be paid according to the Scheme Rate, up to overall annual limits (OAL).
	PUBLIC HOSPITAL LIMIT	100% of the Scheme Rate	Unlimited	Claims in a Public Facility will be paid according to Scheme Rate and is unlimited in a Public Hospital.
	PRIVATE HOSPITAL LIMIT **Stabilisation Definition:** A patient is defined as being stabilised when there is no longer a risk of their medical condition deteriorating once medical treatment has commenced. Commencement of medical treatment includes treatment provided in an Emergency Room, Emergency Medical Assistance at home and/ or at the side of a road.	100% of the cost or rate negotiated with the Preferred Service Provider	**Subject to OAL**	Claims in a Private Facility will be paid according to Scheme Rate subject to the Private Hospital Limit. Claims for stabilisation is subject to the Private Hospital Limit and will be paid at cost until patient is stabilised. The patient must be transferred to a state facility as soon as there is no longer risk to life or limb or to a hospital network DSP in cases where no state facility is available. Limits are prorated from the date of inception to the end of the financial year.
	ALTERNATE CARE	100% of the Scheme Rate	**R18 900 Per Family Per Annum**	Claims will be paid at the Scheme Rate subject to the annual Hospital Limits. Limits are prorated calculated from the date of admission to the end of the financial year
	APPLIANCE LIMIT	100% of the Scheme Rate	**R6 270 Per Family Per Annum**	Claims will be paid at the Scheme Rate subject to the annual Hospital Limits. Limits are prorated calculated from the date of inception to the end of the financial year

ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	DIAGNOSTIC RADIOLOGY LIMIT IN PRIVATE HOSPITAL	100% of the Scheme Rate	**R6 590 Per Beneficiary Per Annum**	Claims will be paid at the Scheme Rate subject to the annual Private Hospital Limit. Limits are prorated calculated from the date of inception to the end of the financial year
	DIAGNOSTIC PATHOLOGY LIMIT IN PRIVATE HOSPITAL	100% of the Scheme Rate	**R6 590 Per Beneficiary Per Annum**	Claims will be paid at the Scheme Rate subject to the annual Private Hospital Limit. Limits are prorated calculated from the date of inception to the end of the financial year
	MENTAL HEALTH LIMIT	100% of the Scheme Rate	**R20 010 Per Beneficiary Per Annum subject to scheme rate.**	Claims will be paid at the Scheme Rate subject to the annual Hospital Limits. Limits are prorated calculated from the date of inception to the end of the financial year.
	ONCOLOGY LIMIT	100% of the Scheme Rate	**R62 850 Per Family Per Annum**	Claims will be paid at the Scheme Rate subject to the annual Hospital Limits. Limits are prorated calculated from the date of inception to the end of the financial year Medication is subject to generic reference pricing
	OUT OF HOSPITAL SPECIALIST LIMIT (Managed By The Network Provider - CareCross)	100% of the Scheme Rate	**M R3 390** **M+ R6 780**	Limits are prorated calculated from the date of admission to the end of the financial year
	PROSTHESIS LIMIT **Where it forms part of an approved hospital admission.**	100% of the Scheme Rate	**R25 160 Per Family Per Annum**	Claims will be paid at the Scheme Rate subject to the annual Hospital Limits. Limits are prorated calculated from the date of admission to the end of the financial year
B	**PUBLIC HOSPITALS** • Surgical Admission in General ward, high care ward and ICU • Medical Admission in medical ward, high care ward and ICU • Theatre fees • Visits by medical practitioners	100% of the Scheme Rate	Unlimited in a Public Hospital	Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List.

ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	• Normal Delivery (NVD) and Caesarean Section • Diagnostic Procedures			Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation for the private doctor and/or hospital must be obtained within 48 hours of the admission.
	Medicines and materials	100% of the Scheme Rate	Unlimited in a Public Hospital	Medicines prescribed on discharge from hospital are subject to a limit of 7 days.
C	**PRIVATE HOSPITALS** • Surgical Admission in General ward, high care ward and ICU • Medical Admission in Medical wards, high care ward and ICU • Theatre fees • Visits by medical practitioners • Confinement at Home and Birth Centres/Units where services are provided by a registered Midwife or Medical Practitioner. **Stabilisation Definition:** A patient is defined as being stabilised when there is no longer a risk of their medical condition deteriorating once medical treatment has commenced. Commencement of medical treatment includes treatment provided in the emergency room of a Hospital, and emergency medical assistance at home and/ or on the roadside.	100% of the Scheme Rate	Subject to Private Hospital Limit and use of the Hospital Network DSP A 30% co-payment will be applied for voluntary use of a Non-DSP	Scheduled treatment in a private hospital is payable at the Scheme Rate and is subject to the Private Hospital Limit, Network GP referral and pre-authorisation, failing which the hospital claims will be paid at 80% In the case of an emergency, authorisation for unscheduled treatment whether performed by a network or non-network specialist must be obtained within 48 hours of the admission or the hospital claim will incur a 20% co-payment unless authorised retrospectively. Claims for stabilisation is subject to the Private Hospital Limit and will be paid at cost until patient is stabilised. The patient must be transferred to a state facility as soon as there is no longer risk to life or limb or to a hospital network DSP in cases where no state facility is available. Where the member is referred to a non-preferred specialist by the network GP, the member will not be liable for a co-payment.
	Medicines and materials	100% of the Scheme Rate	Subject to Private Hospital Limit	Medicines prescribed on discharge from hospital are subject to a limit of 7 days.
	Diagnostic procedures	100% of the Scheme Rate	Subject to Pathology, Radiology and Private Hospital Limit.	Scheduled treatment in a private hospital is payable at the Scheme Rate and is subject to the Private Hospital Limit, Network GP referral

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ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				and pre-authorisation, failing which hospital claims will incur a 20% co-payment unless authorised retrospectively. In the case of an emergency, authorisation for unscheduled treatment whether performed by a network or non-network specialist must be obtained within 48 hours of the admission or the hospital claim will incur a 20% co-payment unless authorised retrospectively. Claims for stabilisation is subject to the Private Hospital Limit and will be paid at negotiated rates until patient is stabilised. The patient must be transferred to a state facility as soon as there is no longer risk to life or limb or to a hospital network DSP in cases where no state facility is available. Where the member is referred to a non-preferred specialist by the network GP, the member will not be liable for a co-payment.
D	**CO-PAYMENTS IN HOSPITAL**		The following 7 procedures performed in hospital are subject to a co-payment of R1 200: • Functional nasal and sinus surgery • Nail surgery • Skin lesions • Treatment of headaches • Colonoscopy • Gastroscopy • Sigmoidoscopy	Scheduled treatment in a private hospital is payable at the Scheme Rate and is subject to the Private Hospital Limit, Network GP referral and pre-authorisation, failing which hospital claims will incur a 20% co-payment. In the case of an emergency, authorisation for unscheduled treatment whether performed by a network or non-network specialist must be obtained within 48 hours of the admission or the hospital claim will incur a 20% co-payment unless authorised retrospectively. Claims for stabilisation is subject to the Private Hospital Limit and will be paid at cost until

ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				patient is stabilised. The patient must be transferred to a state facility as soon as there is no longer risk to life or limb or to a hospital network DSP in cases where no state facility is available. Where the member is referred to a non-preferred specialist by the network GP, the member will not be liable for a co-payment.
E	CLINICAL TECHNOLOGIST	100% of the Scheme Rate	Subject to the applicable annual Hospital Limits	Covered in Hospital only if it forms part of an approved hospital admission Subject to Pre-authorisation and Managed Care Protocols Treatment from the Preferred Provider Network only
F	DIAGNOSTIC PATHOLOGY and MEDICAL TECHNOLOGY	100% of the Scheme Rate	Subject to the Diagnostic Pathology Limit. Treatment in a Private Hospital will accrue to both the Diagnostic Pathology and Private Hospital Limit.	Covered in Hospital only if it forms part of an approved hospital admission Subject to Pre-authorisation and Managed Care Protocols Treatment from the Preferred Provider Network only
G	DIAGNOSTIC RADIOLOGY	100% of the Scheme Rate	Subject to the Radiology Limit. Treatment in a Private Hospital will accrue to both the Diagnostic Radiology and Private Hospital Limit.	Covered in Hospital only if it forms part of an approved hospital admission Subject to Pre-authorisation and Managed Care Protocols Treatment from the Preferred Provider Network only
H	CHEMOTHERAPY , RADIOTHERAPY and PALLIATIVE CARE	100% of the Scheme Rate	Subject to the Oncology Limit. Treatment for Cancer including palliative care will accrue to both the Oncology and annual Hospital Limits. Medication is subject to generic reference pricing	Covered in Public Hospital only if it forms part of an approved hospital admission Subject to Pre-authorisation and Managed Care Protocols Treatment from the Preferred Provider Network only where treatment provided in a Private Hospital.

ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
I	**ORGAN and TISSUE TRANSPLANTS** including the donor costs in and out of Hospital	No Benefit	Not Applicable	Not covered on the Custom Option
J	**PSYCHIATRIC TREATMENT (All Services)** in and out of Hospital	100% of the Scheme Rate	Subject to the Mental Health Limit. Psychiatric treatment unrelated to Drug and Alcohol abuse will paid at the scheme rate and is subject to both the Mental Health and annual Hospital Limits. Treatment for Alcohol and Drug abuse must be obtained from a SANCA approved facility. Claims will be paid at the rate negotiated with SANCA	Subject to Network GP Referral, Pre-authorisation and Managed Care Protocols Treatment from the Preferred Specialist Network only
K	**PHYSIOTHERAPY**	100% of the Scheme Rate	Subject to the annual Hospital Limits	Covered in Hospital only if it forms part of an approved hospital admission Subject to Pre-authorisation and Managed Care Protocols Treatment from the Preferred Provider Network only
L	**BLOOD TRANSFUSIONS**	100% of the Scheme Rate	Subject to the annual Hospital Limits	Includes the cost of blood, blood equivalents, blood products and the transport of blood
M	**AMBULANCE SERVICES (Road only)**	100% of the Scheme Rate	Subject to the annual Hospital Limits, where a members is admitted into a Private Hospital as a result of an Ambulance transfer, the Ambulance cost will accrue to the applicable Hospital Limit.	Ambulance transport must be authorised by the Preferred Provider on behalf of MHC except in emergencies Emergency transport must be authorised within 72 hours, failing which the ambulance account will incur a 20% co- payment Transport is to be certified by a medical practitioner as being essential

ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
N	**ALTERNATE CARE (In lieu of Hospitalisation)**			**Subject to Pre-authorisation and Managed Care Protocols Treatment in a Preferred Facility only.**
	Step-down Nursing Facilities	100% of the Scheme Rate	Limited to 30 days - Subject to the Alternate Care sub-limit and the Private Hospital Limit	
	Private Nursing	100% of the Scheme Rate	Limited to 30 days - Subject to the Alternate Care sub-limit and the Private Hospital Limit	
	Hospice	100% of the Scheme Rate	Limited to 30 days - Subject to the Alternate Care sub-limit and the Private Hospital Limit	Where it has been established that medical treatment is no longer effective.
	Registered Frail Care Facilities	No Benefit	Not Applicable	Not covered on the Custom Option
O	**SPECIALIST SERVICES IN ROOMS**			
	Consultations and visits (out of hospital)	100% of the Scheme Rate	Subject to out of hospital specialist limit	Subject to Network GP Referral, Pre-authorisation and Managed Care Protocols Treatment from the Preferred Specialist Network only
	All other services unless stated otherwise in this Annexure	100% of the Scheme Rate	Subject to out of hospital specialist limit	Subject to Network GP Referral, Pre-authorisation and Managed Care Protocols Treatment from the Preferred Specialist Network only
	CO-PAYMENTS IN SPECIALIST ROOMS	**None**	**Not applicable**	Member may be liable for payment where treatment falls outside of the agreed scope of services.
P	**GENERAL PRACTITIONER SERVICES IN ROOMS**			
	Consultations and visits (out of hospital)	100% of the Scheme Rate	Unlimited	Available from Network Provider and subject to MHC network protocols. Member may be liable for payment where treatment falls outside of the agreed scope of services.
	All other services unless stated otherwise in this Annexure	100% of the Scheme Rate	Unlimited	Available from Network Provider and subject to MHC network protocols. Member may be liable for payment where treatment falls outside of the agreed scope of services.

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REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	Out of Area or Emergency Visits after hours	100% of the Scheme Rate	Limited to (3) three consultations to a maximum of R1000 per family per annum.	Treatment out of area or after hours will be subject to approval from CareCross. Member may be liable for payment where treatment falls outside of the agreed scope of services or is not an emergency.
	CO-PAYMENTS IN GP ROOMS	None	Not applicable	Member may be liable for payment where treatment falls outside of the agreed scope of services.
Q	DENTAL SERVICES			
	Basic Dentistry	100% of the Scheme Rate	2 visits per beneficiary per annum, includes primary extractions, fillings, scaling and polishing	Available from Network Dentist and subject to MHC network protocols
	Specialised Dentistry	100% of the Scheme Rate	1 pair of acrylic dentures per adult beneficiary every two years.	Available from Network Dentist and subject to MHC network protocols
R	PRESCRIBED MEDICINE AND INJECTION MATERIAL			
	Acute medication	100% of the Scheme Rate	Subject to MHC Custom Formulary	As dispensed by a Network GP or approved Network pharmacy.
	Pharmacy advised therapy(PAT)	100% of the Scheme Rate	Single member: 5 scripts per annum Family: 7 scripts per annum	As dispensed by the approved network provider according to the OTC medicine formulary.
	Chronic conditions	100% of the Scheme Rate	Subject to Managed Care Protocols	24 PMB CDL conditions only, medication must be obtained from the preferred provider network
	MEDICINE CO-PAYMENTS	None	Not applicable	Member may be liable for additional payments where medicine falls outside of the agreed formularies.
S	RADIOLOGY IN ROOMS			Authorisation required for all Radiology subject to referral from the network GP or Specialist
	X-Rays	100% of the Scheme Rate	Available from the Network Provider,	MHC Protocols will apply
	Scopes – Diagnostic	100% of the Scheme Rate	Available from the Network Provider,	MHC Protocols will apply

ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	Scans - MRI and CAT	100% of the Scheme Rate	Available from the Network Provider to a maximum of R2 400, subject to the Annual Specialist Limit.	MHC Protocols will apply
	Scans - Ultra Sound	100% of the Scheme Rate	2 2D scans in the case of pregnancy only	MHC Protocols will apply
	Angiography	100% of the Scheme Rate	Available from the Network Provider,	MHC Protocols will apply
T	**PATHOLOGY AND MEDICAL TECHNOLOGY IN ROOMS**			**Authorisation required for all Pathology subject to referral from the network GP or Specialist**
	Blood tests	100% of the Scheme Rate	Available from the Network Provider,	MHC Protocols will apply
U	**AUXILIARY SERVICES**			**Authorisation required for all treatment which forms part of an approved Treatment Plan. Referral from the network GP or Specialist will be required as part of the authorisation.**
	Audiology in and out of hospital	No Benefit	Not applicable	Not covered on the Custom Option
	Occupational Therapy in and out of hospital	No Benefit	Not applicable	Not covered on the Custom Option
	Speech Therapy in and out of hospital	No Benefit	Not applicable	Not covered on the Custom Option
	Clinical Psychologist	100% of Scheme Rate	Treatment will be based on medical condition and must be authorised prior to treatment starts.	Will be covered where it forms part of an approved Treatment Plan where it is in lieu of or forms part of an approved hospital admission. Referral from the network GP or Specialist will be required as part of the authorisation.
	Podiatry	100% of Scheme Rate	1 visit per annum	Will be covered as a Treatment Plan where it is in lieu of or forms part of an approved hospital admission. Referral from the network GP or Specialist will be required as part of the authorisation.
	Dieticians in and out of hospital	100% of Scheme Rate	2 visits per annum	Will be covered where it forms part of an approved Treatment Plan where it is in lieu of or forms part of an approved hospital admission. Referral from the network GP or Specialist will be required as part of the authorisation.

ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

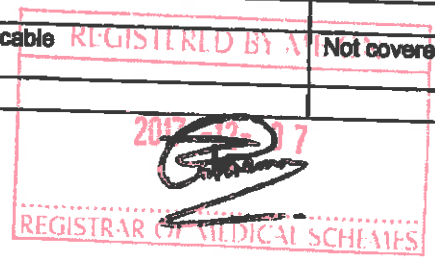
The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	Physiotherapist	100% of Scheme Rate	Treatment will be based on medical condition and must be authorised prior to treatment starts.	Will be covered where it forms part of an approved hospital admission. Benefits will be accorded on application from the Specialist. Referral from the Specialist will be required as part of the authorisation.
	Homeopaths and Naturopaths	No Benefit	Not applicable	Not covered on the Custom Option
	Chiropractor	No Benefit	Not applicable	Not covered on the Custom Option
	Orthoptists	No Benefit	Not applicable	Not covered on the Custom Option
V	**PROSTHESES**			
	Internal	100% of the Scheme Rate	Subject to Prosthesis Limit	**Authorisation Required, subject to Scheme Protocols.** Will be covered where it forms part of an approved hospital admission.
	External (Artificial Limbs and prosthetic devices to improve functionality where it can be established)	100% of the Scheme Rate	Subject to Prosthesis Limit	Scheme protocols apply.
W	**MEDICAL and SURGICAL APPLIANCES**			
	Hearing Aids per set per beneficiary every three years (Costs for maintenance is a Fund exclusion)	No Benefit	Not Applicable	**Will be covered where it forms part of an approved hospital admission.** Not covered on the Custom Option
	Wheelchairs not motorised once every three years (Costs for maintenance is a Fund exclusion)	No Benefit	Not Applicable	Not covered on the Custom Option
	Oxygen, cylinders (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to Appliance Limit	Scheme Protocols Apply.
	Nebulisers/ Glucometers once every four years (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to Appliance Limit	Scheme Protocols Apply.
X	**OPTICAL**			
	Eye examinations	100% of the Scheme Rate	1 Composite examination per beneficiary per annum includes refraction, tonometry and visual fields	**Primary Optometry services available from a network provider.**

ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

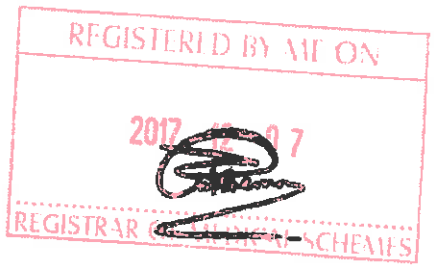
	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	Frames	100% of the Scheme Rate	1 Standard Frame per beneficiary every 24 months or R180 discount towards a set of frames selected outside the standard range	
	Lenses only	100% of the Scheme Rate	1 set of White standard mono or bifocal lenses per beneficiary every 24 months	
	Contact Lenses	100% of the Scheme Rate	In lieu of spectacles up to a maximum of R460 per beneficiary every 24 months	Cannot receive contact lenses in the 24 month cycle if spectacles were obtained.
Y	HEALTH MAXIMISER	No Benefit	Not applicable	Not covered on the Custom Option
Z	GENERAL	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	ACQUIRED IMMUNE DEFICIENCY SYNDROME and RELATED ILLNESS	100% of the Scheme Rate	Subject to MHC Protocols	Registration on the HIV Management Programme.
aa	EXCLUDED PROCEDURES/TREATMENTS	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	INFERTILITY	No Benefit	Not Applicable	Not covered on the Custom Option
	COCHLEAR IMPLANTS	No Benefit	Not Applicable	Not covered on the Custom Option
	OSSEO-INTEGRATED IMPLANTS	No Benefit	Not Applicable	Not covered on the Custom Option
	ORTHOPAEDIC PROCEDURES	No Benefit	Not Applicable	Not covered on the Custom Option
	DENTISTRY IN HOSPITAL	No Benefit	Not Applicable	Not covered on the Custom Option
	SKIN DISORDERS	No Benefit	Not Applicable	Not covered on the Custom Option
	ADMISSION FOR DIAGNOSTIC INVESTIGATIONS	No Benefit	Not Applicable	Not covered on the Custom Option



ANNEXURE C2 - CUSTOM SCHEDULE OF BENEFITS

The Custom Option is exempt from the provision of the Prescribed Minimum Benefits upon depletion of the overall annual limit – PMB claims will be paid at the Scheme Rate.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	CAESARIAN DELIVIERIES	No Benefit	Not Applicable	Not covered on the Custom Option
	BUNIONECTOMY	No Benefit	Not Applicable	Not covered on the Custom Option
	ARTHROSCOPY	No Benefit	Not Applicable	Not covered on the Custom Option
	REMOVAL OF VARICOSE VEINS	No Benefit	Not Applicable	Not covered on the Custom Option
	BRACHYTHERAPY FOR PROSTATE CANCER	No Benefit	Not Applicable	Not covered on the Custom Option
	REFRACTIVE EYE SURGERY	No Benefit	Not Applicable	Not covered on the Custom Option
	CORNEA TRANSPLANT	No Benefit	Not Applicable	Not covered on the Custom Option
	JOINT REPLACEMENTS	No Benefit	Not Applicable	Not covered on the Custom Option
	GENERAL EXCLUSIONS AS PER ANNEXURE D	No Benefit	Not Applicable	Not covered on the Custom Option
	DENTAL EXCLUSIONS AS PER ANNEXURE F	No Benefit	Not Applicable	Not covered on the Custom Option
	CHRONIC RENAL DIALYSIS	No Benefit	Not Applicable	Not covered on the Custom Option



ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
A	**ANNUAL LIMITS**			Treatment on the Hospicare Option will be for PMB only and paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Prescribed Minimum Benefit (PMB) Treatment	100% of cost	Unlimited	PMB Treatment on the Hospicare Option will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Non Prescribed Minimum Benefit (non-PMB) for treatment performed during an approved hospital admission.	100% of the Scheme Rate	The following in hospital non PMB: Tonsillectomies Adenoidectomies Grommets Carpal Tunnel Varicose Veins Bunionectomy Basic Dentistry under GA for small children (under 8 years old)	Limited approved NON- PMB Treatment performed in Hospital is subject to case management and pre-authorisation and scheme protocols falling which the hospital claims will incur a 20% co-payment unless - authorised retrospectively. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively.
B	PUBLIC HOSPITALS	100% of the Scheme Rate	Unlimited – PMB Only	Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission..

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Admission in General ward, high care ward and ICU.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Theatre fees.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management.

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Medicines and materials	100% of the Scheme Rate		Medicines prescribed on discharge from hospital are subject to a limit of 7 days.
	Visits by medical practitioners.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Confinement at Home and Birth Centres/Units where the services are provided by a registered Midwife or Medical Practitioner.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management.

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.** All Registration on the Birth Management Program before 12 weeks is recommended in order to optimise the health care outcome of the Mother and Baby.
	Diagnostic procedures	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	PUBLIC HOSPITAL MEDICAL AND SURGICAL ADMISSIONS	100% of the Scheme Rate	**Unlimited – PMB Only**	Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List.

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
C	**PRIVATE HOSPITALS**	100% of the Scheme Rate	**Unlimited – PMB Only**	**All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively.** **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Admission in General ward, high care ward and ICU.	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation, failing which claims will be paid at scheme rate unless pre-authorised retrospectively. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Theatre fees.	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to

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ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Medicines and materials	100% of the Scheme Rate		Medicines prescribed on discharge from hospital are subject to a limit of 7 days.
	Visits by medical practitioners.	100% of the Scheme Rate	Subject to Moto Health Care Preferred Provider Rates	All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Confinement at Home and Birth Centres/Units where the services are provided by a registered Midwife or Medical Practitioner.	100% of the ~~Scheme Rate~~ cost	REGISTERED BY ME ON 20[illegible]27 REGISTRAR OF MEDICAL SCHEMES	All Maternity Treatment at home or in hospital is subject to case management and pre-authorisation, failing which claims will be paid at scheme rate unless authorised retrospectively by the Scheme. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively by the Scheme. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks is recommended in order to optimise the health care outcome of the Mother and Baby.

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	PRIVATE HOSPITAL MEDICAL AND SURGICAL ADMISSIONS	100% of the Scheme Rate	Unlimited – PMB Only	All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
D	CO-PAYMENTS IN HOSPITALS		Not Applicable	
E	CLINICAL TECHNOLOGIST	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
F	PATHOLOGY and MEDICAL TECHNOLOGY IN HOSPITAL	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
G	RADIOLOGY AND RADIOGRAPHY IN HOSPITAL	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
H	CHEMOTHERAPY , RADIOTHERAPY and PALLIATIVE CARE In and out of hospital	100% of the Scheme Rate	Medication is subject to Generic Reference Pricing	All treatment in and out of hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
I	ORGAN and TISSUE TRANSPLANTS In and out of hospital Heart, Liver and Kidney transplants including harvesting and transportation costs Corneal transplant including harvesting and transportation costs	100% of Cost	All requests will be subject to clinical protocols and use of a national donor only	All treatment in and out of hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	CHRONIC DIALYSIS	100% of Negotiated Rate	Treatment covered at designated service provider rates (DSP) rates if a network provider is utilised	Subject to a treatment plan, clinical protocols and pre-authorisation.

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2017
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ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
J	PSYCHIATRIC TREATMENT (All Services)	100% of the Scheme Rate	Unlimited – PMB Only Psychiatric treatment unrelated to Drug and Alcohol abuse will paid at the scheme rate. Treatment for Alcohol and Drug abuse must be obtained from a SANCA approved facility. Claims will be paid at the rate negotiated with SANCA.	All treatment in and out of hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
K	AUXILIARY SERVICES In hospital	100% of the Scheme Rate	Unlimited – PMB Only	All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
L	BLOOD TRANSFUSIONS	100% of the Scheme Rate	Unlimited – PMB Only	All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
M	**AMBULANCE SERVICES** 	100% of the Scheme Rate	**Road and air transportation PMB Only**	Ambulance transfers from home to hospital; hospital to hospital and Air Transfers must be authorised by the Preferred Provider on behalf of MHC in all instances. Failure to authorise will result in the claims being rejected. All transfers are subject to preauthorisation within 72 hours or the ambulance claim will incur a 20% co-payment. Transport must be certified by a medical practitioner as being essential.
N	**ALTERNATE CARE (only where treatment is in lieu of Hospitalisation)**	**100% of the Scheme Rate**	**Unlimited – PMB Only**	**All Benefits in this section are subject to pre-authorisation and managed care protocols.** **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.** **Treatment must take place in a facility approved by the scheme failing which the claim will be paid at the Prescribed Tariff.** **Subject to an annual limit of 30 days per event**
	1. Step-down Facilities for Rehabilitation	100% of the Scheme Rate	PMB Only	All Benefits in this section are subject to pre-authorisation and managed care protocols. Treatment must take place in a facility approved by the scheme failing which the claim will be paid at Scheme Rate.
	2. Private Nursing	100% of the Scheme Rate	PMB Only	All Benefits in this section are subject to pre-authorisation and managed care protocols. Treatment must take place in a facility approved by the scheme failing which the claim will be paid at Scheme Rate.
	3. Hospice	100% of Cost	Unlimited – PMB Only	All Benefits in this section are subject to pre-authorisation and managed care protocols. **PMB Treatment which includes terminal care where death is imminent will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	4. Registered Frail Care Facilities	No Benefit	Not applicable	Not covered on the Hospicare Option

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
O	**SPECIALIST SERVICES out of hospital:**	**100% of the Scheme Rate**	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan. Subject to Moto Health Care Preferred Provider rates	**All treatment out of hospital is subject to case management and pre-authorisation.** . **Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims will be paid at the Scheme Rate**
	Consultations and visits	100% of the Scheme Rate	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan.	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims will be paid at the Scheme Rate.
	All other services unless stated otherwise in this Annexure.	100% of the Scheme Rate	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan.	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Ante-natal Care	100% of the Scheme Rate	12 ante natal visits and 2 2D scans per pregnancy event	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks pregnancy is recommended.
	Child Immunisations	100% of the Scheme Rate	Claims will be paid until the child is six years old. State Immunisation protocols will be applied.	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks pregnancy is recommended.

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	Paediatric Care	100% of the Scheme Rate	2 visits per pregnancy event	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks pregnancy is recommended.
	CO-PAYMENTS IN SPECIALIST ROOMS		Not applicable	Members may have co-payments where service are not obtained from the Designated Service Provider.
P	**GENERAL PRACTITIONER SERVICES out of hospital:**	**100% of the Scheme Rate**	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan.	**All treatment approved as part of a treatment plan will be covered. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Consultations and visits	100% of the Scheme Rate	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan.	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims
	All other services unless stated otherwise in this Annexure.	100% of the Scheme Rate	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan.	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims
	Ante-natal Care	100% of the Scheme Rate	12 ante natal visits and 2 2D scans per pregnancy event	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims Registration on the Birth Management Program before 12 weeks pregnancy is recommended.
	Paediatric Care	100% of the Scheme Rate	2 visits per pregnancy event	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims Registration on the Birth Management Program before 12 weeks pregnancy is recommended.
	CO-PAYMENTS IN GENERAL PRACTITIONER ROOMS	**None**	Not applicable	Members may have co-payments where service are not obtained from the Designated Service Provider.
Q	**DENTAL SERVICES IN HOSPITAL**	**100% of the Scheme Rate**	**Subject to clinical protocols**	**PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims**
	1. Basic Dentistry	No Benefit	Not applicable	Not covered on the Hospicare Option
	2. Specialised Dentistry	No Benefit	Not applicable	Not covered on the Hospicare Option
	3. Basic Dentistry under GA up to the age of 8 years	100% of the Scheme Rate		Subject to written authorisation and Managed Care Protocols which will be strictly applied.
R	**PRESCRIBED MEDICINE AND INJECTION MATERIAL**	**100% of the Scheme Rate**	REGISTERED BY MEDICAL SCHEMES 2018 07 REGISTRAR OF MEDICAL SCHEMES	**Subject to written authorisation and Managed Care Protocols which will be strictly applied.** **PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims**
	1. Acute Medication	100% of the Scheme Rate	Subject to Hospicare Medication Formulary	270 DTP conditions only and non- PMB medicine must be obtained from an approved Service Provider.
	2. Pharmacy advised therapy.(PAT)	No Benefit	Not applicable	Not covered on the Hospicare Option
	3. Chronic conditions.	100% of Scheme Rate	Subject to Hospicare Chronic Medication Formulary	270 DTP chronic conditions and the 26 CDL conditions, medication must be obtained from the designated service Provider Medipost.

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	MEDICINE CO-PAYMENTS		A 20% co-payment will be applied where non-formulary medication is used. A 30% co-payment will be applied if members do not use the DSP.	270 DTP, non-PMB and 26 PMB CDL conditions only, medication must be obtained from the DSP
S	**RADIOLOGY IN ROOMS**	**100% of the Scheme Rate**		**PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. X-Rays	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
	2. Scopes – Diagnostic	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
	3. Scans - MRI and CAT	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
	4. Scans - Ultra Sound	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
	5. Angiography	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
T	**PATHOLOGY AND MEDICAL TECHNOLOGY IN ROOMS**	**100% of the Scheme Rate**	**Unlimited – PMB Only**	**PMB Treatment in this section will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Blood tests	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
U	**AUXILIARY SERVICES out of hospital**	**100% of the Scheme Rate**		**PMB Treatment in this section will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Audiology	No Benefit	Not applicable	Not covered on the Hospicare Option
	2. Occupational and Physiotherapy	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	3. Speech therapy	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	4. Chiropody/ Podiatry	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	5. Dieticians	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	6, Homeopaths	No Benefit	Not applicable	Not covered on the Hospicare Option
	7. Naturopaths	No Benefit	Not applicable	Not covered on the Hospicare Option
	8. Chiropractors	No Benefit	Not applicable	Not covered on the Hospicare Option
	9. Orthoptists	No Benefit	Not applicable	Not covered on the Hospicare Option
V	**PROSTHESES**	**100% of the Scheme Rate**		**PMB Treatment in this section will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Internal	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	External	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
W	**MEDICAL and SURGICAL APPLIANCES:**	**100% of the Scheme Rate**		**PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Hearing Aids	No Benefit	Not applicable	Not covered on the Hospicare Option
	2. Wheelchairs	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	3. Oxygen, cylinders	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	5. Other approved appliances	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
X	**OPTICAL**			
	1. Frames	No Benefit	Not applicable	Not covered on the Hospicare Option
	2. Lenses only	No Benefit	Not applicable	Not covered on the Hospicare Option
	3. Eye examinations	No Benefit	Not applicable	Not covered on the Hospicare Option
	4. Refractive surgery	No Benefit	Not applicable	Not covered on the Hospicare Option

ANNEXURE C3 (a) - HOSPICARE SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	5. Contact Lenses	No Benefit	Not applicable	Not covered on the Hospicare Option
Y	**HEALTH MAXIMISER**	No Benefit	Not applicable	Not covered on the Hospicare Option
Z	**GENERAL**	**% BENEFIT**	**ANNUAL LIMITS**	**CONDITIONS/ REMARKS**
	ACQUIRED IMMUNE DEFICIENCY SYNDROME and RELATED ILLNESS	100% of Cost.		Registration on the HIV Management Programme is encouraged. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	ALCOHOL AND DRUG ABUSE	100% of the ~~Scheme Rate~~ Cost		PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8(3) of the PMB Legislation.
	PLASTIC SURGERY	100% of the Scheme Rate		PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8(3) of the PMB Legislation.
aa	**EXCLUDED PROCEDURES/TREATMENTS**	**% BENEFIT**	**ANNUAL LIMITS**	**CONDITIONS/ REMARKS**
	UNLESS STATED NON PMB PROCEDURES IN HOSPITAL	No Benefit	Not Applicable	Not covered on the Hospicare Option
	WITH DUE REGARD TO THE PMB ALL NON PMB GENERAL EXCLUSIONS AS PER ANNEXURE D	No Benefit	Not Applicable	Not covered on the Hospicare Option
	ALL NON- PMB DENTAL EXCLUSIONS AS PER ANNEXURE F	No Benefit	Not Applicable	Not covered on the Hospicare Option

REGISTERED BY ME ON
2017
REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
A	**ANNUAL LIMITS**			Treatment on the Hospicare Option will be for PMB only paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Prescribed Minimum Benefit (PMB) Treatment Treatment must be performed in an approved network hospital failing which a 30% co-payment will be applied to the final hospital bill.	100% of cost ~~subject to the Scheme Rate~~	Unlimited	PMB Treatment on the Hospicare Option will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Non Prescribed Minimum Benefit (non-PMB) for treatment performed during an approved hospital admission. Treatment must be performed in an approved network hospital failing which a 30% co-payment will be applied to the hospital bill.	100% of the Scheme Rate	The following NON-PMB procedures performed in hospital: Tonsillectomies Adenoidectomies Grommets Carpal Tunnel Varicose Veins Bunionectomy Basic Dentistry under GA for small children (under 8 years old)	Limited approved NON- PMB Treatment performed in Hospital is subject to case management and pre-authorisation and scheme protocols failing which the hospital claims will incur a 20% co-payment unless -authorised retrospectively. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively.
B	PUBLIC HOSPITALS	100% of the Scheme Rate	Unlimited – PMB Only	Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				In the case of an emergency, authorisation must be obtained within 48 hours of the admission **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Admission in General ward, high care ward and ICU.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Theatre fees.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Medicines and materials	100% of the Scheme Rate		Medicines prescribed on discharge from hospital are subject to a limit of 7 days.
	Visits by medical practitioners.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Confinement at Home and Birth Centres/Units where the services are provided by a registered Midwife or Medical Practitioner.	100% of the Scheme Rate		All Maternity Treatment at home or in network hospital is subject to case management and pre-authorisation, failing which claims will be paid at scheme rate. Treatment obtained in a non-network hospital will be subject to a 30% co-payment. In the case of an emergency, authorisation must be obtained within 48 hours of the admission.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks is recommended in order to optimise the health care outcome of the Mother and Baby.
	Diagnostic procedures	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission.
	PUBLIC HOSPITAL MEDICAL AND SURGICAL ADMISSIONS	100% of the Scheme Rate	**Unlimited – PMB Only**	**PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.** Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
C	**PRIVATE HOSPITALS**	100% of the Scheme Rate	**Unlimited – PMB Only**	All treatment in a network and non-network hospital is subject to case management and pre-authorisation All treatment in a private hospital must be performed at an approved Network Hospital failing which a 30% co- payment will be applied to the final hospital bill. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co-payment. Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Admission in General ward, high care ward and ICU.	100% of the Scheme Rate	REGISTERED BY ME ON 2017 -12- 07 REGISTRAR OF MEDICAL SCHEMES	All treatment in a network and non-network hospital is subject to case management and pre-authorisation. All treatment in a private hospital must be performed at an approved Network Hospital failing which a 30% co- payment will be applied to the final hospital bill. In the case of an emergency, authorisation must be obtained within 48 hours of the

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				admission or hospital claims will incur a 20% co-payment. Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Theatre fees.	100% of the Scheme Rate		All treatment in a network and non-network hospital is subject to case management and pre-authorisation. All treatment in a private hospital must be performed at an approved Network Hospital failing which a 30% co- payment will be applied to the final hospital bill. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims incur a 20% co-payment. Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Medicines and materials	100% of the Scheme Rate		Medicines prescribed on discharge from hospital are subject to a limit of 7 days.
	Visits by medical practitioners.	100% of the Scheme Rate	Subject to Moto Health Care Preferred Provider Rates	All treatment in a network and non-network hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Confinement at Home and Birth Centres/Units where the services are provided by a registered Midwife or Medical Practitioner.	100% of the ~~Scheme Rate.~~ Cost	Unlimited	All Maternity Treatment at home or in a network hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co-payment. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks is recommended in order to optimise the health care outcome of the Mother and Baby.
	PRIVATE HOSPITAL SURGICAL PROCEDURES REGISTERED BY ME ON 07 REGISTRAR OF MEDICAL SCHEMES	100% of the Scheme Rate	**Unlimited – PMB Only**	All treatment in a network and non-network hospital is subject to case management and pre-authorisation. All treatment in a private hospital must be performed at an approved Network Hospital failing which a 30% co- payment will be applied to the final hospital bill. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co-paymentAuthorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
D	**CO-PAYMENTS IN HOSPITALS**		Not Applicable	

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
E	CLINICAL TECHNOLOGIST	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co -payment. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
F	PATHOLOGY and MEDICAL TECHNOLOGY IN HOSPITAL	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co- payment. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
G	RADIOLOGY AND RADIOGRAPHY IN HOSPITAL	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co- payment PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

REGISTERED BY ME ON

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REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
H	**CHEMOTHERAPY , RADIOTHERAPY and PALLIATIVE CARE**	100% of the Scheme Rate	**Medication is subject to Generic Reference Pricing**	All treatment in and out of hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the claims will be paid at scheme rate unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
I	**ORGAN and TISSUE TRANSPLANTS in and out of hospital** **Heart, Liver and Kidney transplants including harvesting and transportation costs** **Corneal transplant including harvesting and transportation costs**	100% of Cost	**All requests will be subject to clinical protocols and use of a national donor only**	All treatment in and out of hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	CHRONIC RENAL DIALYSIS	100% of Negotiated Rate	**Treatment covered at designated service provider (DSP) rates if a network provider is utilised**	Subject to a treatment plan, clinical protocols and pre-authorisation.
J	**PSYCHIATRIC TREATMENT (All Services)**	100% of the Scheme Rate	Psychiatric treatment unrelated to Drug and Alcohol abuse will paid at the scheme rate. Treatment for Alcohol and Drug abuse must be obtained from a SANCA approved facility. Claims will be paid at the rate negotiated with SANCA.	All treatment in and out of hospital is subject to case management and pre-authorisation In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co- payment. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
K	AUXILIARY SERVICES in hospital	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co- payment PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
L	BLOOD TRANSFUSIONS	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co- payment PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
M	AMBULANCE SERVICES	100% of the Scheme Rate	Road and air transportation PMB Only	Ambulance transfers from home to hospital; hospital to hospital and Air Transfers must be authorised by the Preferred Provider on behalf of MHC in all instances All transfers are subject to preauthorisation within 72 hours or the ambulance claim will incur a 20% co-payment. Transport must be certified by a medical practitioner as being essential.
N	ALTERNATE CARE (only where treatment is in lieu of Hospitalisation)	100% of the Scheme Rate		All Benefits in this section are subject to pre-authorisation and managed care protocols. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Treatment must take place in a facility approved by the scheme failing which the

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				claim will be paid at the Prescribed Tariff. Subject to an annual limit of 30 days per event
	1. Step-down Facilities for Rehabilitation	100% of the Scheme Rate	PMB Only	All Benefits in this section are subject to pre-authorisation and managed care protocols. Treatment must take place in a facility approved by the scheme failing which the claim will be paid at Scheme Rate.
	2. Private Nursing	100% of the Scheme Rate	PMB Only	All Benefits in this section are subject to pre-authorisation and managed care protocols. Treatment must take place in a facility approved by the scheme failing which the claim will be paid at Scheme Rate.
	3. Hospice	100% of Cost	Unlimited PMB Only	All Benefits in this section are subject to pre-authorisation and managed care protocols. **PMB Treatment which includes terminal care where death is imminent will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	4. Registered Frail Care Facilities	No Benefit	Not applicable	Not covered on the Hospicare Option
O	**SPECIALIST SERVICES out of hospital:**	**100% of the Scheme Rate**	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan. Subject to Moto Health Care preferred provider rates	**All treatment out of hospital is subject to case management and pre-authorisation. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Consultations and visits	100% of the Scheme Rate	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan. Subject to Moto Health Care Preferred Provider Rates	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims will be paid at the Scheme Rate.
	All other services unless stated otherwise in this Annexure.	100% of the Scheme Rate	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan.	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	Ante-natal Care	100% of the Scheme Rate	12 ante natal visits and 2 2D scans per pregnancy event	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks pregnancy is recommended.
	Child Immunisations	100% of the Scheme Rate	Claims will be paid until the child is six years old. State immunisation protocols will be applied.	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks pregnancy is recommended.
	Paediatric Care	100% of the Scheme Rate	2 visits per pregnancy event	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks pregnancy is recommended.
	CO-PAYMENTS IN SPECIALIST ROOMS		Not applicable	Members may have co-payments where services are not obtained from the Designated Service Provider.
P	**GENERAL PRACTITIONER SERVICES out of hospital:**	**100% of the Scheme Rate**	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan.	**All treatment approved as part of a treatment plan will be covered, failing which claims will be rejected unless pre-authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Consultations and visits	100% of the Scheme Rate	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan.	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Regulation 8 (3) of the PMB Legislation, failing which claims
	All other services unless stated otherwise in this Annexure.	100% of the Scheme Rate	Treatment for Chronic conditions and the 270 DTP which have been approved as part of a Treatment Plan.	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims
	Ante-natal Care	100% of the Scheme Rate	12 ante natal visits and 2 2D scans per pregnancy event	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims Registration on the Birth Management Program before 12 weeks pregnancy is recommended.
	Paediatric Care	100% of the Scheme Rate	2 visits per pregnancy event	Subject to written authorisation and Managed Care Protocols which will be strictly applied. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims Registration on the Birth Management Program before 12 weeks pregnancy is recommended.
	CO-PAYMENTS IN GENERAL PRACTITIONER ROOMS	**None**	Not applicable	Members may have co-payments where service are not obtained from the Designated Service Provider.
Q	**DENTAL SERVICES IN HOSPITAL**	**100% of the Scheme Rate**		**PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims**
	1. Basic Dentistry	No Benefit	Not applicable	Not covered on the Hospicare Option
	2. Specialised Dentistry	No Benefit	Not applicable	Not covered on the Hospicare Option
	3. Basic Dentistry under GA up to the age of 8 years	100% of the Scheme Rate		Subject to written authorisation and Managed Care Protocols which will be strictly applied.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
R	**PRESCRIBED MEDICINE AND INJECTION MATERIAL**	**100% of the Scheme Rate**		**Subject to written authorisation and Managed Care Protocols which will be strictly applied.** **PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation, failing which claims**
	1. Acute Medication	100% of the Scheme Rate	Subject to Hospicare Medication Formulary	270 DTP conditions only and non- PMB medicine must be obtained from an approved Service Provider.
	2. Pharmacy advised therapy.(PAT)	No Benefit	Not applicable	Not covered on the Hospicare Option
	3. Chronic conditions.	100% of Scheme Rate	Subject to Hospicare Chronic Medication Formulary	270 DTP chronic conditions and the 26 CDL conditions, medication must be obtained from the designated service Provider Medipost.
	MEDICINE CO-PAYMENTS		A 20% co-payment will be applied where non-formulary medication is used. A 30% co-payment will be applied if members do not use the DSP.	270 DTP, non-PMB and 26 PMB CDL conditions only, medication must be obtained from the DSP
S	**RADIOLOGY IN ROOMS**	**100% of the Scheme Rate**		**PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. X-Rays	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
	2. Scopes – Diagnostic	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
	3. Scans - MRI and CAT	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
	4. Scans - Ultra Sound	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
	5. Angiography	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
T	**PATHOLOGY AND MEDICAL TECHNOLOGY IN ROOMS**	**100% of the Scheme Rate**		**PMB Treatment in this section will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Blood tests	100% of the Scheme Rate		Subject to Pre-authorisation and Managed Care Protocols.
U	**AUXILIARY SERVICES out of hospital**	**100% of the Scheme Rate**		**PMB Treatment in this section will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Audiology	No Benefit	Not applicable	Not covered on the Hospicare Option
	2. Occupational and Physiotherapy	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	3. Speech therapy	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	4. Chiropody/ Podiatry	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	5. Dieticians	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	6, Homeopaths	No Benefit	Not applicable	Not covered on the Hospicare Option
	7. Naturopaths	No Benefit	Not applicable	Not covered on the Hospicare Option
	8. Chiropractors	No Benefit	Not applicable	Not covered on the Hospicare Option
	9. Orthoptists	No Benefit	Not applicable	Not covered on the Hospicare Option
V	**PROSTHESES**	**100% of the Scheme Rate**		**PMB Treatment in this section will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Internal	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	External	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

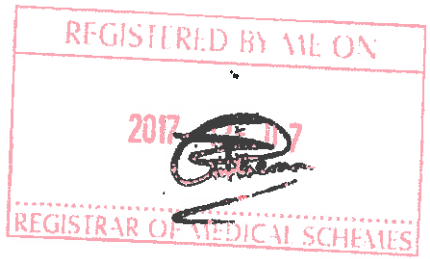
(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
W	MEDICAL and SURGICAL APPLIANCES:	100% of the Scheme Rate		PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	1. Hearing Aids	No Benefit	Not applicable	Not covered on the Hospicare Option
	2. Wheelchairs	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	3. Oxygen, cylinders	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
	5. Other approved appliances	100% of the Scheme Rate		PMB Treatment Only - Subject to Pre-authorisation and Managed Care Protocols.
X	OPTICAL			
	1. Frames	No Benefit	Not applicable	Not covered on the Hospicare Option
	2. Lenses only	No Benefit	Not applicable	Not covered on the Hospicare Option
	3. Eye examinations	No Benefit	Not applicable	Not covered on the Hospicare Option
	4. Refractive surgery	No Benefit	Not applicable	Not covered on the Hospicare Option
	5. Contact Lenses	No Benefit	Not applicable	Not covered on the Hospicare Option
Y	HEALTH MAXIMISER	No Benefit	Not applicable	Not covered on the Hospicare Option
Z	GENERAL	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	ACQUIRED IMMUNE DEFICIENCY SYNDROME and RELATED ILLNESS	100% of Cost.	Subject to clinical protocols	Registration on the HIV Management Programme is encouraged. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	ALCOHOL AND DRUG ABUSE	100% of the Scheme Rate		PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8(3) of the PMB Legislation.
	COSMETIC SURGERY	100% of the Scheme Rate		PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8(3) of the PMB Legislation.

ANNEXURE C3 (b) - HOSPICARE NETWORK SCHEDULE OF BENEFITS

(PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
aa	EXCLUDED PROCEDURES/TREATMENTS	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	UNLESS STATED NON PMB PROCEDURES IN HOSPITAL	No Benefit	Not Applicable	Not covered on the Hospicare Option
	WITH DUE REGARD TO THE PMB ALL NON PMB GENERAL EXCLUSIONS AS PER ANNEXURE D	No Benefit	Not Applicable	Not covered on the Hospicare Option
	ALL NON- PMB DENTAL EXCLUSIONS AS PER ANNEXURE F	No Benefit	Not Applicable	Not covered on the Hospicare Option



ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS	100% of the cost subject to the Scheme Rate where it is applicable		PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	OVERALL ANNUAL LIMITS		Unlimited	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	ANNUAL SAVINGS LIMIT		Member = R6 653 Adult = R5 659 Child = R1 663	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	ONCOLOGY LIMIT		Per family per annum = R317 380 Medication is subject to Generic Reference Pricing	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	EXTERNAL APPLIANCE LIMIT		Per family per annum = R11 980	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	COSMETIC SURGERY LIMIT		Per family per annum = R58 370	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	NON-CDL CHRONIC MEDICINE LIMIT		Member = R4 030 Member + = R7 940	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	ORGAN TRANSPLANT LIMIT	REGISTERED BY MEDSCHEMES 2017 12 07 REGISTRAR OF MEDICAL SCHEMES	Per family per annum = R58 370 Limit applicable to Non-PMB cases and includes harvesting and transportation costs	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year. All requests will be subject to clinical protocols and use of a national donor only

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	PROSTHESIS LIMIT		Per family per annum = R58 930	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	REFRACTIVE EYE SURGERY LIMIT		Per Eye = R5 030 Maximum = R10 060 One refractive surgery per beneficiary per lifetime	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
B	**PUBLIC HOSPITALS**	**100% of the Scheme Rate**		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Admission in General ward, high care ward and ICU.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List.

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Theatre fees.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Medicines and materials	100% of the Scheme Rate		Medicines (TTO) prescribed on discharge from hospital are subject to a limit of 7 days.
	Visits by medical practitioners.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List.

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Confinement at Home and Birth Centres/Units where services are provided by a registered Midwife or Medical Practitioner.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Diagnostic procedures	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List.

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	PUBLIC HOSPITAL MEDICAL AND SURGICAL ADMISSIONS	100% of the Scheme Rate	Unlimited	Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
C	PRIVATE HOSPITALS	100% of the Scheme Rate	Unlimited	All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Admission in General ward, high care ward and ICU.	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation.. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Theatre fees.	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Medicines, materials and hospital equipment.	100% of the Scheme Rate		Medicines (TTO) prescribed on discharge from hospital are subject to a limit of 7 days.
	Visits by medical practitioners.	Up to 150% of the Scheme Rate	Subject to Preferred Provider Rates	All treatment in hospital is subject to case management and pre-authorisation In the case of an emergency, authorisation must be obtained within 48 hours of the admission PMB Treatment will be paid

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Confinement at Home and Birth Centres/Units where services are provided by a registered Midwife or Medical Practitioner.	150% of the Scheme Rate.		All Maternity Treatment at home or in hospital is subject to case management and pre-authorisation. retrospectively by the Scheme. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively by the Scheme. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks is recommended in order to optimise the health care outcome of the Mother and Baby.
	Diagnostic procedures	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

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REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	PRIVATE HOSPITAL MEDICAL AND SURGICAL ADMISSIONS	Up to 100% of the Scheme Rate	Unlimited	All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
D	CO-PAYMENTS IN HOSPITAL		The following procedures performed in a hospital will have a co-payment of R1 200 • Arthroscopy • Colonoscopy • Gastroscopy. • Sigmoidoscopy • Joint Replacements	All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
E	CLINICAL TECHNOLOGIST IN HOSPITAL	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
F	PATHOLOGY and MEDICAL TECHNOLOGY IN HOSPITAL	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within on48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
G	RADIOLOGY AND RADIOGRAPHY IN HOSPITAL	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation.. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
H	CHEMOTHERAPY RADIOTHERAPY and PALLIATIVE CARE in and out of hospital	100% of the Scheme Rate	Medication is subject to Generic Reference Pricing	All treatment in and out of hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
I	**ORGAN AND TISSUE TRANSPLANTS In and out of hospital**	100% of the Scheme Rate	**Subject to the Transplant Limit If NON-PMB and Includes harvesting and transportation costs.**	All treatment in and out of hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	CHRONIC RENAL DIALYSIS	100% of negotiated Rate	Treatment covered at designated service provider (DSP) rates if a network provider is utilised	All requests will be subject to clinical protocols and use of a national donor only Subject to a treatment plan, clinical protocols and pre-authorisation.
J	**PSYCHIATRIC TREATMENT (ALL SERVICES) in and out of hospital**	100% of the Scheme Rate	Psychiatric treatment unrelated to Drug and Alcohol abuse will paid at the scheme rate. Treatment for Alcohol and Drug abuse must be obtained from a SANCA approved facility. Claims will be paid at the rate negotiated with SANCA.	All treatment in and out of hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
K	**AUXILIARY THERAPY In hospital** • **Physiotherapy** • **Dieticians** • **Speech**	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
L	**BLOOD TRANSFUSIONS - IN HOSPITAL**	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
M	**AMBULANCE SERVICES**	100% of the Scheme Rate	Road and air transportation	Ambulance transfers from home to hospital; hospital to hospital and Air Transfers must be authorised by the Preferred Provider on behalf of MHC in all instances. All transfers are subject to pre-authorization within 72 hours or the ambulance claim will incur a 20% co-payment Transport must be certified by a medical practitioner as being essential.
N	**ALTERNATE CARE (In lieu of Hospitalisation)**	100% of the Scheme Rate	Limited to 30 days to a maximum of R31 430 per event.	All Benefits in this section are subject to pre-authorisation and managed care protocols. Treatment must take place in a facility approved by the scheme failing which the claim will be paid at Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Step-down Facilities for Rehabilitation	100% of the Scheme Rate	Subject to the Alternate Care Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols.

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	Private Nursing	100% of the Scheme Rate	Subject to the Alternate Care Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols.
	Hospice	100% of Cost	Unlimited	All Benefits in this section are subject to pre-authorisation and managed care protocols. PMB Treatment including Terminal Care where death is imminent will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Registered Frail Care Facilities		No Benefit	Not covered by the scheme.
O	**SPECIALIST SERVICES IN ROOMS:**		**Subject to Moto Health Care Preferred Provider Rates**	**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Consultations and visits	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	All other services unless stated otherwise in this Annexure.	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	Ante-natal Care	100% of the Scheme Rate	12 ante natal visits 2 2D scans Prenatal Vitamins Per pregnancy event from Overall Annual Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Child Immunisations	100% of the Scheme Rate	Claims will be paid from the Overall Annual Limit until the child is six years old. State Immunisation protocols will be applied.	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Paediatric Care	100% of the Scheme Rate	2 visits per pregnancy	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Ante Natal Classes	100% of the Scheme Rate	2 visits Per pregnancy event from Positive Annual Savings Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols.

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Registration on the Birth Management Program is recommended.
	CO-PAYMENTS IN SPECIALIST ROOMS	**NOT APPLICABLE**	The following procedures performed in the rooms of a Specialist will NOT be subject to a co-payment. • Colonoscopy • Gastroscopy. • Sigmoidoscopy	All treatment in this section is subject to case management and pre-authorisation, failing which claims will be rejected unless pre-authorised retrospectively. In the case of an emergency, authorisation must be obtained within 48 hours of the procedure.
P	**GENERAL PRACTITIONER SERVICES IN ROOMS**			**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Consultations and visits	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	All other services unless stated otherwise in this Annexure.	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	Ante-natal Care	100% of the Scheme Rate	12 ante natal visits 2 2D scans Prenatal Vitamins Per pregnancy event from Overall Annual Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Child Immunisations	100% of the Scheme Rate	Claims will be paid from risk until the child is six years old. State immunisation protocols will be applied.	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Ante Natal Classes	100% of the Scheme Rate	2 visits Per pregnancy event from Positive Annual Savings Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	ADDITIONAL BENEFITS			

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	GP Consultations and acute medication only	100% of the Scheme Rate	M = 2 Visits M+ = 5 Visits Subject to the Overall Annual Limit	The cost of a follow-up GP Consultation and R300 for medicine dispensed or prescribed will be applied per visit. Cover for primary care consultations and acute medicine treatment only. Members may be held liable for payment of diagnostic procedures performed under this benefit category. Benefit will start when the Annual Savings Limit is within R300 of yearly limit.
Q	**DENTAL SERVICES IN ROOMS**			**All services in this section must be obtained from a preferred provider, failing which members may be held liable for co-payments from non-preferred service providers. Benefits in this section will accrue to the Savings Limit.**
	1. Basic Dentistry	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	2. Specialised Dentistry.	100% of the Scheme Rate	Subject to the Annual Savings Limit.	All treatment in this section is subject to case management and pre-authorisation, failing which claims will be rejected unless pre-authorised retrospectively.
R	**PRESCRIBED MEDICINE AND INJECTION MATERIAL**			
	1. Acute medicine	100% of the Scheme Rate	Subject to the Annual Savings Limit.	

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	2. Pharmacy advised therapy (PAT)	100% of the Scheme Rate	Subject to the Annual Savings Limit.	Medicine claims dispensed by a pharmacist without a doctor's prescription will be allowed to a **maximum of R180 per event (per day).** This benefit is subject to the acute medication exclusions and cost will accrue to the Annual Savings Limit.
	3. Chronic conditions.	100% of Scheme Rate	Subject to the Classic Medicine Formulary, the 9 Non-CDL conditions will be paid subject to the annual sub-limit.	Medication in respect of the 270 DTP, 26 CDL conditions + 9 NON-CDL chronic conditions medication will be paid
	4. Preventative Medicine.	100% of Scheme Rate	Claims will be paid according to the Classic Medicine Formulary	The following preventative medicines that are prescribed by a registered medical practitioner: Oral contraception including devices Slimming Preparations Smoke cessation preparations Erectile Dysfunction Vitamins
	MEDICINE CO-PAYMENTS		A 20% co-payment will be applied where **non-formulary medication** is dispensed.	Medication for the 270 DTP, 26 PMB CDL and 9 NON PMB conditions must be obtained in accordance with scheme formulary or a co-payment will be applied.
S	**RADIOLOGY IN ROOMS**			**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. X-Rays	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	2. Scopes – Diagnostic	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	3. Scans – MRI, CAT, PET and Radio Isotope	100% of the Scheme Rate	2 per beneficiary per annum from risk thereafter from the Annual Savings Limit.	Pre-authorisation required failing which the claims will be rejected unless pre-authorised retrospectively.
	4. Scans - Ultra Sound	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	5. Angiography	100% of the Scheme Rate	Subject to the Annual Savings Limit.	

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
T	**PATHOLOGY AND MEDICAL TECHNOLOGY IN ROOMS**			
	1. Blood tests	100% of the Scheme Rate	Subject to the Annual Savings Limit.	**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
U	**AUXILIARY SERVICES in rooms**			
	1. Audiology	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	2. Occupational therapy	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	3. Speech therapy	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	4. Chiropody/ Podiatry	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	5. Dieticians	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	6. Homeopaths	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	7. Naturopaths	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	8. Chiropractors	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	9. Orthoptists	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	

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REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
V	**PROSTHESIS**			**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Internal Prosthesis	100% of the Scheme Rate	Subject to the Prosthesis Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
	External Prosthesis (Limbs and devices to improve functionality where it can be established)	100% of the Scheme Rate	Subject to the Prosthesis Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
W	**MEDICAL and SURGICAL APPLIANCES:**			**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Hearing Aids per set per beneficiary every three years. (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the External Appliance Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
	2. Wheelchairs not motorised once every three years.(Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the External Appliance Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
	3. Oxygen, cylinders and consumables. (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the External Appliance Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
	4. Nebulisers/ Glucometers once every four years. (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the External Appliance Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
	5. Other approved appliances	100% of the Scheme Rate	Subject to the External Appliance Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
X	**OPTICAL**			

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

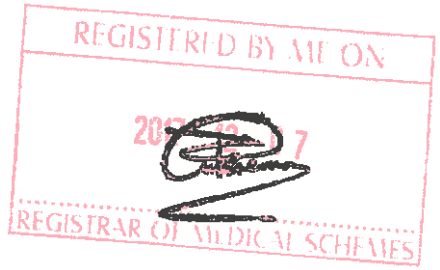
	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	1 pair of spectacles per beneficiary in a 24 months cycle or Contact Lenses in lieu of spectacles every year.			All services in this section must be obtained from a preferred provider, failing which members MAY be held liable for co-payments from non-preferred service providers. Benefits in this category excluding Refractive Surgery, will be paid subject to benefit limits from the Annual Savings Limit.
	Eye examinations	100% of the Scheme Rate	1 Composite examination per beneficiary per annum which includes refraction, tonometry and visual fields.	
	Frames	100% of the Scheme Rate	1 preferred provider Frame or R740 per beneficiary only for an alternate Frame in a 24 month cycle.	EXTRAS/UPGRADES: Members must pay optometrist directly for any extras or deviations from stated benefits. No Cash will be refunded where member supplies their own frame.
	Lenses only	100% of the Scheme Rate	1 pair of white standard single vision, bifocal or multifocal lenses per beneficiary in a 24 month cycle.	EXTRAS/UPGRADES: Members must pay optometrist directly for any extras or deviations from stated benefits.
	Contact Lenses in lieu of spectacles every year.	100% of the Scheme Rate	1 set of Contact lenses per beneficiary to the annual limit of R1 530	Where spectacles are obtained in the year no contact lenses can be obtained. Contact lenses will only be dispensed where members have a composite eye examination in the year the contact lenses are being dispensed.
	Refractive surgery	100% of the Scheme Rate	Subject to the Refractive Surgery Limit.	Subject to Pre-authorisation and Managed Care Protocols.
Y	HEALTH MAXIMISER	100% of the Scheme Rate	• Tetanus Vaccine • Mammogram • Blood Cholesterol • Prostate Specific Antigen • Bone Densitometry • Baby Immunisations	Subject to Pre-authorisation and Managed Care Protocols. Claims in this section will be paid from the Overall Annual Limit.
Z	GENERAL			

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	ACQUIRED IMMUNE DEFICIENCY SYNDROME and RELATED ILLNESS	100% of Cost		Registration on the HIV Management Programme is encouraged. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	SUBSTANCE ABUSE	100% of ~~Scheme Rate~~ Cost		Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	OSSEO-INTEGRATED IMPLANTS	100% of Scheme Rate	Benefits will be paid from Specialised Dentistry and Annual Savings Limit. Approved treatment in hospital may be paid from risk where medical necessity has been established.	Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	DENTISTRY INCLUDING REMOVAL OF IMPACTED TEETH	100% of Scheme Rate	Benefits in hospital will be paid from Specialised Dentistry and Annual Savings Limit. Approved treatment in hospital may be paid from risk where medical necessity has been established.	Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	ADMISSION FOR DIAGNOSTIC PROCEDURES	100% of Scheme Rate		Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C4 (a) - CLASSIC SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits- PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	ELECTIVE CAESARIAN DELIVIERIES unless it is a medical necessity	100% of Scheme Rate		Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	COSMETIC SURGERY	100% of Scheme Rate	Cosmetic surgery will be subject to the Cosmetic Surgery Limit	Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.



ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS	100% of the cost subject to the Scheme Rate where it is applicable.		PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	OVERALL ANNUAL LIMIT		Unlimited	Where it is applicable, Limits are prorated calculated from the date of inception to the Scheme to the end of the financial year.
	ANNUAL SAVINGS LIMIT		Member = R5 767 Adult = R4 903 Child = R1 447	Where it is applicable, Limits are prorated calculated from the date of inception to the Scheme to the end of the financial year.
	ONCOLOGY LIMIT		Per family per annum = R317 380	Where it is applicable, Limits are prorated calculated from the date of inception to the Scheme to the end of the financial year.
	EXTERNAL APPLIANCE LIMIT		Per family per annum = R11 980	Where it is applicable, Limits are prorated calculated from the date of inception to the Scheme to the end of the financial year.
	COSMETIC SURGERY LIMIT		Per family per annum = R58 370	Where it is applicable, Limits are prorated calculated from the date of inception to the Scheme to the end of the financial year.
	NON-CDL CHRONIC MEDICINE LIMIT		Member = R4 030 Member + = R7 940	Where it is applicable, Limits are prorated calculated from the date of inception to the Scheme to the end of the financial year.
	ORGAN TRANSPLANT LIMIT		Per family per annum = R58 370 Limit applicable to Non-PMB cases and includes harvesting and transportation costs	Where it is applicable, Limits are prorated calculated from the date of inception to the Scheme to the end of the financial year. All requests will be subject to clinical protocols and use of a national donor only

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	PROSTHESIS LIMIT		Per family per annum = R58 930	Where it is applicable, Limits are prorated calculated from the date of inception to the Scheme to the end of the financial year.
	REFRACTIVE EYE SURGERY LIMIT		Per Eye = R5 030 Maximum = R10 060 One refractive surgery per beneficiary per lifetime	Where it is applicable, Limits are prorated calculated from the date of inception to the Scheme to the end of the financial year.
B	**PUBLIC HOSPITALS**	**100% of the Scheme Rate**		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Admission in General ward, high care ward and ICU.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Theatre fees.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment if not authorised retrospectively. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Medicinesand materials	100% of the Scheme Rate		Medicines (TTO) prescribed on discharge from hospital are subject to a limit of 7 days.
	Visits by medical practitioners.	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Confinement at Home and Birth Centres/Units where services are provided by a registered Midwife or Medical Practitioner.	100% of the ~~Scheme Rate~~ cost	Unlimited	Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Diagnostic procedures	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List.

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2017-12-07
REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	PUBLIC HOSPITAL MEDICAL AND SURGICAL ADMISSIONS	100% of the Scheme Rate		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
C	**PRIVATE HOSPITALS** **All treatment in a private hospital must be performed at an approved network hospital failing which a 30% co-payment will be applied to the final hospital bill.**	**100% of the Scheme Rate**		All treatment in hospital is subject to case management and pre-authorisation, failing which claims will be paid at scheme rate unless pre-authorised retrospectively. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Admission in General ward, high care ward and ICU. **All treatment in a private hospital must be performed at an approved network hospital failing which a 30% co-payment will be applied to the final hospital bill.**	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Theatre fees. **All treatment in a private hospital must be performed at an approved network hospital failing which a 30% co-payment will be applied to the final hospital bill.**	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Medicines, materials and hospital equipment. **All treatment in a private hospital must be performed at an approved network hospital failing which a**	100% of the Scheme Rate		Medicines (TTO) prescribed on discharge from hospital are subject to a limit of 7 days.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	30% co-payment will be applied to the final hospital bill.			
	Visits by medical practitioners.	Up to 150% of the Scheme Rate	Subject to Moto Health Care Preferred Provider Rates	All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Confinement at Home and Birth Centres/Units where services are provided by a registered Midwife or Medical Practitioner. **All treatment in a private hospital must be performed at an approved network hospital failing which a 30% co-payment will be applied to the final hospital bill.**	150% of the Scheme Rate.		All Maternity Treatment at home or in hospital is subject to case management and pre-authorisation, failing which claims will be rejected unless authorised retrospectively by the Scheme. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively by the Scheme. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks is recommended in order to optimise the health care outcome of the Mother and Baby.
	Diagnostic procedures	100% of the Scheme Rate		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to

REGISTERED BY ME ON
2017 -12- 07
REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	PRIVATE HOSPITAL MEDICAL AND SURGICAL ADMISSIONS	**Up to 100% of the Scheme Rate**		All treatment in a network and non-network hospital is subject to case management and pre-authorisation, failing which claims will be paid at scheme rate. All treatment obtained at a non-network hospital will be subject to a 30% co-payment. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
D	**CO-PAYMENTS IN HOSPITAL**	REGISTERED BY ME ON 2017-12-07 REGISTRAR OF MEDICAL SCHEMES	The following procedures performed in a hospital will have a co-payment of R1 200 • Arthroscopy • Colonoscopy • Gastroscopy. • Sigmoidoscopy • Joint Replacements	All treatment in a network and non-network hospital is subject to case management and pre-authorisation. All treatment obtained at a non-network hospital will be subject to a 30% co-payment on the final hospital bill. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co-payment. Unless authorised retrospectively.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
			All treatment in a private hospital must be performed at an approved network hospital failing which a 30% co-payment will be applied to the final hospital bill.	Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
E	**CLINICAL TECHNOLOGIST IN HOSPITAL**	100% of the Scheme Rate		All treatment in a network and non-network hospital is subject to case management and pre-authorisation. All treatment obtained at a non-network hospital will be subject to a 30% co-payment. In the case of an emergency, authorisation must be obtained within 48 hours of the admission orhospital claims will incur a 20% co-payment unless authorised retrospectively. . Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
F	**PATHOLOGY and MEDICAL TECHNOLOGY IN HOSPITAL**	100% of the Scheme Rate		All treatment in a network and non-network hospital is subject to case management and pre-authorisation. All treatment obtained at a non-network hospital will be subject to a 30% co-payment. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				20% co-payment unless authorised retrospectively. Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
G	**RADIOLOGY AND RADIOGRAPHY IN HOSPITAL**	100% of the Scheme Rate		All treatment in a network and non-network hospital is subject to case management and pre-authorisation. All treatment obtained at a non-network hospital will be subject to a 30% co-payment. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co-payment unless authorised retrospectively. Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
H	**CHEMOTHERAPY RADIOTHERAPY and PALLIATIVE CARE in and out of hospital**	100% of the Scheme Rate	~~Claims in this Benefit Category will be paid from Oncology Limit.~~ **Medication is subject to Generic Reference Pricing**	All treatment in a network and non-network hospital is subject to case management and pre-authorisation All treatment obtained at a non-network hospital will be subject to a 30% co-payment. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co-payment unless authorised retrospectively. Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
I	**ORGAN AND TISSUE TRANSPLANTS in and out of hospital**	100% of the Scheme Rate REGISTERED BY ME ON 20[illegible]- 07 REGISTRAR OF MEDICAL SCHEMES	**Subject to the Transplant Limit if NON-PMB and includes harvesting and transportation costs.**	All treatment in a network and non-network hospital is subject to case management and pre-authorisation. All treatment obtained at a non-network hospital will be subject to a 30% co-payment. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co-payment unless authorised retrospectively. All requests will be subject to clinical protocols and use of a national donor only Authorised PMB Treatment will be paid subject to annexure H of the Scheme

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Rules and Regulation 8 (3) of the PMB Legislation.
	CHRONIC RENAL DIALYSIS	100% of the negotiated rate	Treatment covered at designated service provider (DSP) rates if a network provider is utilised	Subject to a treatment plan, clinical protocols and pre-authorisation.
J	**PSYCHIATRIC TREATMENT (ALL SERVICES) In and out of hospital**	100% of the Scheme Rate	Psychiatric treatment unrelated to Drug and Alcohol abuse will paid at the scheme rate. Treatment for Alcohol and Drug abuse must be obtained from a SANCA approved facility. Claims will be paid at the rate negotiated with SANCA.	All treatment in a network and non-network hospital is subject to case management and pre-authorisation. All treatment obtained at a non-network hospital will be subject to a 30% co-payment. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co-payment unless authorised retrospectively. Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
K	**AUXILIARY THERAPY in hospital** • Physiotherapy • Dieticians • Speech	100% of the Scheme Rate		All treatment in a network and non-network hospital is subject to case management and pre-authorisation. All treatment obtained at a non-network hospital will be subject to a 30% co-payment. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co-payment unless authorised retrospectively. Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
L	**BLOOD TRANSFUSIONS - IN HOSPITAL**	100% of the Scheme Rate		All treatment in a network and non-network hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or hospital claims will incur a 20% co-payment unless authorised retrospectively. Authorised PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
M	AMBULANCE SERVICES	100% of the Scheme Rate	Road and Air transportation	Ambulance transfers from home to hospital; hospital to hospital and Air Transfers must be authorised by the Preferred Provider on behalf of MHC in all instances. All transfers are subject to pre-authorization within 72 hours or the ambulance claim will incur a 20% co-payment. Transport must be certified by a medical practitioner as being essential.
N	ALTERNATE CARE (In lieu of Hospitalisation)	100% of the Scheme Rate	Limited to 30 days to a maximum of R31 430 per event.	All Benefits in this section are subject to pre-authorisation and managed care protocols. Treatment must take place in a facility approved by the scheme. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Step-down Facilities for Rehabilitation	100% of the Scheme Rate	Subject to the Alternate Care Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols.
	Private Nursing	100% of the Scheme Rate	Subject to the Alternate Care Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols.
	Hospice	100% of Cost	Unlimited	All Benefits in this section are subject to pre-authorisation and managed care protocols. PMB Treatment including Terminal Care where death is imminent will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Registered Frail Care Facilities		No Benefit	Not covered by the scheme.

REGISTERED BY MEDICAL SCHEMES
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ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
O	**SPECIALIST SERVICES IN ROOMS:**		**Subject to Moto Health Care Preferred Provider Rates**	**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Consultations and visits	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	All other services unless stated otherwise in this Annexure.	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	Ante-natal Care	100% of the Scheme Rate	12 ante natal visits 2 2D scans Prenatal Vitamins Per pregnancy event from Overall Annual Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Child Immunisations	100% of the Scheme Rate	Claims will be paid from risk until the child is six years old. State immunisation protocols will be applied.	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Paediatric Care	100% of the Scheme Rate	2 visits per pregnancy	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Ante Natal Classes	100% of the Scheme Rate	2 visits Per pregnancy event from Positive Annual Savings Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	CO-PAYMENTS IN SPECIALIST ROOMS	REGISTERED BY ME ON 2[illegible]-12-07 REGISTRAR OF MEDICAL SCHEMES	The following procedures performed in the rooms of a Specialist will **NOT** be subject to a co-payment. • Colonoscopy • Gastroscopy. • Sigmoidoscopy	All treatment in this section is subject to case management and pre-authorisation., in the case of an emergency, authorisation must be obtained within 48 hours of the procedure or the claims will be rejected unless authorised retrospectively.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
P	**GENERAL PRACTITIONER SERVICES IN ROOMS**			**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Consultations and visits	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	All other services unless stated otherwise in this Annexure.	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	Ante-natal Care	100% of the Scheme Rate	12 ante natal visits 2 2D scans Prenatal Vitamins Per pregnancy event from Overall Annual Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Child Immunisations	100% of the Scheme Rate	Claims will be paid from risk until the child is six years old. State Immunisation protocols will be applied.	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Ante Natal Classes	100% of the Scheme Rate	2 visits Per pregnancy event from Positive Annual Savings Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	ADDITIONAL BENEFITS			
	GP Consultations and acute medication only	100% of the Scheme Rate	M = 2 Visits M+ = 5 Visits Subject to the Overall Annual Limit	The cost of a follow-up GP Consultation and R300 for medicine dispensed or prescribed will be applied per visit. Cover for primary care consultations and acute medicine treatment only. Members may be held liable for payment of diagnostic procedures performed under this benefit category. Benefit will start when the Annual Savings Limit is within R300 of yearly limit.

REGISTERED BY ME ON 20[illegible]- 07

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ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
Q	**DENTAL SERVICES IN ROOMS**			**All services in this section must be obtained from a preferred provider, failing which members may be held liable for co-payments from non-preferred service providers. Benefits in this section will accrue to the Savings Limit.**
	1. Basic Dentistry	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	2. Specialised Dentistry.	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
R	**PRESCRIBED MEDICINE AND INJECTION MATERIAL**			All treatment in this section is subject to case management and pre-authorisation, failing which claims will be rejected unless pre-authorised retrospectively.
	1. Acute medicine	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	2. Pharmacy advised therapy.(PAT)	100% of the Scheme Rate	Subject to the Annual Savings Limit.	Medicine claims dispensed by a pharmacist without a doctor's prescription will be allowed to a **maximum of R180per event (per day).** This benefit is subject to the acute medication exclusions and cost will accrue to the Annual Savings Limit.
	3. Chronic conditions.	100% of Scheme Rate	Subject to the Classic Medicine Formulary, the 9 Non-CDL conditions will be paid subject to the annual sub-limit.	Medication in respect of the 270 DTP, 26 CDL conditions + 9 NON-CDL chronic conditions medication must be obtained from the MHC Pharmacy Network who is the DSP for CDL chronic medicine, failing which a co-payment of 30% will apply.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	4. Preventative Medicine.	100% of Scheme Rate	Claims will be paid according to the Classic Medicine Formulary	The following preventative medicines that are prescribed by a registered medical practitioner: Oral contraception including devices Slimming Preparations Smoke cessation preparations Erectile Dysfunction Vitamins
	MEDICINE CO-PAYMENTS	YES	A 20% co-payment will be applied where non-formulary medication. **A 30% co-payment of will be applied where medicine is obtained from a non-network pharmacy.**	Medication for the 270 DTP, 26 PMB CDL and 9 NON PMB conditions must be obtained in accordance with scheme formulary from the MHC Pharmacy Network.
S	**RADIOLOGY IN ROOMS**			
	1. X-Rays	100% of the Scheme Rate	Subject to the Annual Savings Limit.	**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	2. Scopes – Diagnostic	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	3. Scans – MRI, CAT, PET and Radio Isotope	100% of the Scheme Rate	2 per beneficiary per annum from risk thereafter from the Annual Savings Limit.	Pre-authorisation required failing which the claims will be rejected unless pre-authorised retrospectively.
	4. Scans - Ultra Sound	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
	5. Angiography	100% of the Scheme Rate	Subject to the Annual Savings Limit.	
T	**PATHOLOGY AND MEDICAL TECHNOLOGY IN ROOMS**			**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Blood tests	100% of the Scheme Rate	Subject to the Annual Savings Limit.	

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
U	**AUXILIARY SERVICES In rooms**			**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Audiology	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	2. Occupational therapy	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	3. Speech therapy	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	4. Chiropody/ Podiatry	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	5. Dieticians	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	6, Homeopaths	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	7. Naturopaths	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	8. Chiropractors	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
	9. Orthoptists	100% of the Scheme Rate	Treatment in the rooms will be subject to the Annual Savings Limit.	
V	**PROSTHESIS**			**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Internal Prosthesis	100% of the Scheme Rate	Subject to the Prosthesis Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	External Prosthesis (Limbs and devices to improve functionality where it can be established)	100% of the Scheme Rate	Subject to the Prosthesis Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
W	**MEDICAL and SURGICAL APPLIANCES:**			**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Hearing Aids per set per beneficiary every three years. (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the External Appliance Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
	2. Wheelchairs not motorised once every three years.(Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the External Appliance Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
	3. Oxygen, cylinders and consumables. (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the External Appliance Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
	4. Nebulisers/ Glucometers once every four years. (Costs for maintenance is a Fund exclusion)	100% of the Scheme Rate	Subject to the External Appliance Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
	5. Other approved appliances	100% of the Scheme Rate	Subject to the External Appliance Limit	Limits in this benefit category are subject to proration depending on the date the member joins the scheme.
X	**OPTICAL**	REGISTERED IN TERMS OF THE		
	1 pair of spectacles per beneficiary in a 24 months cycle or Contact Lenses in lieu of spectacles every year.	2017 -12- 07 REGISTRAR OF MEDICAL SCHEMES		**All services in this section must be obtained from a preferred provider, failing which members MAY be held liable for co-payments from non-preferred service providers. Benefits in this category excluding Refractive Surgery, will be paid subject to benefit limits from the Annual Savings Limit.**
	Eye examinations	100% of the Scheme Rate	1 Composite examination per beneficiary per annum which	

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	Frames	100% of the Scheme Rate	Includes refraction, tonometry and visual fields.	
	Lenses only	100% of the Scheme Rate	1 preferred provider Frame or R740 per beneficiary only for an alternate Frame in a 24 month cycle.	**EXTRAS/UPGRADES: Members must pay optometrist directly for any extras or deviations from stated benefits. No Cash will be refunded where member supplies their own frame.**
	Contact Lenses in lieu of spectacles every year.	100% of the Scheme Rate	1 pair of white standard single vision, bifocal or multifocal lenses per beneficiary in a 24 month cycle.	**EXTRAS/UPGRADES: Members must pay optometrist directly for any extras or deviations from stated benefits.**
	Refractive surgery	100% of the Scheme Rate	1 set of Contact lenses per beneficiary to the annual limit of R1 530	**Where spectacles are obtained in the year no contact lenses can be obtained.** Contact lenses will only be dispensed where members have a composite eye examination in the year the contact lenses are being dispensed.
			Subject to the Refractive Surgery Limit.	**Subject to Pre-authorisation and Managed Care Protocols.**
Y	**HEALTH MAXIMISER**	100% of the Scheme Rate	• Tetanus Vaccine • Mammogram • Blood Cholesterol • Prostate Specific Antigen • Bone Densitometry • Baby Immunisations	Subject to Pre-authorisation and Managed Care Protocols. Claims in this section will be paid from the Overall Annual Limit.
Z	**GENERAL**			
	ACQUIRED IMMUNE DEFICIENCY SYNDROME and RELATED ILLNESS	100% of Cost		Registration on the HIV Management Programme is encouraged. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	SUBSTANCE ABUSE	100% of Scheme Rate		Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	OSSEO-INTEGRATED IMPLANTS	100% of Scheme Rate	Benefits will be paid from Specialised Dentistry and Annual Savings Limit. Approved treatment in hospital may be paid from the Overall Annual Limit where medical necessity has been established.	Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	DENTISTRY INCLUDING REMOVAL OF IMPACTED TEETH	100% of Scheme Rate	Benefits in hospital will be paid from Specialised Dentistry and Annual Savings Limit. Approved treatment in hospital may be paid from the Overall Annual Limit where medical necessity has been established.	Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	ADMISSION FOR DIAGNOSTIC PROCEDURES	100% of Scheme Rate		Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	ELECTIVE CAESARIAN DELIVIERIES unless it is a medical necessity	100% of Scheme Rate		Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C4 (b) - CLASSIC NETWORK SCHEDULE OF BENEFITS
(With due regard to the Prescribed Minimum Benefits - PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	COSMETIC SURGERY	100% of Scheme Rate	Cosmetic surgery will be subject to the Cosmetic Surgery Limit	Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
A	**STATUTORY PRESCRIBED MINIMUM BENEFITS**	**100% of the cost subject to the Scheme Rate where it is applicable.**		**PMB Treatment will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	OVERALL ANNUAL LIMIT		Unlimited	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	DAY TO DAY ANNUAL LIMIT All out of hospital Non-PMB treatment shall accrue to this limit. Out of hospital **PMB** treatment will **NOT** accrue to this limit.		M = R23 930 M +1 = R33 330 M + 2 = R38 580 M + 3+ = R45 290	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	DENTAL SUB - LIMITS All basic and specialised dentistry sub-limits shall accrue to Day to Day Limit.		**Basic Dentistry** M = R2 120 M+ = R4 250 **Specialised Dentistry** M = R12 300 M+ = R18 340	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	ACUTE MEDICINE SUB – LIMITS All acute medicine shall accrue to the Acute Medicine and the Day to Day Limit.		M = R9 840 M+1 = R11 740 M+2 = R13 760 M+3 = R14 990 M+4+ = R15 990	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	AUXILIARY BENEFIT SUB – LIMITS All auxiliary benefits out of hospital shall accrue to the Auxiliary and Day to Day Limits.		M = R4 640 M+ = R13 860	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	NON CDL MEDICINE LIMIT		M = R5 700 M+ = R11 290	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.

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ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
COSMETICSURGERY		M+ = R58 370	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
EXTERNAL APPLIANCE LIMIT		**General Appliances** Per family = R9 010 per annum **Hearing Aids** **Unilateral** Per beneficiary = R10 510 every three years **Bilateral** Per beneficiary = R21 030 every three years Hearing aid repairs and batteries are subject to the hearing aid limit.	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year. Where a member receives a unilateral hearing aid for a particular ear (Left or Right) in a three-year cycle; he/she will only be entitled to claim another unilateral hearing aid for that same ear in the next three-year cycle, unless the hearing aid is required for the alternate ear.
PROSTHESIS LIMIT		Family Limit = R69 450	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
REFRACTIVE EYE SURGERY LIMIT		Per Eye = R5 030 Maximum = R10 060 Per beneficiary per lifetime	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
ORGAN TRANSPLANT LIMIT		Family Limit = R58 370	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
B	**PUBLIC HOSPITALS**	**100% of the Scheme Rate.**		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	PUBLIC HOSPITALS - Admission in General ward, high care ward and ICU.	100% of the Scheme Rate.	REGISTERED BY ME ON 2017-12-07 REGISTRAR OF MEDICAL SCHEMES	Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	PUBLIC HOSPITALS - Theatre fees.	100% of the Scheme Rate.		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	PUBLIC HOSPITALS - Medicines, materials and hospital equipment.	100% of the Scheme Rate.		Medicines (TTO) prescribed on discharge from hospital will be subject to a limit of 7 days.
	PUBLIC HOSPITALS - Visits by medical practitioners.	100% of the Scheme Rate.		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission.

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Confinement at Home and Birth Centres/Units where services are provided by a registered Midwife or Medical Practitioner.	100% of the Scheme Rate.		Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission. **PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	PUBLIC HOSPITAL MEDICAL AND SURGICAL ADMISSIONS	100% of the Scheme Rate.	REGISTERED BY MEDICAL SCHEMES	Treatment performed in a public hospital will be paid up to the length of stay as per the Department of Health Standard Predictable List. Pre-authorisation is required once the length of stay exceeds the approved Standard Predictable List. Treatment performed by Private doctors in a Public Facility will be subject to Pre-Authorisation and Case Management. In the case of an emergency, authorisation must be obtained within 48 hours of the admission.

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
C	**PRIVATE HOSPITALS**	100% of Scheme Rate.		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless pre-authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Admission in General ward, high care ward and ICU.	100% of Scheme Rate.		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the claims will incur a 20% co-payment unless pre-authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Theatre fees.	100% of the Scheme Rate.		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless pre-authorised retrospectively. PMB Treatment will be paid subject to

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Medicines and materials	100% of the Scheme Rate.		Medicines (TTO) prescribed on discharge from hospital will be subject to a limit of 7 days.
	Visits by medical practitioners.	Up to 200% of Scheme Rate.	Subject to Moto Health Care Preferred Provider Rates	All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	Confinement at Home and Birth Centres/Units where services are provided by a registered Midwife or Medical Practitioner.	Up to 200% of Scheme Rate.		All Maternity Treatment at home or in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively by the Scheme. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. Registration on the Birth Management Program before 12 weeks is recommended in order to optimise the health care outcome of the Mother and Baby.

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	PRIVATE HOSPITAL MEDICAL AND SURGICAL ADMISSIONS	100% of Scheme Rate.		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
D	**CO-PAYMENTS IN ALL HOSPITALS**		The following procedures performed in hospital will have a co-payment of R1 200 • Arthroscopy • Colonoscopy • Gastroscopy. • Sigmoidoscopy • Joint Replacements	All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
E	**CLINICAL TECHNOLOGIST IN HOSPITAL**	100% of Scheme Rate.		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
F	PATHOLOGY and MEDICAL TECHNOLOGY IN HOSPITAL	100% of Scheme Rate.		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
G	RADIOLOGY AND RADIOGRAPHY IN HOSPITAL	100% of Scheme Rate.		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment e unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
H	CHEMOTHERAPY, , RADIOTHERAPY and PALLIATIVE CARE in and out of hospital	100% of Scheme Rate.	Medication is subject to Generic Reference Pricing	All treatment in and out of hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively by the Scheme. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

REGISTERED BY ME ON

2017

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
I	**ORGAN AND TISSUE TRANSPLANTS in and out of hospital**	100% of the Scheme Rate.	**Subject to the Transplant Limit if NON-PMB and includes harvesting and transportation costs.**	All treatment in and out of hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the hospital admission or the claims will incur a 20% co-payment unless authorised retrospectively by the Scheme. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation. All requests will be subject to clinical protocols and use of a national donor only
	CHRONIC RENAL DIALYSIS	100% of the negotiated rate	Treatment covered at designated service provider (DSP) rates if a network provider is utilised	Subject to a treatment plan, clinical protocols and pre-authorisation.
J	**PSYCHIATRIC TREATMENT (All Services) in and out of hospital**	**100% of Scheme Rate.**	Psychiatric treatment unrelated to Drug and Alcohol abuse will paid at the scheme rate. Treatment for Alcohol and Drug abuse must be obtained from a SANCA approved facility. Claims will be paid at the rate negotiated with SANCA.	All treatment in and out of hospital is subject to case management and pre-authorisation.,. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively by the Scheme. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
K	**AUXILIARY SERVICES in hospital** • **Physiotherapy** • **Speech** • **Dietician**	**100% of Scheme Rate.**		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless -authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

REGISTERED BY ME ON
2017 -12- 07
REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
L	**BLOOD TRANSFUSIONS**	**100% of Scheme Rate.**		All treatment in hospital is subject to case management and pre-authorisation. In the case of an emergency, authorisation must be obtained within 48 hours of the admission or the hospital claims will incur a 20% co-payment unless authorised retrospectively. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
M	**AMBULANCE SERVICES (Road and Air)**	**100% of Scheme Rate.**		**Ambulance transfers from home to hospital; hospital to hospital and Air Transfers must be authorised by the Preferred Provider on behalf of MHC in all instances.** **All transfers are subject to pre-authorisation within 72 hours or a 20% co-payment will be applied to the ambulance claim.** **. Transport must be certified by a medical practitioner as being essential.**
N	**ALTERNATE CARE (In lieu of Hospitalisation)**	**100% of Scheme Rate.**	**Limited to 30 days to a maximum of R35 550 per event.**	All Benefits in this section are subject to pre-authorisation and managed care protocols. Treatment must take place in a facility approved by the scheme failing which claims will paid at Scheme Rate.
	1. Step-down Rehabilitation Facilities	100% of Scheme Rate.	Subject to the Alternate Care Limit.	All Benefits in this section are subject to pre-authorisation and managed care protocols. Treatment must take place in a facility approved by the scheme failing which claims will be paid at Scheme Rate.

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	2. Private Nursing	100% of Scheme Rate.	Subject to the Alternate Care Limit.	All Benefits in this section are subject to pre-authorisation and managed care protocols. Treatment must take place in a facility approved by the scheme failing which the claims will be paid at Scheme Rate.
	3. Hospice	100% of Cost	Unlimited	All Benefits in this section are subject to pre-authorisation and managed care protocols. Treatment must take place in a facility approved by the scheme failing which the claims will be paid at Scheme Rate. PMB Treatment including Terminal Care where death is imminent will be paid subject to Annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	4. Registered Frail Care Facilities		No Benefit	Not covered by the Scheme.
O	**SPECIALIST SERVICES IN ROOMS:**			
	Consultations and visits	100% of Scheme Rate.	Subject to Moto Health Care Preferred Provider Rates	
	All other services unless stated otherwise in this Annexure.	100% of Scheme Rate.	Subject to the annual Day to Day Limit	
	Ante-natal Care	100% of the Scheme Rate.	Subject to the annual Day to Day Limit 12 ante natal visits 2 2D scans Prenatal Vitamins Per pregnancy event from Overall Annual Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Child Immunisations	100% of the Scheme Rate.	Claims will be paid until the child is six years old. State Immunisation protocols will be applied.	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Paediatric Care	100% of the Scheme Rate.	2 visits per pregnancy	All Benefits in this section are subject to pre-authorisation and managed care protocols.

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
				Registration on the Birth Management Program is recommended.
	CO-PAYMENTS IN SPECIALIST ROOMS	**NOT APPLICABLE**	The following procedures performed by a Specialist in his rooms, will **NOT** be subject to a co-payment. • Colonoscopy • Gastroscopy. • Sigmoidoscopy	All treatment in this section is subject to case management and pre-authorisation, failing which claims will be rejected unless authorised retrospectively by the Scheme. In the case of an emergency, authorisation must be obtained within 48 hours of the consult or the claims will be rejected unless authorised retrospectively by the Scheme.
P	**GENERAL PRACTITIONER SERVICES IN ROOMS**			
	Consultations and visits	100% of Scheme Rate.	Subject to the annual Day to Day Limit	
	All other services unless stated otherwise in this Annexure.	100% of Scheme Rate.	Subject to the annual Day to Day Limit	
	Ante-natal Care	100% of the Scheme Rate.	12 ante natal visits 2 2D scans Prenatal Vitamins Per pregnancy event from Overall Annual Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Child Immunisations	100% of the Scheme Rate.	Claims will be paid until the child is six years old. State immunisation protocols will be applied.	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	Paediatric Care	100% of the Scheme Rate.	2 visits Per pregnancy event from Overall Annual Limit	All Benefits in this section are subject to pre-authorisation and managed care protocols. Registration on the Birth Management Program is recommended.
	ADDITIONAL BENEFITS IN GP ROOMS			
	Consultations and medication only	No Benefit	Not applicable on this Option	

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
Q	**DENTAL SERVICES IN ROOMS**			
	1. Basic Dentistry	100% of Scheme Rate.	Subject to the basic dentistry sub-limit and will accrue to the annual Day to Day Limit.	All services in this section must be obtained from a preferred provider, failing which members may be held liable for co-payments from non-preferred service providers.
	2. Specialised Dentistry.	100% of Scheme Rate.	Subject to the specialist dentistry sub-limit and will accrue to the annual Day to Day Limit.	All services in this section must be obtained from a preferred provider, failing which members may be held liable for co-payments from non-preferred service providers.
R	**PRESCRIBED MEDICINE AND INJECTION MATERIAL**			
	1. Acute Medication	100% of Scheme Rate.	Subject to the Acute medication limit and will accrue to the Day to Day Limit	
	2. Pharmacy advised therapy. (PAT)	100% of Scheme Rate.	Subject to the Acute medication limit and will accrue to the Day to Day Limit	Medicine claims dispensed by a pharmacist without a doctor's prescription will be allowed to a **maximum ofR180 per event (per day).** This benefit is subject to the acute medication exclusions and limit, the cost will accrue to the Annual Day to Day Limit.
	3.Chronic conditions subject to the Optimum Formulary	100% of Scheme Rate.	NON-CDL chronic medication is subject to the Non CDL Chronic Medication Limit.	Medication in respect of the 270 DTP, 26 CDL conditions + 48 NON-CDL chronic conditions must be obtained from DSP, failing which a co-payment will apply.

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	MEDICINE CO-PAYMENTS	YES	A 20% co-payment will be applied where Non-formulary medication is obtained from the DSP.	Medicine for the 270 DTP, 26 PMB CDL and 47 Non PMB chronic conditions, must be obtained from the DSP.
S	**RADIOLOGY IN ROOMS**			
	1. X-Rays	100% of Scheme Rate.	Subject to the annual Day to Day Limit	PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	2. Scopes – Diagnostic	100% of Scheme Rate.	Subject to the annual Day to Day Limit	
	3. Scans – MRI, CAT, PET and ISOTOPES.	100% of Scheme Rate.	2 per beneficiary per annum from the Overall Annual Limit thereafter from the annual Day to Day Limit.	Subject to Pre-authorisation and Managed Care Protocols.
	4. Scans - Ultra Sound	100% of Scheme Rate.	Subject to the annual Day to Day Limit	
	5. Angiography	100% of Scheme Rate.	Subject to the annual Day to Day Limit	
T	**PATHOLOGY AND MEDICAL TECHNOLOGY IN ROOMS**			
	1. Pathology tests	100% of Scheme Rate.	Subject to the annual Day to Day Limit	PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
U	**AUXILIARY SERVICES out of hospital**			**PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Audiology	100% of Scheme Rate.	Subject to the Auxiliary sub-limit and will accrue to the annual Day to Day Limit	
	2. Occupational therapy	100% of Scheme Rate.	Subject to the Auxiliary sub-limit and will accrue to the annual Day to Day Limit	
	3. Speech therapy	100% of Scheme Rate.	Subject to the Auxiliary sub-limit and will accrue to the annual Day to Day Limit	

REGISTERED IN TERMS OF THE MEDICAL SCHEMES ACT 131 OF 1998
REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	4. Chiropody/ Podiatry	100% of Scheme Rate.	Subject to the Auxiliary sub-limit and will accrue to the annual Day to Day Limit	
	5. Dieticians	100% of Scheme Rate.	Subject to the Auxiliary sub-limit and will accrue to the annual Day to Day Limit	
	6, Homeopaths	100% of Scheme Rate.	Subject to the Auxiliary sub-limit and will accrue to the annual Day to Day Limit	
	7. Naturopaths	100% of Scheme Rate.	Subject to the Auxiliary sub-limit and will accrue to the annual Day to Day Limit	
	8. Chiropractors	100% of Scheme Rate.	Subject to the Auxiliary sub-limit and will accrue to the annual Day to Day Limit	
	9. Orthoptists	100% of Scheme Rate.	Subject to the Auxiliary sub-limit and will accrue to the annual Day to Day Limit	
V	**PROSTHESES**			**PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	Internal	100% of Scheme Rate.	Subject to the Prosthesis sub-limit	Subject to Pre-authorisation and Managed Care Protocols. Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	External (Limbs and devices to improve functionality where it can be established)	100% of Scheme Rate.	Subject to the Prosthesis sub-limit	Subject to Pre-authorisation and Managed Care Protocols. Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
W	**MEDICAL and SURGICAL APPLIANCES:**			**PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.**
	1. Unilateral or Bilateral Hearings Aids per beneficiary every three years (Costs for maintenance is a Fund exclusion)	100% of Scheme Rate.	Subject to either the Unilateral or Bilateral Limit	Subject to Pre-authorisation and Managed Care Protocols.

REGISTERED BY THE OFFICE
2017 -12- 07
REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
			Unilateral hearings aids for the same ear will be paid once every three years.	Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	2. Wheelchairs once per beneficiary every three years (Costs for maintenance is a Fund exclusion)	100% of Scheme Rate.	Subject to the General Appliance Limit	Subject to Pre-authorisation and Managed Care Protocols. Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	3. Oxygen, cylinders and consumables (Costs for maintenance is a Fund exclusion)	100% of Scheme Rate.	Subject to the General Appliance Limit	Subject to Pre-authorisation and Managed Care Protocols. Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	4. Nebulisers/ Glucometers once per family every four years (Costs for maintenance is a Fund exclusion)	100% of Scheme Rate.	Subject to the General Appliance Limit with a sub-limit of R650 per device per family	Subject to Pre-authorisation and Managed Care Protocols. Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
	5. Other approved appliances	100% of Scheme Rate.	Subject to the General Appliance Limit	Subject to Pre-authorisation and Managed Care Protocols. Where it is applicable, Limits are prorated calculated from the date of inception to the end of the financial year.
X	**OPTICAL**			
	1 pair of spectacles per beneficiary in a 24 months cycle or Contact Lenses in lieu of spectacles every year.			**All services in this section must be obtained from a preferred provider, failing which members will be held liable for co-payments from non-preferred service providers. Benefits in this category excluding Refractive Surgery, will be paid subject to benefit limits and accrue to the annual Day to Day limit.**
	Eye examinations	100% of Scheme Rate.	Composite examination includes refraction, tonometry and visual fields.	
	Frames	100% of Scheme Rate.	A Preferred Provider Frame or R1 170 for an alternate Frame.	**EXTRAS/UPGRADES:** Members must pay optometrist directly for any extras or deviations from stated benefits. No Cash will be refunded where member supplies their own frame.

REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	Lenses only	100% of Scheme Rate.	White standard single vision, bifocal or multifocal lenses in a 24 months cycle.	**EXTRAS/UPGRADES:** Members must pay optometrist directly for any extras or deviations from stated benefits.
	Contact Lenses in lieu of spectacles in a 24 month cycle	100% of Scheme Rate.	Contact lenses to the value of R2 280 per annum.	Where spectacles are obtained in the 24 month cycle no contact lenses can be obtained. Contact lenses will only be dispensed where members have a composite eye examination within the year the contact lenses were dispensed.
	Refractive surgery	100% of Scheme Rate.	Subject to the lifetime limit for refractive eye surgery.	Subject to Pre-authorisation and Managed Care Protocols.
Y	**HEALTH MAXIMISER**	100% of Scheme Rate.	• **Tetanus Vaccine** • **Mammogram** • **Blood Cholesterol** • **Prostate Specific Antigen** • **Bone Densitometry** • **Baby Immunisations**	Subject to Pre-authorisation and Managed Care Protocols. Claims in this section will accrue to the Overall Annual Limit.
Z	**GENERAL**			
	ACQUIRED IMMUNE DEFICIENCY SYNDROME and RELATED ILLNESS	100% of Cost.		Registration on the HIV Management Programme is encouraged. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	ALCOHOL AND DRUG ABUSE	100% of ~~Scheme Rate~~. cost		Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
	OSSEO-INTEGRATED IMPLANTS	100% of Scheme Rate.	Benefits will accrue to the Specialised Dentistry and annual Day to Day Limit	Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.

ANNEXURE C5 – OPTIMUM SCHEDULE OF BENEFITS

(With due regard to the Prescribed Minimum Benefits-PMB)

SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
DENTISTRY INCLUDING REMOVAL OF IMPACTED TEETH	100% of Scheme Rate.	Benefits in hospital will be paid from Specialised Dentistry and Annual Day to Day Limit. Approved treatment in hospital may be paid where medical necessity has been established.	Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
ADMISSION FOR DIAGNOSTIC INVESTIGATIONS	100% of Scheme Rate.		Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
ELECTIVE CAESARIAN DELIVIERIES unless it is a medical necessity	100% of Scheme Rate.		Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
COSMETICSURGERY	100% of Scheme Rate.	Non aesthetic surgery will be subject to the Cosmetic Surgery Limit	Subject to Pre-authorisation. All Non-PMB treatment will be paid at the Scheme Rate. PMB Treatment will be paid subject to annexure H of the Scheme Rules and Regulation 8 (3) of the PMB Legislation.
GENERAL EXCLUSIONS AS PER ANNEXURE D	No Benefit	Not Applicable	Not covered on the Optimum Option
DENTAL EXCLUSIONS AS PER ANNEXURE	No Benefit	Not Applicable	Not covered on Optimum Option

REGISTERED IN MEDICAL SCHEMES

REGISTRAR OF MEDICAL SCHEMES

ANNEXURE D

MOTO HEALTH CARE FUND GENERAL EXCLUSIONS

(With due regard to the Prescribed Minimum Benefits)

Unless otherwise decided by the Board of Trustees, costs and or expenses incurred by the member and or any dependant in connection with any of the following will not be paid by the Fund: -

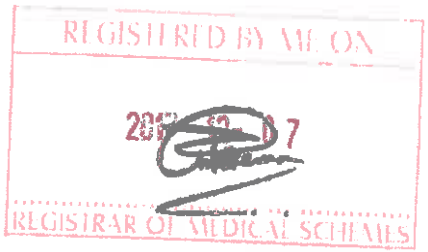
Search and rescue

Complications or the direct and indirect expenses that arise from treatment in these exclusions

Experimental, unproven or unregistered treatments or practices

Pain relief machines

Hyperbaric oxygen therapy



Purchase of patent foods including baby foods, patent medicines, preparations of the type generally promoted to the public to increase consumption, cosmetics, proprietary preparations, biological substances, contraceptives and slimming preparations, medicines advertised to the public and domestic-, biochemical-, or herbal remedies except when prescribed by a homeopath, anti-smoking treatment and substances.

Treatments or operations for purely cosmetic purposes, obesity including pickwickian syndrome, infertility and artificial insemination as described by The Human Tissue Act, Act 65 of 1983.

Expenses arising from or connected with, misconduct, other operations/ procedures of choice other than circumcisions and preventive procedures.

Note: -

"Preventive procedures" do not include the following: -

- Preventive influenza measures prescribed by a medical practitioner;
- Hibtiter and Tetratiter vaccinations;
- Vaccinations as approved by the Department of Health;
- Preventative Malaria measures prescribed by a medical practitioner.

Treatment for Alzheimer's disease.

Frail care and sickbay care in retirement villages, old age home or private residences.

Treatment rendered by naturopaths and any other person not registered with the South African Medical and Dental Council as a medical auxiliary or registered with the South African Nursing Council as a registered nurse.

Medical cover outside the borders of South Africa: - Moto Health Care will cover medical treatment rendered in the SADC regions only, treatment will be paid in accordance with the Moto Health Care prescribed rate and the scheme will apply the South African currency exchange rate applicable on the date the treatment was rendered.

Members travelling outside the borders of South Africa to participate in non – professional or professional sports must ensure he/she takes out additional cover as this will not be covered by Moto Health Care.

No benefit will be paid for sunglasses or lenses for sunglasses.

Sleep clinics and holidays for recuperative purposes.

Reports, examinations and tests requested for emigration, immigration, visas, insurance policies, employment, scholastic abilities, readiness for school,

admission to school and universities, court medical reports, muscle-function tests for fitness, fitness examinations and tests, adoption of children and retirement because of ill health.

All costs of whatsoever nature incurred for treatment of sickness conditions or injuries sustained by a member or a dependant and for which any other party is liable. The member is however entitled to such benefits as would have applied under normal conditions, provided that on receipt of payment in respect of medical expenses, the member will reimburse the Scheme any money paid out in respect of this benefit by the Scheme.

Breathing exercises for chronic airway diseases.

Toiletries, cleansing agents, anabolic steroids, sun-block.

Account for appointments not kept by members.

All complementary medicines including vitamins that can be obtained without a prescription.

Telephonic consultations with medical practitioners.

Aphrodisiacs.

Cochlear Implants and the cost of maintenance for hearing aids.

Ante- and post- natal exercises or classes, or mother-craft and breast feeding instructions unless it forms part of a Birth Management Program.

Costs, which are more than the annual maximum benefit due to the member and his/her dependants in a given medical year.

Contact lens cleaning materials and spectacle/contact lens cases.

Experimental, unproven or unregistered treatment or practices.

Medical treatment in a research environment.

Operations, medicines, treatment and procedures for gender alteration or re-alignment for personal reasons and not directly caused by or related to illness, accident or disease. Furthermore, any medical condition or complication that arises at a later stage, whether directly or indirectly, as a result of the original excluded treatment is similarly excluded from benefits, unless complications qualify as a PMB.

Travelling expenses.

Drugs, where there is no evidence to prove efficacy or cost effectiveness for chronic conditions.

Cost of repairs, maintenance, parts or accessories of external appliances.

Skin lesions, except where cancer is proven by submission of histology results.

Any condition which arises from the deliberate refusal of medical treatment except in cases of terminally ill patients

Reversal of vasectomies/sterilisation.

Professional speed contests or professional speed trials (professional defined as where the beneficiary's main form of income is derived from partaking in these contests). subject to PMBs

ANNEXURE G

MOTO HEALTH CARE FUND DENTAL EXCLUSIONS

(With due regard to the Prescribed Minimum Benefits)

Unless otherwise decided by the Board of Trustees, costs and or expenses incurred by the member and or any dependant in connection with any of the following dental treatment will not be paid by the Fund:-
The following Dental services are excluded:-

Treatment mentioned in Rules Q and Z of the applicable benefit options where authorisation was required;

The cost of general dentistry performed in hospital';

The cost of gold, metal or other inlays in a denture or crown;

Fee for after-hours visits that the Fund considers as convenience visits;

Bleaching of vital teeth;

Unregistered items and items listed as "by agreement" or "not applicable" in the tariff code listing.

Lingual orthodontic treatment;

Services which deviate from the available guidelines of the Department of Health and which are deemed to be excluded from benefits after evaluation of the available information;

Gum guards for sport purposes;

Laboratory costs, which according to the Fund's norms and judgement, seem to be above the general cost claimed by other dental service providers and dental

laboratories treating similar conditions;

Services or procedures which are regarded by the Fund as cosmetic, when alternative functional services exist (in which case the benefit will be excluded entirely or in part and/or paid in accordance with the cost of such functional alternative service).

The cost of a written report compiled by a dental practitioner or specialist for which prior authorisation was not granted by the Fund.

Treatment listed below:

Any specialised treatment listed by the scheme rules as requiring prior authorisation and no authorisation was prior obtained
Orthodontic Treatment for dependants older than 18 years old
Orthodontic procedures are limited to once in a life time including retainers
Electrognathographic recordings and other such electronic analyses
Metal base to full dentures, including the laboratory cost
Soft base to new dentures
Diagnostic dentures
Provisional and emergency crowns and associated laboratory cost
Pontics on 2nd molars
Ozone therapy
Resin bonding for restorations charged as separate procedure
Dental bleaching and porcelain veneers
Laboratory fabricated crowns and root canal treatment on primary teeth
Gingivectomies
Periodontal flap surgery and tissue grafting
Surgical tooth exposure for orthodontic reasons;
In hospital surgical tooth exposure that was not pre-authorised as part of a orthodontic treatment plan
Orthodontic re-treatment or unauthorised initial treatment commencing an

orthodontic treatment plan
Orthognathic (jaw correction) surgery and related hospital cost
Sinus Lift
Bone augmentations
Bone and other tissue regeneration procedures; Cost of bone regeneration material, (including laboratory costs)
Multiple hospital admissions for extensive conservative (basic) dentistry in young children., only 1 admission per child every 24 months
Laboratory delivery fees
Cost of Mineral Trioxide
Cost of gold, precious metal, semi-precious metal and platinum foil
In-hospital treatment for procedure not considered as invasive based on fear and anxiety in adults
Surgery associated with dental implants – grafts etc.
In-hospital dental implants, dentectomies, and apisectomies
Mouth guards and snoring appliances and the associated laboratory cost (including material)
Oral hygiene instructions; perio chip;