

# Fedhealth Medical Scheme

**flexiFED<sup>Savvy</sup>**

## **Annexure B – Benefits and Limits 2024**

**(To be read in conjunction with Annexure C and D)**

**[Effective 1 January 2024 unless otherwise stated below]**

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**FEDHEALTH MEDICAL SCHEME – flexiFED<sup>Savvy</sup>**  
**ANNEXURE B**  
**BENEFITS AND LIMITS**  
**[Effective 1 January 2024 unless otherwise stated below]**

**A ENTITLEMENT TO BENEFITS**

**A1** “Entitlement to Benefits” rules specific to this option are listed in the paragraphs to follow to be read in conjunction with Annexure C, D and E.

**A2** In respect of legally prescribed medicine, the following is applicable:

100% of the lower of:

- i) the cost to the supplier plus the negotiated mark-up; or
- ii) the single exit price plus the negotiated dispensing fee to a maximum fee of either the negotiated dispensing fee, or, in the absence of a negotiated fee, 26.5% capped at a maximum of R29.00 (VAT exclusive). In addition, no dispensing fee may exceed the maximum fee as dictated by legislation.

Both subject to the reimbursement limit, i.e., Maximum Generic Price or Medicine Price List. Levies and co-payments to apply where relevant.

**A3** **Hospital Network:**

Any authorised hospitalisation for any condition (including oncology, alternatives to hospitalisation and psychiatric services), shall be paid at rates as specified in paragraph A4.

**A3.1** **Hospitalisation:**

flexiFED<sup>Savvy</sup> has appointed a hospital network as the Designated Service Provider (“DSP”) for all benefits including Prescribed Minimum Benefits.

An amount of R8 600 is deductible for the use of Non-DSP Providers, unless such use is involuntary.

The Hospital Network provides for any authorised hospitalisation for any condition, (including oncology, alternatives to hospitalisation and psychiatric services), which shall be paid at 100% of the negotiated rate. Paragraph A4 is also applicable. Paragraph A4 is also applicable.

**A3.2** **DSPs**

Unlimited cover is provided for PMBs in Designated Service Providers (“DSPs”). The onus is not on the member but on the Scheme to ensure and guarantee the services for PMBs will be available at DSP or Government Facilities.

#### A4 Providers In Hospital:

##### A4.1 A Specialist Network, appointed as the Scheme’s DSP for PMB’s (refer Annexure D, paragraph 7.4.3), is applicable for all In and Out of Hospital consultations and procedures.

The Specialist Network includes, but is not limited to, the following specialists:

- Anaesthetists
- Dermatology
- Independent Practice Specialist Obstetrics and Gynaecology
- Pulmonology
- Independent Practice Specialist Medicine
- Gastroenterology
- Neurology
- Cardiology
- Psychiatry
- Independent Practice Specialist Neurosurgery
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology (ENT)
- Rheumatology
- Paediatrics Independent Practice Specialist
- Plastic and Reconstructive Surgery
- Surgery/Paediatric surgery Independent Practice Specialist
- Cardio Thoracic Surgery
- Urology
- Maxillo-facial and Oral Surgery.

##### A4.2 In Specialist Network rates applicable as follows:

- Funded in full at negotiated rate, including Anaesthetists.

All consultations and procedures within the Specialist Network will be charged at the negotiated rate, with no co-payments applicable.



**A4.3 Out of Specialist Network:**

- 100% of the Fedhealth Rate, subject to a combined limit of R2 500 for GPs and Specialist consultations.

All consultations and procedures outside of the Specialist Network will be reimbursed at the lesser of cost or up to a maximum of the above rates. Co-payments are applicable for consultations and procedures charged in excess of the above-mentioned rates.

**A4.4 GPs in Hospital:****A4.4.1 GPs In Network In Hospital:**

- Funded in full at the negotiated rate.

A GP network, appointed as the Scheme's DSP for PMBs is applicable for all in hospital consultations and procedures.

**A4.4.2 GPs Out of Network In Hospital:**

- 100% of the Fedhealth Rate, subject to a combined limit of R2 500 for GPs and Specialist consultations.

All consultations and procedures outside of the GP Network will be reimbursed at the lesser of cost or up to a maximum of the above rates. Co-payments are applicable for consultations and procedures charged in excess of the above-mentioned rates.

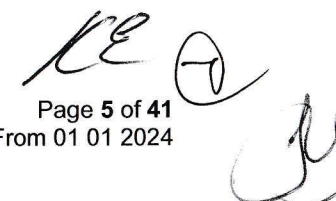
**A4.5 Other Healthcare Providers** in or out of hospital (excluding GP's) not mentioned in A4.1, A4.2, A4.3, A5.1, A5.2 and A5.3: 100% of Fedhealth Rate, only where specific benefits are provided for, as stipulated in paragraph D below.

**A5 Providers Out of Hospital:****A5.1 GP Network:**

- Funded in full at the negotiated rate.

A GP network, appointed as the Scheme's DSP for PMBs is applicable for all out of hospital consultations and procedures. A 40% co-payment will apply for PMBs on voluntary use of a non-DSP.

All consultations and procedures within the GP Network will be charged at the negotiated rate, with no co-payments applicable.

**A5.2 Out of GP Network**

See Out of Network benefit (A5.6)

### **A5.3 Specialists out of Hospital:**

A Specialist Network, appointed as the Scheme's DSP for PMB's (refer Annexure D, paragraph 7.4.3), is applicable for all Out of Hospital (day to day) consultations and procedures. A 40% co-payment will apply for PMBs o voluntary use of a non-DSP.

#### **A5.3.1 In Specialist Network, rates applicable as follows:**

- Funded in full at the negotiated rate

All consultations and procedures within the Specialist Network will be charged at the negotiated rate, with no co-payments applicable.

#### **A5.3.2 Specialists out of Network:**

- No benefit

### **A5.4 GP referral for Specialist Consultations:**

Specialist consultations will only be provided for upon referral to such specialist by a GP.

### **A5.5 Nomination of General Practitioner at beneficiary level**

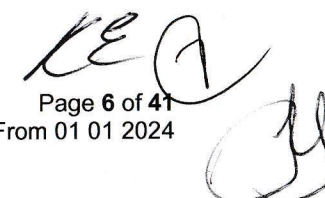
Not applicable

### **A5.6 "Out of Network" visits will be covered at 100% of the Fedhealth Rate for practitioners not on the GP Network, up to a maximum of 2 GP consultations per family subject to the face-to-face GP visits.**

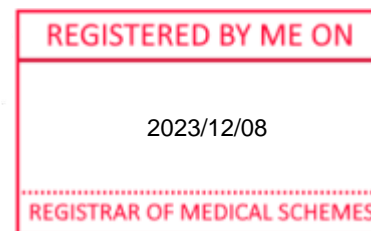
### **A5.7 Basic Dental Providers**

Not applicable

### **A6 Co-payments are applicable, on the hospital/ facility bill as listed in the co-payment schedule contained in Annexure E. Procedural co-payments as listed in Annexure E, are applicable in addition to the Hospital Benefits co-payments (where/ if applicable) listed in paragraph A3 above.**



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



**B1** Overall Annual Limit – There is no overall annual limit.

**B2 Current Credit Personal Medical Savings Account (PMSA)**

This option is not a savings option – not applicable

**B3 Benefits** – The column headed **BENEFITS/ LIMITS** reflects the cost at which the Scheme will reimburse the member or the supplier in respect of a claim.

Any cost in excess of the funding level reflected in this column will be the responsibility of the member, except for Prescribed Minimum Benefits, which will be funded at cost, subject to the utilisation of DSPs and/ or formularies where applicable.

**B4 Limits** – The column headed **BENEFITS/ LIMITS** reflects the extent to which each benefit is limited or sub-limited in monetary or other terms.

**B5 The Out of Hospital Expense Benefit (OHEB)**

There is no Out of Hospital Expense Benefit (OHEB) for this option.

**B6 Safety Net Benefit**

There is no Safety Net Benefit for this option.

**B7 MediVault (Loan)**

This amount is a family limit and is pro-rated should the member join during the year, subject to the acceptance of terms and conditions.

**Fixed MediVault**

Family Limit R4 800

**Flexible MediVault**

Family Limit R6 000

The full amount can be taken upfront, or the member can activate multiple amounts during the year in increments of R600, subject to the acceptance of terms and conditions.

### **C      PRESCRIBED MINIMUM BENEFITS (PMB's)**

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 benefit limits indicated in this Annexure, where applicable. PMB's are payable at 100% of cost, or at 100% of cost at the relevant Designated Service Provider (as indicated in Annexure D, where applicable).

The Prescribed Minimum Benefits are available in conjunction with the Scheme'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 – Paragraph 7 for a full explanation.

### **D      ANNUAL BENEFITS LIMITS**

**See contents of table below.**



Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D1 ALTERNATIVE HEALTHCARE</b>		
<b>D1.1 In Hospital</b>  Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy consultations and treatment by registered practitioners	Subject to day-to-day.	<div data-bbox="1196 399 1568 619" style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2023/12/08   <hr style="border-top: 1px dashed red;"/> <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
<b>D1.2 Out of Hospital</b>  Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy prescribed medicines where applicable	Subject to day-to-day.	
<b>D2 AMBULANCE SERVICES</b>		
	100% of cost if authorised by the preferred provider.  Limited to and payable from risk.  Only on inter-hospital transfer per event.	Subject to the contracted ambulance services and prior authorisation.  Benefits shall apply in respect of services provided within the Republic of South Africa, Namibia, Botswana, Zimbabwe, Lesotho, Swaziland, and Mozambique (below the 22 <sup>nd</sup> degree parallel).
<b>D2.1 Evacuation Benefit</b>	R261 000 per event.	Emergency evacuation within Africa after 90 days absence from the Republic of South Africa.
<b>D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>		

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D3.1 In Hospital</b>	Subject to day-to-day, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.  For hiring or buying of medical or surgical aids as prescribed by a medical practitioner.
<b>D3.2 Out of Hospital</b>	Subject to day-to-day, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.  For hiring or buying medical or surgical aids as prescribed by a medical practitioner
<b>D3.2.1 General medical and surgical appliances (including glucometers)</b>	Subject to day-to-day, unless PMB level of care	Diabetic accessories and appliances (with the exception of glucometers) to be preauthorised and claimed from the chronic medicine benefit (D11.4).
<b>D3.2.2 Hearing aids and repairs thereof</b>	Subject to day-to-day, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.
<b>D3.2.3 Large orthopaedic orthotics/ Appliances</b>	Subject to day-to-day, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.
<b>D3.2.4 Stoma products</b>	Subject to day-to-day, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.  For hiring or buying of medical or surgical aids as prescribed by a medical practitioner
<b>D3.2.5 CPAP apparatus for sleep apnoea</b>	Subject to day-to-day, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.

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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D3.2.6 Foot orthotics (including shoes and foot inserts/ levellers)</b>	Subject to day-to-day, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.
<b>D3.3 Specific appliances, accessories</b>		
<b>D3.3.1 Oxygen therapy equipment (excluding hyperbaric oxygen treatment)</b>	PMB level of care only	Subject to PMB and managed care protocols if deemed clinically appropriate.
<b>D3.3.2 Home ventilators</b>	PMB level of care only	Subject to PMB and managed care protocols if deemed clinically appropriate.
<b>D3.3.3. Long leg callipers</b>	PMB level of care only	Subject to PMB and managed care protocols if deemed clinically appropriate.
<b>D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>		
	Limited to and payable from risk  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee.	Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme.  Transportation of blood is included.  Authorised Erythropoietin is included in the Haemodialysis benefit (D22.1).
<b>D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</b>		
<b>D5.1 In hospital</b> <ul style="list-style-type: none"> <li>General Practitioners</li> <li>Medical Specialists</li> </ul>	Limited to and payable from risk  Paragraph A4 applicable.	Subject to the relevant managed healthcare programme and its prior authorisation.  Paragraph A3 applicable.



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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	Subject to a combined limit of R2 500 per family for non-network GP and Specialist consultations and procedures in hospital.	This benefit excludes: <ul style="list-style-type: none"> <li>• Alternative healthcare practitioners (D1)</li> <li>• Dental practitioners, technologists and</li> <li>• Therapists (D6)</li> <li>• Ante-natal visits and consultations (D10)</li> <li>• Psychiatrists, psychologists, psychometrists and registered counsellors (D12)</li> <li>• Oncologists, haematologists, and credentialed medical practitioners, during active and post-active treatment periods (D14)</li> <li>• Additional Medical Services (D17)</li> </ul>
<b>D5.2 Out of Hospital</b>		
<b>D5.2.1 GP's In Network</b>	3 face-to-face visits per beneficiary.	
<b>D5.2.2 Virtual GP consultations</b>	Unlimited and payable from risk	
<b>D5.2.3 GP's Out of Network</b>	2 consultations per family subject to GP consultations D5.2.1	
<b>D5.2.4 Primary Care Drug Therapy Pharmacists Consultations</b>	Subject to available savings.	
<b>D5.2.5 Psychiatric consultations</b>	Subject to day-to-day, unless PMB level of care	
<b>D5.2.6 Specialists In Network</b>	Subject to day-to-day, unless PMB level of care	
<b>D5.2.7 Specialists Out of Network</b>	Subject to day-to-day, unless PMB level of care	



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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D6 DENTISTRY</b>		
<b>D6.1 Basic</b>	Subject to day-to-day, unless PMB level of care	Subject to the relevant managed healthcare programme. Surgical extraction of wisdom teeth is excluded.
<b>D6.1.1 Dental Practitioners</b>	Subject to day-to-day, unless PMB level of care	Refer to conditions/remarks under dental practitioners (D6.1.1)
<b>D6.1.2 Dental therapists</b>	Subject to day-to-day, unless PMB level of care	Refer to conditions/remarks under dental practitioners (D6.1.1)
<b>D6.1.3 Dental Technicians</b>	Subject to day-to-day, unless PMB level of care	Refer to conditions/remarks under dental practitioners (D6.1.1)
<b>D6.2 Advanced dentistry,</b>	Subject to day-to-day, unless PMB level of care	
<b>D6.2.1 Dental technicians</b>	Subject to day-to-day, unless PMB level of care	
<b>D6.2.2 Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)</b>	Subject to day-to-day, unless PMB level of care	
<b>D6.2.3 Oral surgery</b>	Subject to day-to-day, unless PMB level of care	
<b>D6.2.4 Orthodontic treatment</b>	Subject to day-to-day, unless PMB level of care	
<b>D6.2.5 Maxillo-facial Surgery</b>	Limited and included in the surgical procedure benefit (D23).	
<b>D7 HOSPITALISATION</b>		
<b>D7.1 Private hospitals and unattached operating theatres</b>		

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Service Subject to PMB	<div> <div>REGISTRAR OF MEDICAL SCHEMES</div> <div>flexiFED<sup>Savvy</sup></div> <div>Benefits/ Limits Subject to PMB</div> <div>Refer Annexure B Paragraph c</div> </div>	Conditions/ Remarks Subject to PMB
<b>D7.1.1 In Hospital</b>	<p>Limited to and payable from risk at 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Fedhealth Rate, for accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>PMB level of care</p> <p>Hospital Network: A Hospital Network is the Designated Service Provider ("DSP"), for all benefits including Prescribed Minimum Benefits.</p> <p>An amount of R8 600 is deductible for the use of Non-DSP Providers, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>Hospital admissions will require a referral from a contracted General Practitioner or Specialists.</p>	<p>Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management.</p> <p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, and surgical items.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards unless there is acceptable medical motivation.</p> <p>This benefit excludes Hospitalisation for:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (Advanced dentistry (D6)</li> <li>• Maternity (D10)</li> <li>• Mental Health (D12)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>• Refractive surgery (D23)</li> <li>• Dentistry (D6)</li> <li>• Investigations and diagnostic work-up</li> <li>• Surgery for oesophageal reflux</li> <li>• Auditory brain implants</li> <li>• Internal nerve stimulators, including procedures, devices, and processors</li> <li>• Brachytherapy for Prostate Cancer</li> <li>• Non-cancerous breast conditions</li> <li>• Renal dialysis chronic (D22)</li> </ul>

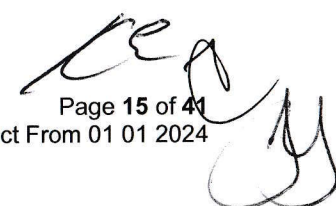
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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D7.1.1.1 Deep Brain Stimulation	No Benefit	
D7.1.2 Medicine on discharge from hospital (TTO)	Limited to and payable from risk. If included on hospital account or if obtained from pharmacy on day of discharge, pay from Private hospitals and unattached operating theatres (D7.1), otherwise limited to and included in Routine medication (D11.1)	Limited to a 7 days' supply.  Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
D7.1.3 Casualty/emergency room		
D7.1.3.1 Facility Fee	No benefit	
D7.1.3.2 Consultations	No benefit	
D7.1.3.3 Medicine	No benefit	
D7.1.4 Trauma Treatment in Casualty	A co-payment of R800 is applicable on the Casualty Benefit.  100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.	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.
D7.2 Public Hospitals		





Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D7.2.1 In Hospital</b>	Limited to and payable from risk at 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management.  Paragraph A3 applicable.  This benefit excludes Hospitalisation for benefits listed under the conditions/remarks under the in-hospitalisation benefit (D.7.1.1).
<b>D7.2.2 Medicine on discharge from hospital (TTO)</b>	Limited to and payable from risk. Refer to TTO's in D7.1.2	Limited to a 7 days' supply.  Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D7.2.3 Casualty/emergency room</b>	No benefit	
<b>D7.2.4 Outpatients services</b>	No benefit	
<b>D7.3 Alternatives to hospitalisation</b>	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate. No benefit, unless PMB level of care.  Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.	Subject to the relevant managed healthcare programme and to its prior authorisation.  Where scheme rule criteria for an in-hospital authorisation is met, an authorisation in an out of hospital setting can be allowed in lieu of the in-hospital authorisation provided that it will be less costly.
<b>D7.3.1 Physical rehabilitation facilities</b>	Limited to PMB level of care.	



Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D7.3.2 Sub-acute facilities</b>	Limited to PMB level of care.	
<b>D7.3.3 Terminal Care Benefit</b>	No benefit, unless PMB level of care.	
<b>D7.3.4 Nursing Services</b>		
<b>D7.3.4.1 Nursing Agencies</b>	No benefit, unless PMB level of care.	
<b>D7.3.4.2 Private Nurse Practitioners</b>	No benefit, unless PMB level of care.	
<b>D7.3.5 Back rehabilitation programme</b>	No benefit, unless PMB level of care.	
<b>D7.4 Post Hospitalisation</b>	Limited to and payable from risk, subject to 30 days following hospitalisation.	Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment. The 30-day period is applicable from the date of discharge only.
<b>D7.4.1 Physiotherapy</b>	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D7.4.2 Occupational therapy</b>	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D7.4.3 Speech therapy</b>	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D7.4.4 Pathology</b>	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D7.4.5 General radiology</b>	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)

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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D7.4.6 Dietician Consultations</b>	Limited to 2 consultations per admission and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION</b>		
<b>D8.1 Anti-retroviral medicine</b>	Limited to and payable from risk at PMB level of care	Subject to the Scheme's contracted managed healthcare programme which include the application of treatment protocols, medicine formularies, pre-authorisation, and case management.  Refer paragraph 7.4 of Annexure D.
<b>D8.2 Related medicine</b>	Limited to and included in the immune deficiency benefit (D8).	Refer the conditions/remarks under the routine/chronic and the Anti-retroviral medicine benefit (D11.1 and D11.4 and D8.1).
<b>D8.3 Related pathology</b>	Limited to and included in the immune deficiency benefit (D8).	Pathology as specified by the relevant managed healthcare programme.
<b>D8.4 Consultations</b>	Limited to and included in the immune deficiency benefit (D8).	Refer the conditions/remarks under the routine/chronic and the Anti-retroviral medicine benefit (D8.1).
<b>D8.5 All other services</b>	Limited to and included in all other benefits except for Immune deficiency syndrome benefit (D1 to D7 and D9 to D23).	
<b>D9 INFERTILITY</b>		
	100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals.	Subject to the relevant managed healthcare programme and to its prior authorisation.

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	<p>PMBs covered in DSP and managed according to managed healthcare protocols and further 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> <p>Limited to and payable from risk at PMB level of care</p>	<p>This benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> <li>• Hysterosalpingo-gram</li> <li>• The following blood tests:</li> <li>• Day 3 FSH/ LH</li> <li>• Day 3 Oestradiol</li> <li>• Thyroid function (TSH)</li> <li>• Prolactin</li> <li>• Rubella</li> <li>• HIV</li> <li>• VDRL</li> <li>• Chlamydia</li> <li>• Day 21 Progesterone</li> <li>• Laparoscopy</li> <li>• Hysteroscopy</li> <li>• Surgery (uterus and tubal</li> <li>• Manipulation of ovulation defects and deficiencies</li> <li>• Semen analysis (volume; count; mobility; morphology; MAR test)</li> <li>• Basic counselling and advice on sexual behaviour, temperature charts, etc.</li> <li>• Treatment of local infections</li> </ul>
<b>D10 MATERNITY</b>		
<b>D10.1 Confinement in hospital</b>	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management. Strict protocols will apply.



Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	<p>An amount of R8 600 is deductible for the use of Non-DSP Providers, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>PMB level of care</p> <p>Emergency C-sections only</p>	<p>Delivery by a contracted general/family practitioner or medical specialist and the services of the attendant paediatrician and/ or anaesthetists are included.</p> <p>Where the hospital admission is requested by a Specialist, a referral from a contracted General Practitioner, or non-contracted General Practitioner (to the Specialist is required, as well as pre-authorisation.</p> <p>Included in global obstetric fee is post-natal care by a general practitioner and a medical specialist up to an including the six-week post-natal consultation.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards unless there is acceptable medical motivation.</p>
<b>D10.1.1 Medicine on discharge from hospital (TTO)</b>	Limited to and payable from risk. Refer to TTO's in D7.1.2	<p>Limited to 7 days' supply.</p> <p>Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.</p>
<b>D10.1.2 Confinement in a registered birthing unit</b>	Limited to and included in the confinement in hospital benefit (D10.1).	<p>Delivery by a midwife.</p> <p>Hire of water bath included in the in-hospital appliance benefit (D3.1).</p>
<b>D10.2 Confinement out of hospital</b>	Limited to and included in the confinement in hospital benefit (D10.1).	Subject to the relevant managed healthcare programme and to its prior authorisation.



Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
		Hire of water bath and oxygen cylinder included in the in-hospital appliance benefit (D3.1).
<b>D10.2.1 Consumables and pharmaceuticals</b>	Limited to and included in the confinement in hospital benefit (D10.1).	Registered medicine, dressings and materials supplied by a midwife out of hospital.
<b>D10.3 Related maternity services</b>	Subject to available day-to-day benefits. <ul style="list-style-type: none"> <li>• Antenatal consultations</li> <li>• Post-natal consultations</li> <li>• Antenatal classes</li> <li>• Maximum of 2 x 2D scans.</li> <li>• 1 x Amniocentesis</li> <li>• Specified pregnancy related tests and procedures</li> </ul>	These may be requested directly by the Specialist.
<b>D11 MEDICINE AND INJECTION MATERIAL</b>		
<b>D11.1 Routine (acute) medicine</b>		
<b>D11.1.1 Dispensed by a medical practitioners</b>	No benefit unless activation of day-to-day (B7).	This benefit excludes: <ul style="list-style-type: none"> <li>• In-hospital medicine (D7)</li> <li>• Anti-retroviral medicine (D8)</li> <li>• Oncology medicine (D14)</li> <li>• Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive Medication (D16)</li> </ul>

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D11.2 Medicine on discharge from hospital (TTO)</b>	Limited to and payable from risk. Refer to TTO's in D7.1.2	Limited to 7 days' supply.  Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D11.3 Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised by pharmacist</b>	No benefit unless activation of day-to-day (B7).	
<b>D11.4 Chronic medicine</b>	PMBs only.  Medication for the 25 chronic conditions must be obtained from a preferred provider (Medirite, Dischem, Clicks and Pharmacy Direct) subject to the Basic formulary, unlimited.  40% co-payment for voluntary use of non-formulary medication	Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies.  Prescribed Minimum Benefits (Chronic Disease Lists) and Diagnostic Treatment Pairs chronic conditions only.  Restricted to a maximum of one month's supply, unless specifically pre-authorised.  Medicine Price List applies.  Refer to Annexure D for list of chronic conditions for both options.  (Includes diabetic disposables such as syringes, needles, strips, and lancets.)  This benefit excludes: <ul style="list-style-type: none"> <li>• In hospital medicine (D7)</li> <li>• Anti-retroviral drugs (D8)</li> <li>• Oncology medicine (D14)</li> </ul>

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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
		<ul style="list-style-type: none"> <li>Organ and Haemopoietic stem (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>
<b>D11.5 Female Health Benefit</b>		
<b>D11.5.1</b> <ul style="list-style-type: none"> <li>Oral Contraceptives</li> <li>Contraceptive Injections</li> <li>Contraceptive Patches</li> <li>Contraceptive Vaginal Rings</li> </ul>	<p>Limited to and payable from risk, restricted to a maximum of one month's supply up to the age of 55 thereafter payable from member day to day.</p> <p>No benefit for contraceptive patches and vaginal rings</p>	<p>Subject to a list of contraceptives on acute formulary.</p> <p>Excluding oral contraceptives prescribed for other conditions.</p> <p>Excluding consultations and procedural costs by a GP or Specialist.</p>
<b>D11.5.2</b> <ul style="list-style-type: none"> <li>Contraceptive Implants</li> <li>Intrauterine Devices</li> </ul>	No benefit	<p>Subject to a list of contraceptives on acute formulary.</p> <p>Excluding consultations and procedural costs.</p>
<b>D11.6 Specialised Drugs for Non Oncology</b>	No benefit.	<p>Except for Beta-Interferon for the treatment of Multiple Sclerosis as per the Prescribed Minimum Benefits Algorithm and subject to Regulation 15(H) and 15 (I) and the relevant managed healthcare programme and to its prior authorisation.</p>
<b>D11.7 Specialised Drugs for oncology</b>	No benefit, unless PMB level of care	
<b>D12 MENTAL HEALTH</b>		
<b>D12.1 In Hospital Consultations and visits, procedures, assessments,</b>	100% of the negotiated fee, or, in the absence of such fee, 100% of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment



Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
therapy, treatment and/ or counselling	<p>accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical procedures performed by general practitioners and psychologists and psychiatrists.</p> <p>An amount of R8 600 is deductible for the use of Non-DSP Providers, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>Limited to and payable from risk for PMB level of care</p> <p>Hospital admissions will require a referral from a General Practitioner or Specialist.</p>	<p>protocols, formularies pre-authorisation and case management.</p> <p>Limited to a maximum of 3 days hospitalisation for beneficiaries admitted by a general practitioner or specialist physician.</p> <p>Additional hospitalisation to be motivated by the contracted medical practitioner and pre-authorised by the relevant managed healthcare programme.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards unless there is acceptable medical motivation.</p>
D12.1.1 Medicine on discharge from hospital (TTO)	Limited to and payable from risk. See TTO's in D7.1.2	<p>Limited to 7 days' supply.</p> <p>Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.</p>
D12.2 Out of Hospital Consultations and visits, procedures, assessments, therapy, treatment and/or counselling	PMB level of care or activation of day-to-day (B7).	Unless, for PMBs, as per Regulations.
D12.2.1 Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or	PMB level of care or activation of day-to-day (B7).	



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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
counselling		
D12.2.2 Prescribed Minimum Benefit procedures	PMB level of care	See the conditions/remark under the in hospital mental health benefit (D12.2.1).  Paragraph A4 applicable.
D12.2.1.1 Non-Prescribed Minimum Stress and Anxiety Benefit	Limited to 2 virtual consultations per beneficiary per annum and payable from risk	By a registered counsellor or a psychologist for individual sessions only. Subject to a limited listed of ICD10 Codes and specific tariff codes.
D12.2.3 Medicine	Limited to and included in the chronic medicine benefit (D11.4).	For PMBs.
D12.3 Rehabilitation for substance abuse	100% of the negotiated fee, or, in the absence of such fee, 100% of cost or Uniform Patient Fee Schedule for public hospital for accommodation, use of hospital equipment pharmaceutical, surgical items and medicine supplied during treatment programme.  Subject to PMB level of care  Voluntary use of a non-DSP substance abuse facility will attract a 15% co-payment for non-network admissions and voluntary use of a non-DSP hospital.	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management.  Limited to one rehabilitation programme per beneficiary per annum, subject to pre-authorisation in hospital. Rehabilitation programme includes hospital-based management up to 21 days per beneficiary, per benefit year.  Benefits for the cost of private wards are paid at the same rate as for general wards unless there is acceptable medical motivation.
D12.3.1 Medicine on discharge from hospital (TTO)	Limited to and payable from risk. See TTO's in D7.1.2	Limited to 7 days' supply. Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
		is subject to prior authorisation by the relevant managed healthcare programme.
<b>D13 NON-SURGICAL TESTS AND PROCEDURES</b>		
<b>D13.1 In hospital</b>	Limited to and payable from risk, subject to PMB level of care	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management, in hospital only.  This benefit excludes: <ul style="list-style-type: none"> <li>• Psychiatrists and Psychology (D12)</li> <li>• Optometric Examinations (D15)</li> <li>• Pathology (D18)</li> <li>• Radiology (D21)</li> </ul>
<b>D13.2 Out of hospital</b>	No benefit, unless activation of day-to-day (B7)	
<b>D13.2.1 Non-surgical procedures in practitioner's rooms</b>		
<b>D13.2.1.1 Specified non-surgical procedures in practitioner's rooms</b>	No benefit, unless activation of day-to-day (B7)	
<b>D13.3 Sleep Studies</b>		
<b>D13.3.1 Diagnostic Polysomnograms in and out of hospital</b>	No benefit unless activation of day-to-day (B7).	
<b>D13.3.2 CPAP Titration in and out of hospital</b>	No benefit unless activation of day-to-day (B7).	

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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D14 ONCOLOGY</b>		
<b>D14.1 Active treatment period</b>	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of cost or Uniform Patient Fee Schedule for public hospital for oncologists, haematologists and credentialed medical practitioners, consultation, visit, treatment and materials used in radiotherapy and chemotherapy.</p> <p>PMBs covered and managed according to managed healthcare protocols.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation, oncology preferred product list and a preferred provider network for the delivery of medicines and consumables. MPL applies.</p> <p>ICON is the DSP. Entry-level ICON Protocols apply.</p> <p>A 25% co-payment is applicable, for voluntary use of non-DSP and 25% co-payment for voluntary use of non-DSP for medication.</p> <p>Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Excluding Specialised Drugs (D14.1.3).</p>
<b>D14.1.1 Medicine</b>	Limited to and included in the active treatment period (D14.1).	Refer to conditions/remarks under active treatment period (D14.1)
<b>D14.1.2 Radiology and pathology</b>	Limited to and included in the active treatment period (D14.1).	<p>Subject to the relevant managed healthcare programme, protocols and to its prior authorisation.</p> <p>For specified radiology and pathology services, performed by pathologists, radiologists, and haematologists, associated with oncology treatment. A4 not applicable.</p>
<b>D14.1.2.1 PET and PET-CT</b>	No benefit, unless PMB level of care.	
<b>D14.1.3 Specialised Drugs for Oncology</b>	No benefit, unless PMB level of care.	



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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D14.1.4 Flushing of J line and/ or Port</b>	Limited to and included in the active treatment period (D14.1).	Subject to the relevant managed healthcare programme and to its prior authorisation.  For oncologists, haematologists and credentialed medical practitioners, treatment, and materials.
<b>D14.1.5 Brachytherapy Materials (Including seeds and disposables)</b>	No benefit.	
<b>D14.2 Pre and Post active treatment (surgical resection of tumour, chemotherapy and radiotherapy)</b>	Limited to and included in the active treatment period (D14.1) for life following the active treatment period, except for prescribed minimum benefits.	For consultations by oncologists, haematologists, and credentialed medical practitioners, specified radiology and pathology, performed by pathologists, radiologists, and haematologists, during the specified remission period. Pre-active refers to the work-up done to diagnose the cancer (date from 1 <sup>st</sup> investigation e.g., x-ray, CT/MRI scan, pathology, histology).  Post-active refers to the time when member actually had last active treatment (e.g., hormone therapy, chemotherapy radiotherapy).  For life means that the member will remain on the oncology programme as long as the cancer goes into remission until it recurs,  Should the condition regress, the active treatment benefit (D14.1) will be reinstated. Paragraph A4 applicable, excluding pathology and radiology.
<b>D15 OPTOMETRY</b>	Subject to day-to-day, unless PMB level of care	

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D15.1 Consultations</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.2 Frames</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.3 Lenses</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.3.1 Single vision lenses</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.3.2 Bifocal lenses</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.3.3 Multifocal lenses</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.4 Special lenses</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.5 Lens add-ons</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.6 Contact lenses</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.7 Low vision appliances</b>	Limited to and included in the in-hospital appliance benefit (D3.1).	
<b>D15.8 Ocular prostheses</b>	Limited to and included in the Prostheses and devices external benefit (D20.2).	
<b>D15.9 Readers from a registered optometrist, ophthalmologist or supplementary optical practitioner</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a registered optometrist, ophthalmologist, or supplementary optical practitioner.
<b>D15.10 Diagnostic procedures</b>	Limited to and included in the optometry benefit (D15).	Section 22A (15) of the Medicine and Related Substance Act 101 of 1965 permits applicable.

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D16 ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNOSUPPRESSIVE MEDICATION</b>		
	Prescribed Minimum Benefits covered in Designated Service Provider and managed healthcare protocols and at 100% of the cost	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic graft and autologous grafts.  Paragraph A3 and A4 applicable, unless otherwise stated, unless PMB.  Organ harvesting is limited to the Republic of South Africa.
<b>D16.1 Corneal Grafts</b>	No benefit.	
<b>D16.2 Haemopoietic Stem Cell (Bone Marrow) Transplantation</b>	Limited to and included in the organ and transplantation benefit (D16).	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts.
<b>D16.3 Immuno-suppressive medication</b>	See the chronic medicine benefit (D11.4).  Limited to and included in the organ and transplantation benefit (D16).	Refer to conditions/remarks under the Organ and Transplantation benefit (D16).
<b>D16.4 Post transplantation biopsies and scans</b>	Limited to and included in the organ and transplantation benefit (D16).	Refer to conditions/remarks under the Organ and Transplantation benefit (D16).
<b>D16.5 Radiology and pathology</b>	Limited to and included in the organ and transplantation benefit (D16).	Refer to the conditions/remarks under the organ and transplantation benefit (D16).  For specified radiology and pathology services performed by pathologists, radiologists, and haematologists, associated with the transplantation treatment.
<b>D17 ADDITIONAL MEDICAL SERVICES</b>		





Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D17.1 Dietetics In and out of Hospital	Subject to day-to-day, unless PMB level of care	
D17.2 Occupational therapy In and out of hospital	Subject to day-to-day, unless PMB level of care	
D17.3 Speech therapy In and out of hospital	Subject to day-to-day, unless PMB level of care	
D17.4 Orthoptics In and Out of Hospital	Subject to day-to-day, unless PMB level of care	
D17.5 Podiatry In and Out of Hospital	Subject to day-to-day, unless PMB level of care	
D17.6 Private nurse practitioners In and Out of Hospital	Subject to day-to-day, unless PMB level of care	Clinically appropriate long term wound care will be funded from Risk where pre-authorised.
D17.7 Social workers In and Out of Hospital	Subject to day-to-day, unless PMB level of care	
D17.8 Audiology and Hearing Aid Acoustics In and Out of Hospital	Subject to day-to-day, unless PMB level of care	
D17.8.1 Infant hearing screening In and out of hospital	Subject to day-to-day.	For all new-borns (up to 8 weeks) that are born into the scheme. Limited to a specified list of tariff codes and tests.
D17.9 Genetic Counselling In and Out of Hospital	Subject to day-to-day, unless PMB level of care	

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flexiFED<sup>Savvy</sup>  
Benefits/ Limits  
Subject to PMB  
Refer Annexure B Paragraph cConditions/ Remarks  
Subject to PMB**D18 PATHOLOGY AND MEDICAL TECHNOLOGY**

<b>D18.1 In hospital</b>	Limited to and payable from risk.  Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers	All pathology investigations will be limited to basic protocols.  Subject to the relevant managed healthcare programme.
<b>D18.2 Out of hospital</b>	Subject to day-to-day (B7), unless PMB level of care  Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers	Subject to referral by the treating provider.  This benefit excludes a specified list of pathology tariff codes included: <ul style="list-style-type: none"> <li>• maternity benefit (D10)</li> <li>• the oncology benefit during the active and/or post active treatment period (D14)</li> <li>• the organ and haemopoietic stem cell transplantation benefit (D16)</li> <li>• the renal dialysis chronic benefit (D22)</li> </ul>

**D19 PHYSICAL THERAPY**

<b>D19.1 In Hospital</b>	Limited to and payable from risk	Subject to referral by the treating provider.  Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment.
<b>D19.2 Out of hospital</b>	Subject to day-to-day.	

**D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL**

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D20.1 Prostheses and devices internal (surgically implanted) including all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prosthesis and devices. This includes bone cement, bone graft substitutes and bone anchors</b>	PMBs covered in Designated Service Provider and managed according to managed healthcare protocols.  PMB level of care or activation of day-to-day (B7).	Subject to the relevant managed healthcare programme and to its prior approval.  Subject to preferred supplier agreements
<b>D20.1.1 Cardiac system:</b>		
<b>D20.1.1.1 Cardiac Pacemakers</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.1.2 Bi-ventricular pacemakers and Implantable Cardioverter Defibrillators (ICDs)</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.1.3 Cardiac Stents (including the carrier) and drug eluting balloons</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.1.4 Cardiac Valves</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.2 Endovascular devices:</b>		
<b>D20.1.2.1 Aorta stent grafts</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.



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<b>D20.1.2.2 Carotid Stents</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.2.3 Detachable platinum coils (Cerebral aneurysm coils)</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.2.4 Embolic protection Devices</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.2.5 Peripheral arterial stent grafts</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.3 Orthopaedic prosthesis and devices:</b>		
<b>D20.1.3.1 Elbow replacement</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.3.2 Hip replacement</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.3.3 Knee replacement</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.3.4 Shoulder replacement</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.3.5 Bone lengthening devices</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.3.6 Spinal plates and Screws</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.

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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
<b>D20.1.3.7 Other approved spinal Implantable devices and intervertebral discs</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.3.8 Total ankle replacement</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.4 Ophthalmic system:</b>		
<b>D20.1.4.1 Intraocular Lens</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval. Cover for PMB level of care is R3 500 per lens
<b>D20.1.5 Unlisted internal prostheses and Devices</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.2 Prostheses and devices external</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D21 RADIOLOGY</b>		
<b>D21.1 General radiology</b>		
<b>D21.1.1 In Hospital</b>	Limited to and payable from risk subject for PMB level of care or activation of day-to-day (B7).	Authorisation is not required for MRI scan for peripheral joint examination or dedicated limb units.  All radiology investigations will be limited to basic protocols.
<b>D21.1.2 Out of hospital</b>	Subject to day-to-day.	Subject to referral by the treating provider.

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Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
		<p>This benefit excludes a specified list of radiology tariff codes included in:</p> <ul style="list-style-type: none"> <li>• the maternity benefit (D10)</li> <li>• the oncology benefit during the active and/or post active treatment period (D14)</li> <li>• the organ and haemopoietic stem cell transplantation benefit (D16)</li> <li>• the renal dialysis chronic benefit (D22)</li> </ul>
<b>D21.2 Specialised Radiology</b>		
<b>D21.2.1 In Hospital</b>	Unlimited at PMB level of care.	<p>Subject to the relevant contracted managed healthcare programme and pre-authorisation.</p> <p>Oncology requests will be limited and included in the active treatment period (D14.1.2).</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"> <li>• CT scans</li> <li>• MUGA scans</li> <li>• MRI scans</li> <li>• Radio isotope studies</li> </ul> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• CT colonography (virtual colonoscopy) (no benefits)</li> <li>• MDCT Coronary angiography)(no benefits)</li> </ul>



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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D21.2.2 Out of Hospital	Subject to day-to-day.	
<b>D22 RENAL DIALYSIS CHRONIC</b>		
	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for all services, medicine and materials associated with the cost of renal dialysis.</p> <p>PMB level of care. A 40% co-payment is applicable, for voluntary non-DSP utilisation.</p>	
D22.1 Haemodialysis and peritoneal dialysis	PMB level of care	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Authorised Erythropoietin is included in Blood and blood products (D4).</p> <p>This benefit excludes acute renal dialysis and included in the in-hospitalisation benefit (D7).</p>
D22.2 Radiology and pathology	PMB level of care	<p>As specified by the relevant managed healthcare programme.</p> <p>Paragraph A3 not applicable.</p>
<b>D23 SURGICAL PROCEDURES</b>		
D23.1 In Hospital	Limited to and payable from risk, subject to PMB level of care.	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management.

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
		<p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic and oral Surgery (D6)</li> <li>• Advanced dentistry (D6)</li> <li>• Maternity (D10)</li> <li>• Organ Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul> <p>Surgical extraction of impacted wisdom teeth is excluded on this option.</p>
<b>D23.1.1 Refractive surgery</b>	No benefit.	
<b>D23.1.2 Maxillo facial surgery</b>	<p>PMB level of care</p> <p>Limited to and payable from risk for the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in dentistry benefit (D6).</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated</li> <li>• Implantation (D6)</li> <li>• Orthognathic surgery (D6)</li> <li>• Oral surgery (D6)</li> <li>• Impacted wisdom teeth (D6)</li> <li>• Advanced dentistry (D6)</li> </ul>
<b>D23.2 Out of hospital surgical procedures in practitioner's rooms</b>	Limited to and included in the hospital surgical procedures benefit (D23.1).	<p>Limited to and included in the alternative hospitalisation benefit (D7.3).</p> <p>Paragraph A3 applicable.</p>

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	If the procedure is performed without pre-authorisation, the full amount will be paid from the members day to day (where applicable) or self-funded by the member.	This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Maternity (D10)</li> <li>• Orthognathic and oral surgery (D6)</li> <li>• Organ and Haemopoietic stem cell(bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>• Advanced dentistry (D6)</li> </ul> Includes related consultation, materials, pathology, and radiology if done same day.
<b>D23.2.1 Specific surgical procedures in practitioner's rooms</b>	Limited to and included in the out of hospital surgical procedures (D23.2).	
<b>D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS</b>  All conditions and exclusions are included in paragraphs D1 to D23 above.If application for pre-authorisation is made post the procedure, there will be a R1 000 charge that will be paid from the member's MediVault (where applicable) or self-funded by the member.  Co-payments applicable per option as per Annexure E.  R2 500 co-payment for voluntary use of non-network day surgery network.  Overnight admissions will not be covered except for Prescribed Minimum Benefits.		
<b>D25 WELLNESS BENEFIT</b> <ul style="list-style-type: none"> <li>• 100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and payable from risk</li> <li>• Excludes consultations and costs for all procedures within this programme.</li> <li>• For medicines and injection materials (D11.1).</li> </ul>		



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FEDHEALTH MEDICAL SCHEME  
flexiFED<sup>Savvy</sup>

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D25.1	Women's Health		
D25.1.1	Cervical Cancer Screening (PAP) Smear	1 test every three years for women aged 21 to 65 years old. (Liquid based cytology will be reimbursed up to the rate of a standard PAP smear)	
D25.1.2	HPV PCR Test	1 test every five years for women aged 21 to 65 years old.	
D25.1.3	Cervical Cancer Screening Pharmacy Consultation	1 consultation every three years for women aged 21 to 65 years old.	
D25.2	Geriatric Health		
D25.2.1	Pneumococcal Immunisation	No benefit	
D25.2.2	Osteoporosis Screening: Bone Mineral Density	No benefit	
D25.2.3	Colorectal Cancer Screening (faecal occult blood test)	No benefit	
D25.3	General Wellness		
D25.3.1	Cardiac Health (Cholesterol Screening [Full Lipogram])	No benefit	
D25.3.2	Flu Immunisation and administration	1 every year for all lives.	
D25.3.3	HIV Test (Finger prick)	1 every year for all lives.	
D25.3.4	Breast Cancer Screening / Mammogram	No benefit	
D25.3.5	Child Immunisations	No benefit	

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Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
REGISTRAR OF MEDICAL SCHEMES			
D25.3.6	GoSmokeFree	1 per beneficiary per annum	
D25.3.7	Prostate specific antigen	No benefit	
D25.3.8	Child Optometry Screening	No Benefit	
D25.3.9	Human Papilloma Virus (HPV) vaccine	No Benefit	
D26 HEALTH RISK ASSESSMENTS			
<ul style="list-style-type: none"><li>100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and payable from risk</li><li>For medicines and injection materials (D11.1).</li><li>Excludes consultations and costs for all procedures within this programme.</li></ul>			
D26.1	Wellness Screening <ul style="list-style-type: none"><li>Blood pressure.</li><li>Finger prick cholesterol.</li><li>Glucose test</li></ul>	1 test per beneficiary per annum.	
D26.2	Preventative Screening <ul style="list-style-type: none"><li>Hip to waist ratio.</li><li>Body fat percentage.</li><li>Flexibility.</li><li>Posture; and</li><li>Fitness</li></ul>	1 test per beneficiary per annum.	

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