

**BMW EMPLOYEES MEDICAL
AID SOCIETY
ANNEXURE B – BENEFITS AND LIMITS
2022**

(To be read in conjunction with Annexures C and D)

A. ENTITLEMENT TO BENEFITS

- A1.** Beneficiaries are entitled to benefits as shown in this Annexure B, subject to the monetary limits and implementation restrictions set out herein, to the exclusions referred to in Annexure C of the Rules, to the general limitation and restriction of benefits set out in Annexure D of the Rules and to the procedural and other requirements set out in the Main Rules.

B. CHARGING OF BENEFITS, LIMITS INCLUDING OVERALL ANNUAL LIMITS AND MEMBERSHIP CATEGORY

- B1.** Claims for services stated as being subject to payment from the day-to-day benefit as shown in the column headed "Limits" in the table in paragraph D below are allocated against the day-to-day limits.

- B2.** The day-to-day limits are:
- | | |
|-----------------------------------|-----------|
| Member | = R7 935 |
| Member + 1 Dependant | = R11 740 |
| Member + 2 Dependants | = R14 033 |
| Member + 3 Dependants | = R16 435 |
| Member + 4 or more Dependants | = R18 730 |
| Limited to a beneficiary limit of | = R7 935 |

The day-to-day limits are applicable to the following benefit categories:

Acute medicine when prescribed will be funded at 100% of the Society Rate;

Over the Counter Medication (OTC): will be schedule 0,1 and 2

The following services will be funded at 80% of the Society Rate and accumulate at 100% of the Society Rate:

Alternative healthcare practitioners;

Out-of-hospital non-surgical procedures for medical practitioners;

Additional medical services;

Out of hospital physiotherapy, biokinetics and chiropractics.

- B3.** When the member's day-to-day benefit is exhausted no further benefits are available in respect of services payable from day-to-day benefits.
- B4.** The column headed "Benefits" shows how the cost of a valid claim shall be determined for the purpose of reimbursing the member or the healthcare professional and the share of such cost that the Society will bear. The balance of the share of costs to make up 100% thereof shall be the member's responsibility, except for Prescribed Minimum Benefits.
- B5.** The column headed "Limits" shows the extent to which the benefit is limited annually (or biennially where indicated) or sub-limited in monetary or other terms.
- B6.** Dispensing fee will be limited to the negotiated dispensing fee to a maximum fee of either the negotiated dispensing fee or, in the absence of a negotiated fee, 36% capped at a maximum of R36 (VAT exclusive). In addition, no dispensing fee may exceed the maximum fee as dictated by legislation.
- B7.** **MEMBERSHIP CATEGORY**
- | | |
|--------------------------|------|
| Member | = M0 |
| Member plus 1 dependant | = M1 |
| Member plus 2 dependants | = M2 |
| Member plus 3 dependants | = M3 |
| Member plus 4 dependants | = M4 |
- and so on as necessary.
- B8.** The overall annual limit is R1 252 203 per family and further limited to R626 101 per beneficiary. All benefits as shown in paragraph D1 – D24 are limited to and included in the above amount.

B9. EXTENDED BENEFIT COVER (GAP)

B9.1. When a beneficiary is hospitalised, the member shall be entitled to additional benefits (the benefits), subject to the following:

- B9.1.1.** the benefits are available for services set out in paragraph B8.2.1 below, indicated by the words “Gap cover applies” in the column headed “CONDITIONS / REMARKS SUBJECT TO PMB’s” in the table in paragraph D;
- B9.1.2.** the benefits shall be available automatically;
- B9.1.3.** the relevant managed healthcare programme shall apply;
- B9.1.4.** the benefits shall be available from the first day of hospitalisation;
- B9.1.5.** the benefits shall only be available if the beneficiary is hospitalised in the Republic of South Africa.

B9.2. The extended benefits (GAP cover) shall be payable as follows:

- B9.2.1.** In respect of in hospital benefit conditions: if the member has not exceeded the applicable sub-limit, 100% of Society Rate, plus an additional (but not exceeding) 50% of the Society Rate will be paid to the following practitioners:
 - general practitioners;
 - medical specialists;
 - dental practitioners;
 - dental specialists;
 - physiotherapists;
 - radiologists;
 - pathologists.
- B9.2.2.** In respect of non-Prescribed Minimum Benefit conditions:
 - If the member has exceeded the applicable sub-limit: no additional benefit.

C. PRESCRIBED MINIMUM BENEFITS (PMB)

Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the Medical Schemes Act 131 of 1998, override all benefits and limits indicated in this annexure.

The Prescribed Minimum Benefits are available in conjunction with the Society's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits.

See Annexure D.

D. ANNUAL BENEFIT LIMITS

See table on the next page for further details.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D1. ALTERNATIVE HEALTHCARE Homeopathy and Naturopathy D1.1. Consultations D1.2. Medicines	 100% of the Society Rate. 100% of the Society Rate.	 Limited to and included in D5.2. Limited to the day-to-day limit and included in the overall annual limit.	
D2. AMBULANCE SERVICES	100% of cost if authorised by the preferred provider.	Subject to the contracted ambulance services.	
D3. APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS D3.1. In and out of hospital D3.1.1. General medical and surgical appliances (including glucometers)	 100% of Society Rate See D3.1.	 R11 874 per member family limited to and included in the overall annual limit.	Diabetic accessories and appliances (with the exception of glucometers) to be preauthorised

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			and claimed from the chronic medicine benefit D11.3.
D3.1.1.1. Hearing aids and repairs thereof	See D3.1.	R32 654 per member family. Limited to and included in the overall annual limit.	Subject to the relevant managed healthcare programme
D3.1.1.2. Stoma products (including incontinence products)	See D3.1.	Subject to a combined limit of R21 373 per family per annum.	
D3.1.1.3. CPAP apparatus for sleep apnoea	See D3.1.	Subject to limit stated in D3.1.1.2	
D.3.1.2. Specific appliances, accessories			
D3.1.2.1. Oxygen therapy equipment (not including hyperbaric oxygen treatment)	See D3.1.	Limited to and included in the overall annual limit only if specifically authorised.	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.
D3.1.2.2. Home ventilators	See D3.1.	Limited to and included in the overall annual limit only if specifically authorised.	Subject to the relevant managed healthcare programme and its prior authorisation.
D3.1.2.3. Long leg callipers	See D3.1.	Limited to and included in the overall annual limit only if specifically authorised.	Subject to the relevant managed healthcare programme and its prior authorisation.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D4. BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost	Limited to and included in the overall annual limit.	Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme. Transportation of blood is included.
D5. CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS			

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D5.1. In hospital	100% of the Society Rate,	Limited to and included in the overall annual limit.	Gap cover will apply. This benefit excludes: <ul style="list-style-type: none"> • Alternative healthcare practitioners (D1) • Dental specialists (D6) • Ante-natal visits and consultations (D10) • Psychiatrists, psychologists, psychometrists and registered counsellors (D12) • Oncologists, haematologists and credentialed medical practitioners during active and post-active treatment Periods (D14) • Additional medical services (D17) • Physical therapists (D19)
D5.2. Out of Hospital: Medical Practitioners and Specialists	100% of the Society Rate for network provider and 80% of the Society Rate for non-network providers	Limited to and included in the overall annual limit and further limited to: M0 = 10 visits M1 = 15 visits M2 = 17 visits	Above list also applies for services rendered at the suppliers' rooms, patient's home or primary healthcare facility.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		M3 = 20 visits M4+ =25 visits	
<p>D6. DENTISTRY</p> <p>D6.1. Basic</p> <p>D6.1.1. Dental practitioners</p>	<p>100% of the Society Rate, Includes removal of teeth and roots. Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such dentistry.</p>	<p>Limited to R1 755 per beneficiary per annum</p>	<p>Subject to the relevant managed healthcare programme.</p>
<p>D6.1.2. Dental therapists</p> <p>D6.2. Advanced</p> <p>D6.2.1. In hospital and out of hospital</p>	<p>See D6.1.1.</p> <p>Advanced dentistry including services for inlays, crowns, bridges, mounted study models, metal base partial dentures, the treatment by periodontists, prosthodontists</p>	<p>Limited to 6.1.</p> <p>R12 522 per beneficiary and further limited to R26 987 per family.</p> <p>A Deductible of R6 261 for admission to hospital or a</p>	<p>Subject to the relevant managed healthcare programme.</p> <p>Subject to the relevant managed healthcare programme.</p> <p>This benefit excludes Oral medical procedures. See Paragraph D6.1.1.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	<p>and dental technicians' fees for all such dentistry.</p>	<p>Deductible of R3 994 for admissions to day-case facilities shall be payable by the beneficiaries in respect of the hospital/day-case facility account. The balance of the hospital/day case facility account will be paid from the hospital benefit up to a maximum of 100% of the Society Rate. For beneficiaries 13 years and younger a deductible of R2 375 for admissions to hospital or a deductible of R1 134 for admissions to a day-case facilities shall be payable by the beneficiaries in respect of the hospital/day-case facility account. The balance of the hospital/day-case facility account will be paid from the Hospital Benefit up to a maximum of 100% of the Society Rate. Dentist, anaesthetist and related accounts will be paid from the Hospital Benefit up to a maximum of 100% of the Society Rate</p>	<p>GAP cover will apply</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D6.2.1.1. Dental technicians	See D6.2.1.	Limited to and included in D6.2.1.	
D6.2.1.2. Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)	See D6.2.1. All services rendered, including the cost of special investigations, hospitalisation, all general and specialist dental practitioners, their assistants and anaesthetist as well as the cost of materials, all implant components, plates, screws, bone and bone equivalents.	Limited to and included in D6.2.1.	Subject to the relevant managed healthcare programme Includes all stages of treatment required to achieve the end result of placing an implant supported tooth teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implant/s.
D6.2.1.3. Oral surgery	See D6.2.1. Consultations, visits, removal of teeth, para-orthodontic surgical procedures and preparation of jaws for prosthetics, performed by maxillo-facial specialists.	Limited to and included in D6.2.1.	Gap cover will apply.
D6.2.1.4. Orthodontic treatment	See D6.2.1.	Limited to and included in D6.2.1.	Subject to benefit confirmation
D6.2.1.5. Maxillo-facial surgery	See D23.	Limited to and included in D23.	See D23.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D7. HOSPITALISATION</p> <p>D7.1. Private hospitals and unattached operating theatres</p> <p>D7.1.1. In hospital</p>	<p>100% of Society Rate,</p>	<p>Limited to and included in the overall annual limit.</p> <p>The following procedure/s will be limited to a sub-limit as indicated below:</p> <ul style="list-style-type: none"> • Deep Brain Stimulation Implantation for Parkinson's and intractable epilepsy – R331 402 (excluding prosthesis) per beneficiary. 	<p>Mediclinic has been contracted by the Scheme as the Preferred Provider for Hospitalisation. Refer Annexure D, paragraph 7.7.</p> <p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>No benefits will be granted if prior authorisation requirements are not complied with.</p> <p>This benefit excludes hospitalisation for:</p> <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6) • Maternity (D10) • Mental health (D12) • Organ, tissue and Haemopoietic stem cell (bone marrow) transplantation and

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		<ul style="list-style-type: none"> • Cochlear R261 235 per beneficiary 	immunosuppressive medication (D16) <ul style="list-style-type: none"> • Renal dialysis chronic (D22) • Refractive surgery (D23)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.1.2. Medicine on discharge from hospital (TTO)	See D11.1.1.	Limited to and included in D11.1.	If included on hospital account or from a pharmacy on day of discharge, pay under D7.1.1.
D7.1.3. Casualty/emergency room visits			
D7.1.3.1. Facility fee	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Society Rate.	Limited to and included in the overall annual limit.	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
D7.1.3.2. Consultations	See D5.2.	Limited to and included in D5.2.	

D7.1.3.3. Medicine	See D11.1.	Limited to and included in D11.1.	
---------------------------	------------	-----------------------------------	--

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D7.2. Public hospitals</p> <p>D7.2.1. In hospital</p>	100% of the Society Rate,	Limited to and included in D7.1.1 and the overall annual limit.	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>This benefit excludes hospitalisation for:</p> <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6) • Maternity (D10) • Mental Health (D12) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Renal dialysis chronic (D22) • Refractive surgery (D23)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D7.2.2. Medicine on discharge from hospital (TTO)</p> <p>D7.2.3. Casual/emergency room visits</p> <p>D7.2.3.1. Facility fee</p> <p>D7.2.3.2. Consultations</p> <p>D7.2.3.3. Medicine</p>	<p>See D11.1.1.</p> <p>100% of the Society Rate for public hospitals.</p> <p>See D5.2.</p> <p>See D11.1.</p>	<p>Limited to and included in D11.1.</p> <p>Limited to and included in the overall annual limit.</p> <p>Limited to and included in D5.2.</p> <p>Limited to and included in D11.1.</p>	<p>If included on hospital account or from a pharmacy on day of discharge, pay under D7.1.1.</p> <p>Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.</p>
<p>D7.2.4. Outpatient services</p> <p>D7.2.4.1. Facility fee</p>	<p>See D7.2.3.1.</p>	<p>Limited to and included in the overall annual limit.</p>	

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.2.4.2. Consultations	See D5.2.	Limited to and included in D5.2.	
D7.2.4.3. Medicine	See D11.1.	Limited to and included in D11.1.	
D7.3. Alternatives to hospitalisation	100% of the Society Rate.	Limited to and included in the overall annual limit.	Subject to the relevant managed healthcare programme
D7.3.1. Physical rehabilitation hospitals	See D7.3.	Limited to and included in D7.3.	See D7.3.
D7.3.2. Sub-acute facilities	See D7.3.	Limited to and included in D7.3.	See D7.3.
D7.3.3. Hospice	See D7.3.	Limited to and included in D7.3.	See D7.3.
D7.3.4. Nursing services			
D7.3.4.1. Nursing agencies	See D7.3.	Limited to and included in D7.3.	See D7.3.
D7.3.4.2. Private Nurse Practitioners	See D7.3.	Limited to and included in D7.3.	See D7.3. This benefit includes psychiatric nursing but excludes midwifery services. Also refer to paragraph D17.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D8. IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION D8.1. Anti-retroviral medicine D8.2. Related medicine	100% of the Society Rate, See D11.3. See D11.1.	Subject to the Society's contracted managed healthcare programmes which include the application of treatment protocols, medicine, formularies, pre-authorisation and case management. 100% of cost for designated service provider. For non-enrolled members, Prescribed Minimum Benefits will be limited to the treatment at designated service providers. Limited to and included in D8. Limited to and included in D8.	Subject to the relevant managed healthcare programme.
D8.3. Related pathology	See D8.	Limited to and included in D8.	Pathology as specified by the relevant managed healthcare programme for out of hospital.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D8.4. Consultations	See D5.2.	Subject to the relevant managed healthcare programme's policies, protocols, D5.2 and D8.	
D8.5. All other services	See D1 to D7 and D9 to D24.	Limited to and included in D1 to D7 and D9 to D24.	
D9. INFERTILITY	100% of the Society Rate	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	<p>Subject to the relevant managed healthcare programme. 100% of the cost for Prescribed Minimum Benefits by designated service provider. A co-payment may be imposed, if non-designated service provider is used. This Prescribed Minimum Benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> • Hysterosalpingogram • The following blood tests: <ul style="list-style-type: none"> ○ Day 3 FSH/LH ○ Oestradiol ○ Thyroid function (TSH) ○ Prolactin ○ Rubella ○ HIV ○ VDRL ○ Chlamydia ○ Day 21 Progesterone • Laparoscopy

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			<ul style="list-style-type: none"> • Hysteroscopy • Surgery (uterus and tubal) • Manipulation of ovulation defects and deficiencies • Semen analysis (volume; count; mobility; morphology; MAR-test) • Basic counselling and advice on sexual behaviour, temperature charts, etc • Treatment of local infections.
D10. MATERNITY D10.1. Confinement in hospital	100% of the Society Rate	Limited to and included in the overall annual limit.	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Caesarean Sections, as personal preference as mode of delivery, are subject to a R2 699 co-payment. Only medically indicated elective Caesarean Sections are funded.</p> <p>Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included.</p> <p>Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			post-natal consultation. Gap cover will apply.
D10.1.1. Medicine on discharge from hospital (TTO)	See D11.1.1.	Limited to and included in D11.1.	If included on hospital account or from a pharmacy on day of discharge, pay under D7.1.1.
D10.1.2. Confinement in a registered birthing unit	See D10.1.	Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy.	Delivery by a midwife. Hire of water bath and oxygen cylinder included in D7.1.1, where hired from a practitioner with a registered practice number
D10.2. Confinement out of hospital	100% of the Society Rate	Limited to and included in D10.1.	Subject to the relevant managed healthcare programme and to its prior authorisation. Hire of water bath and oxygen cylinder included in D7.1.1, where hired from a practitioner with a registered practice number.
D10.2.1. Consumables and pharmaceuticals	Registered medicine, dressings and materials supplied by a midwife out of hospital.	Limited to and included in D10.1.	
D10.3. Related maternity services	100% of the Society Rate	Limited to R7 232 per pregnancy and included in the overall annual limit.	

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D10.3.1. Ante-natal Consultations	See D10.3.	12 ante-natal consultations by a specialist, general practitioner or midwife per pregnancy, limited to and included in D10.3.	
D10.3.2. Related tests and procedures	See D10.3.	<ul style="list-style-type: none"> • Specified pregnancy related tests and procedures per pregnancy, limited to and included in D10.3. • 2 x 2D pregnancy scans per pregnancy, limited to and included in D10.3. • 1 x amniocentesis per pregnancy. 	
D10.3.3 Out of hospital healthcare services related to pregnancy and delivery: - prenatal screening or Non Invasive Prenatal Testing (NIPT) -Pregnancy scans - a defined basket of pregnancy blood tests - registered essential medical devices - postnatal consultation with a	Up to 100% of the Scheme Rate, or agreed rate. Paid from Health Care Cover and is subject to applicable limits. Subject to pre-authorization and/or registration and the treatment meetings the Scheme's clinical entry criteria. 3D and 4D scan will be paid up	Services: - postnatal visits: 5 consultations or classes per pregnancy and/or delivery - prenatal screening or Non Invasive Prenatal Testing (NIPT): 1 per pregnancy - Pregnancy scans: 2 per pregnancy - blood tests: 1 routine basket of pregnancy tests per pregnancy	Subject to pre-authorization

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
GP, gynaecologist or midwife - dietician nutrition assessment - postnatal mental health consultation with a GP, psychologist or counsellor - paediatrician, ENT or GP consultations for infants	to the maximum of the cost of a 2D scan. Cover for related essential devices is up to a maximum of the Scheme Rate or agreed rate, subject to the External Medical Appliance limit. Cover for infant consultations up to a maximum of 100% of the Scheme Rate, or agreed rate, for children under the age of 2 years.	- postnatal consultations: 1 per delivery - dietician nutrition assessment: 1 per delivery - mental health consultations: 2 per delivery - consultations for infants: 2 per child Services in excess of the above mentioned limits will be in accordance with the relevant healthcare service as stipulated elsewhere in Annexure C.	

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D11. MEDICINE AND INJECTION MATERIAL</p> <p>D11.1. Routine (acute)/ homoeopathic medicine</p>	<p>100% of the Society Medication Rate Cover for acute medicine will be extended to certain cost-effective branded medicines through the Preferred Medicine List. The Preferred Medicine List will consist of preferentially priced branded and generic medicines. These medicines will be covered in full when you use a pharmacy in our network. Medicine not on our Preferred Medicine List, both branded and generic, will be covered up to 75% of the Society Rate.</p>	<p>Limited to the day-to-day limit and included in the overall annual limit.</p>	<p>Subject to the relevant managed healthcare programme.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • In-hospital medicine (D7) • Anti-retroviral medicine (D8) • Oncology medicine (D14) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)
<p>D11.1.1. Medicine on discharge from hospital (TTO)</p>	<p>In respect of legally prescribed medicine.</p> <p>100% of the Society Medication Rate. Levies and co-payments to apply where relevant.</p>	<p>Limited to and included in D11.1.</p>	<p>If included on hospital account or from a pharmacy on day of discharge, pay under D7.1.1.</p>

<p>D11.2. Pharmacy Advised Therapy</p> <p>Schedules 0, 1 and 2 medicine advised and dispensed by a pharmacist</p>	<p>In respect of legally prescribed medicine.</p> <p>100% of the Society Medication Rate</p>	<p>.</p> <p>R939 per beneficiary per annum.</p>	
<p>D11.3. Chronic medicine</p>	<p>In respect of legally prescribed medicine.</p> <p>100% of cost, subject to Scheme Protocols, clinical entry criteria and drug utilisation review. For drugs on the Scheme's formulary, the Scheme will pay in full. If the drug is not listed on the formulary, the Scheme will pay to the maximum of the chronic drug amount as specified per plan and as determined by the Scheme. Levies and co-payments to apply where relevant and dispensing fee for Prescribed Minimum Benefits and chronic disease list conditions.</p>	<p>R34 544 per beneficiary limited to and included in the overall annual limit.</p> <p>Chronic Prescribed Minimum Benefits and chronic disease lists at 100% of cost.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies.</p> <p>Restricted to a maximum of one month's supply, unless specifically pre-authorized.</p> <p>Includes diabetic disposables such as syringes, needles, strips and lancets.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • In hospital medicine (D7) • Anti-retroviral drugs (D8) • Oncology medicine (D14) • Organ, tissue and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive Medication (D16)

<p>D11.4. Specialised Drugs for Non Oncology</p> <ul style="list-style-type: none"> • Biological drugs applicable to monoclonal antibodies and interleukins • Human immunoglobulin for chronic use • Iron chelating agents for chronic use • Palivizumab (Synagis®) for prevention of RSV infection • Sevelamer (Renagel®), Lantanium (Fosrenol®) and Cinacalcet (Sensipar®) • High cost medicines and new technologies 	<p>In respect of legally prescribed medicine.</p> <p>100% of Society Rate.</p>	<p>Limited to R158 577 per beneficiary per annum, and further limited to the overall annual limit.</p> <p>Benefit according to evidence based management protocols, formularies and at the discretion of the Board of Trustees.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p>
<p>D11.4.1. Drugs applicable for the treatment of macular degeneration</p> <p>D11.5. Specialised Drugs for Oncology</p>	<p>See D11.4.</p> <p>See D14.1.3.</p>	<p>Limited to R66 712 per member family and included in D11.4.</p> <p>Limited to and included in D14.1.3.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>See D14.1.3.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D12. MENTAL HEALTH</p> <p>D12.1. In hospital</p> <p>D12.1.1. Medicine on discharge from hospital (TTO)</p>	<p>100% of the Society Rate,.</p> <p>See D11.1.1.</p>	<p>Limited to R48 577 per member family and/or 21 days per beneficiary included in the overall annual limit.</p> <p>Limited to and included in D11.1.</p>	<p>Subject to the relevant managed healthcare programme.</p> <p>When treated as a PMB, the claims are unlimited and paid at Cost through the DSP. If the beneficiary does not comply with DSP rules, the co-payment will apply.</p> <p>Gap cover will apply.</p> <p>If included on hospital account or from a pharmacy on day of discharge, pay under D7.1.1.</p>
<p>D12.2. Out of hospital</p> <p>D12.2.1. Procedures</p> <p>D12.2.2. Medicine</p>	<p>100% of the Society Rate, hospital.</p> <p>See D11.3.</p>	<p>Limited to and included in D12.1.</p> <p>Limited to and included in D11.1 and D11.3.</p>	

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D12.3. Rehabilitation for substance abuse	100% of the Society Rate	Limited to and included in D12.1, D12.2 and D12.4.	Limited to one rehabilitation programme per beneficiary per annum subject to pre-authorization in hospital.
D12.3.1. Medicine on discharge from hospital (TTO)	See D11.1.1.	Limited to and included in D11.1.	If included on hospital account or from a pharmacy on day of discharge, pay under D7.1.1.
D12.4. Consultations, and visits, assessments, therapy, treatment and/ or counselling, in and out of hospital	100% of the Society Rate,	R6 477 per member family. Above limit included in D12.1.	

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D13. NON-SURGICAL PROCEDURES AND TESTS</p> <p>D13.1. In hospital</p> <p>D13.2. Out of hospital</p>	<p>100% of the Society Rate,</p> <p>80% of the Society Rate</p>	<p>Limited to and included in the overall annual limit.</p> <p>Limited to the day-to-day limit and included in the overall annual limit.</p>	<p>Subject to the relevant managed healthcare programme and its prior authorisation in hospital only.</p> <p>Gap cover will apply.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Psychiatry and psychology (D12) • Optometric examinations (D15) • Pathology (D18) • Radiology (D21)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D13.2.1. Non-surgical procedures in practitioner's rooms</p> <p>D13.2.1.1. Specific non-surgical procedures in practitioners rooms</p> <ul style="list-style-type: none"> • Routine diagnostic upper and lower gastro-intestinal fibre-optic endoscopy (excluding rigid sigmoidoscopy and anoscopy) • Endoscopic procedures - Gastroscopy; colonoscopy; proctoscopy; sigmoidoscopy • 24 hr oesophageal PH studies • Breast fine needle biopsy • Cystoscopy • Oesophageal motility studies • Prostate needle biopsy 	<p>See D13.2.</p>	<p>Limited to and included in the overall annual limit.</p>	<p>Includes related consultation, materials, pathology and radiology if done on same day.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D13.3. Sleep Studies</p> <p>D13.3.1. Diagnostic Polysomnograms In and out of hospital</p> <p>D13.3.2. CPAP Titration</p>	<p>100% of Society Rate</p> <p>See D13.3.1.</p>	<p>Limited to and included in the overall annual limit.</p> <p>Limited to and included in the overall annual limit.</p>	<p>Subject to the relevant managed healthcare programme and its prior authorisation.</p> <p>GAP cover will apply in hospital.</p> <p>If authorised by the relevant managed healthcare programme for patients with obstructive sleep apnoea who meet the criteria for CPAP</p>
<p>D14. ONCOLOGY In and Out of Hospital</p>			

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D14.1.3. Specialised Drugs for Oncology <ul style="list-style-type: none"> • Biological drugs applicable to monoclonal antibodies and interleukins • Tyrosine Kinase Inhibitors • Proteasome Inhibitors, for example Bortezomib • Azacytidine 	In respect of legally prescribed medicine. 100% of the Society Medication Rate	Limited to R335 181 per family and further limited to D14.1.	Subject to the relevant managed healthcare programme and to its prior authorisation. Funding according to evidence based management protocols, formularies and at the discretion of the Board of Trustees. Specialised drugs are defined as drugs used for the treatment of cancer and listed in this Annexure. Where a drug is deemed cost effective versus standard chemotherapy, it may be excluded from the list of drugs funded from this benefit, to be funded from D14.
D14.1.4. Flushing of J line and/or Port	100% of Society Rate	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D14.2. Post active treatment period	100% of the Society Rate	Limited to and included in D14.1 for a period of 12 months following the active treatment period. Prescribed Minimum Benefit related service will be paid in accordance with public sector practice/protocols.	Should the condition regress, the active benefit D14.1 will be reinstated.
D14.2.1. Flushing of J line and/or Port	See D14.1.4.	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme.
D15. OPTOMETRY	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost.	D15.2, D15.3 and D15.4 are mutually exclusive to D15.6, per beneficiary per annum, limited to and included in the overall annual limit.	Subject to the relevant managed healthcare programme.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D15.1. Optometric refraction (test)	See D15.	One per beneficiary per annum, limited to and included in the overall annual limit.	
D15.2. Frames	See D15.	See D15. R1 501 per beneficiary biennially, limited to and included in the overall annual limit.	
D15.3. Lenses D15.3.1. Single vision lenses	See D15. See D15.	1 (one) set per beneficiary per annum. See D15. Limited to one pair of non-tinted single vision glass or organic lenses per annum, and further limited to and included in the overall annual limit, or	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D15.3.2. Bifocal lenses	See D15.	See D15. One pair of non-tinted bifocal glass or organic lenses for beneficiaries aged 38 years or older; or one pair of single vision distance lenses and one pair of proximal lenses in lieu of bifocals, limited to and included in the overall annual limit, or	
D15.3.3. Multifocal lenses	See D15.	See D15. One pair of non-tinted multifocal glass or organic glass for beneficiaries aged 38 years or older, or one pair of single vision distance lenses and one pair of proximal lenses in lieu of multifocals, limited to and included in the overall annual limit.	
D15.4. Special lenses	See D15.	Clinical additions obtained together with the lenses in D15.3, per beneficiary per annum.	

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D15.5. Lens add-ons	No benefits.	No benefits.	
D15.6. Contact lenses	See D15.	Limited to R3 643 per beneficiary, per annum and included in the overall annual limit. Benefit limited to either D15.2, D15.3, D15.4. or D15.6.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.7. Low vision appliances	See D15.	Limited to and included in D3.1.1.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.8. Ocular prostheses	See D15.	Limited to and included in D20.2.	When prescribed by a registered optometrist, ophthalmologist, medical practitioner or supplementary optical practitioner. Subject to the relevant managed healthcare programme
D15.9. Readers			

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D15.9.1. From a registered optometrist, ophthalmologist or supplementary optical practitioner	See D15.	Limited to R152 per beneficiary and included in D15.2.	When supplied by an optometrist, ophthalmologist or supplementary optical practitioner.
D15.9.2. From a registered pharmacy	See D15.	Limited to and included in D15.9.1.	When purchased from a pharmacy.
D15.10. Diagnostic procedures	See D15.	Limited to and included in D15.1.	Section 22A (15) of the Medicine and Related Substance Act 101 of 1965 permits applicable.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D16. ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTION AND IMMUNOSUPPRESSIVE MEDICATION	100% of the Society Rate	Unlimited	Subject to the relevant managed healthcare programme and to its prior authorisation, the work-up and harvesting of organ/s or haemopoietic stem cells (bone marrow) and the transplantation thereof. Organ harvesting is limited to the Republic of South Africa.
D16.1. Haemopoietic stem cell (bone marrow) transplantation	See D16.	Limited to and included in D16.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D16.2. Immuno-suppressive medicine D16.3. Post-transplant biopsies and scans D16.4. Radiology and Pathology D16.5. Corneal Grafts (Local or imported)	See D11. See D16. 100% of the Society Rate See D16.	Limited to and included in D16. Limited to and included in D16. Limited to and included in D16. Limited to R33 086 per beneficiary per annum, and further limited to D16.	See D16. See D16. See D16. Subject to the relevant managed healthcare programme and to its prior authorisation, as well as approval by the Scheme prior to commencing the work-up for transplantation. Organ harvesting for Corneal grafts is not limited to the Republic of South Africa.
D17. ADDITIONAL MEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS)			

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D17.1. In hospital <ul style="list-style-type: none"> • Dietetics • Occupational therapy • Speech therapy 	100% of the Society Rate .	Limited to and included in the overall annual limit.	
D17.2. Out of hospital <ul style="list-style-type: none"> • Audiology • Dietetics • Genetic counselling • Hearing aid acoustics • Occupational therapy • Orthoptics • Podiatry • Private nurse practitioners • Speech therapy • Social workers 	80% of Society Rate	Limited to the day-to-day limit and included in the overall annual limit.	In respect of Private nurse practitioners, nursing services are included in the Alternatives to Hospitalisation benefit D7.3

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D18. PATHOLOGY AND MEDICAL TECHNOLOGY D18.1. In hospital D18.2. Out of hospital	 100% of the Society Rate 100% of the Society Rate	 Limited to and included in the overall annual limit. Subject to a combined limit of R9 391 per family per annum, mutually inclusive of D21.1.2. Further limited to and included in the overall annual limit.	Subject to the relevant managed healthcare programme. Gap cover will apply. This benefit excludes a specified list of pathology tariff codes included in: <ul style="list-style-type: none"> • the maternity benefit (D10) • the oncology benefit during the active and/or post active treatment period (D14) • the organ, tissue and haemopoietic stem cell transplantation benefit (D16) • the renal dialysis chronic benefit (D22)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D19. PHYSICAL THERAPY D19.1. In hospital Physiotherapy Biokinetics D19.2. Out of hospital Physiotherapy Biokinetics Chiropractics	 100% of the Society Rate 80% of the Society Rate	 Limited to and included in the overall annual limit. Limited to the day-to-day limit and included in the overall annual limit.	 Gap cover will apply. This benefit excludes X-rays performed by chiropractors.
D20. PROSTHESES AND DEVICES INTERNAL AND EXTERNAL			

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D20.1. Prostheses and devices internal (surgically implanted) including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices	100% of the negotiated fee, or, in the absence of such fee, 100% of the cost.	Limited to R63 690 per member family and included in the overall annual limit.	Subject to the relevant clinical protocols
D20.1.1. Intraocular lens	Refer D20.1.	Limited to and included in D20.1. Non-PMB's limited to R3 832 per member family.	Subject to the relevant managed healthcare programme
D20.2. Prostheses external	100% of negotiated fee or in absence of such fee, 100% of the lower of cost or Orthotic and Prosthetic	Limited to and included in D20.1.	Subject to the relevant managed healthcare programme

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D21. RADIOLOGY D21.1. General radiology D21.1.1. In hospital	100% of Society Rate	Limited to and included in the overall annual limit.	Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units. . Gap cover applies.
D21.1.2. Out of Hospital	100% of the Society Rate	Subject to a combined limit of R9 391 per family per annum, mutually inclusive of D18.2. Further limited to and included in the overall annual limit.	This benefit excludes a specified list of radiology tariff codes included in: <ul style="list-style-type: none"> • the maternity benefit (D10)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			<ul style="list-style-type: none"> • the oncology benefit during the active and/or post active treatment period (D14) • the organ, tissue and haemopoietic stem cell transplantation benefit (D16) • the renal dialysis chronic benefit (D22) <p>Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.</p> <p>Bone densitometry scans performed in a credentialed specialist practice, limited to one per beneficiary per annum either in or out of hospital.</p>
D21.2. Specialised radiology - in and out of hospital	100% of Society Rate	Limited to and included in the overall annual limit.	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			<p>GAP cover applies in hospital.</p> <p>Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following:</p> <ul style="list-style-type: none"> • CT scans • MUGA scans • MRI scans • Radio isotope studies • CT colonography (virtual colonoscopy) (only in credentialed practices), limited to one per member family per annum restricted to the evaluation of symptomatic patients only • MDCT Coronary Angiography (only in credentialed practices), limited to one per member family per annum restricted to the evaluation of symptomatic patients only.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D21.2.1. PET and PET-CT	See D14.1.2.1.	Limited to and included in D14.1.2.1.	See D14.1.2.1.
D22. RENAL DIALYSIS CHRONIC			

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D22.1. Haemodialysis and peritoneal dialysis	100% of the Society Rate,	Limited to and included in the overall annual limit.	Subject to the relevant managed healthcare programme and to its prior authorisation. Authorised Erythropoietin is included in D4. This benefit excludes. <ul style="list-style-type: none"> • acute renal dialysis is included in D7.1.1 and limited to the overall annual limit.
D22.2. Radiology and pathology	100% of the Society Rate,	Limited to and included in D22.1.	As specified by the relevant managed healthcare programme.
D23. SURGICAL PROCEDURES			
D23.1. In hospital and unattached operating theatres	100% of the Society Rate,	Limited to and included in the overall annual limit.	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D23.1.1. Refractive surgery	100% of the Society Rate,	Limited to R26 663 per beneficiary and included in the overall annual limit.	Gap cover will apply. This benefit excludes: <ul style="list-style-type: none"> • Osseo-integrated implants (D6) • Orthognathic and oral surgery (D6) • Maternity (D10) • Organ, tissue and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication. (D16) Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.1.2. Maxillo-facial surgery	100% of the Society Rate	Limited to and included in D7.1.1.	Subject to the relevant managed healthcare programme Gap cover will apply. This benefit excludes:

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			<ul style="list-style-type: none"> • Osseo-integrated implantation (D6) • Orthognathic surgery (D6) • Oral surgery (D6) • Impacted wisdom teeth (D6)
D23.2. Out of hospital in practitioner's rooms	100% of the Society Rate	Limited to and included in the overall annual limit.	Subject to the relevant managed healthcare programme and to its prior authorisation. Only where a hospital procedure is performed in the practitioner's rooms and is approved, will it be limited to and included in D7 and overall annual limit. This benefit excludes: <ul style="list-style-type: none"> • Osseo-integrated implants (D6) • Orthognathic and oral surgery (D6) • Maternity (D10) • Organ, tissue and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medicine (D16)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D23.2.1. Specific surgical procedures in practitioner's rooms <ul style="list-style-type: none"> • Circumcision • Laser tonsillectomy • Vasectomy 	See D23.2.	Limited to and included in the overall annual limit.	Includes related consultation, materials, pathology and radiology if done on same day.
D24. TRAUMA COUNSELLING AS A RESULT OF A SERIOUS AND/OR VIOLENT CRIME	100% of the Society Rate	Limited to and included in the overall annual limit and further limited to 5 (five) counselling sessions per beneficiary per event. In respect of Prescribed Minimum Benefit the treatment will be limited as per Annexure A of the Regulation.	Subject to the relevant managed care programme and its prior authorisation.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D25. WORLD HEALTH ORGANIZATION (WHO) GLOBAL OUTBREAK BENEFIT	100% of the Society Rate for a basket of care which includes in-hospital and out-of-hospital management and supportive treatment of global World Health Organization recognized disease outbreaks. Treatment for COVID-19 will be funded at 100% of cost at a designated service provider.	Subject to Prescribed Minimum Benefit guidelines or as otherwise legislated.	Subject to the Scheme's preferred provider, protocols and clinical entry criteria
Screening Benefit A Group of tests consisting of Blood glucose test, Blood pressure test, Cholesterol test and Body Mass Index (BMI)	Up to a maximum of 100% of the scheme rate for group of tests. Tests must be performed at a Wellness Network Pharmacy. Tests in excess of	Two tests per beneficiary per annum included in the overall annual limit	

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer to Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
Defined diabetes and cholesterol screening test	annual limit for member's account.		