

**SUREMED HEALTH**  
**CHALLENGER OPTION**  
**ANNEXURE B(1)**  
**BENEFITS**

Effective 1 January 2021  
*(unless otherwise stated below)*

**A ENTITLEMENT TO BENEFITS**

Beneficiaries are entitled to the prescribed minimum benefits and the annual benefits stipulated in paragraph C this Annexure.

Entitlement to benefits is subject to the main rules, Annexures C and D, and paragraphs B and C of this Annexure.

**B OVERALL ANNUAL LIMIT AND CHARGING OF BENEFITS**

**B1** Charging of benefits: Benefits shall be charged to the major medical risk pool up to the limits set out in the column headed "MONETARY OR OTHER LIMITS." On depletion of those limits the member shall be liable for payment of the claim. Subject to PMB's.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY OR  
OTHER LIMITS**

**C ANNUAL BENEFITS**

**C1. ALTERNATIVE HEALTH CARE SERVICES**

**Homeopathy**

**Consultations and medicines**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the national health reference price list (NHRPL) for services provided by practitioners registered in terms of the relevant South African law.

Combined limit  
with Paramedical  
Services

**C2. AMBULANCE SERVICES**

100% of the cost if approved by the preferred provider.

Subject to overall  
annual limit if  
preferred provider  
is used or if  
preferred provider  
authorizes  
alternative  
provider

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY OR  
OTHER LIMITS**

**C3. APPLIANCES (EXTERNAL ACCESSORIES)**

**C3.1 In hospital**

Subject to the relevant managed health care programme and clinical protocols **[Amended with effect from 1 January 2013]**:

100% of the cost of general medical and surgical appliances. Subject to pre-authorisation **[Amended with effect from 1 January 2014]**

R9 300 per member family.  
**[Amended with effect from 1 January 2019]**

Hearing aid(s) once every 3 years, limited to R5 000

CPAP machine once every 3 years, limited to R5 000

Nebulisers / Humidifiers limited to R500

Glucometers once every 3 years, limited to R500

Back support limited to R2 500

Orthotics limited to R1 000

**[Amended with effect from 1 January 2013]**

**C3.2 Out of hospital**

Subject to the relevant managed health care programme:

**C3.2.1** 100% of the cost of disposable materials used to treat diabetes.

Limited to and included in C3.1

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Appliances (continued)**

**MONETARY  
OR OTHER  
LIMITS**

<b>C3.2.2</b>	100% of the cost of oxygen, cylinders, concentrators, home ventilators and attachments including <b>[Amended with effect from 1 January 2013]</b> CPAP machines.	R6000 per member family <b>[Amended with effect from 1 January 2020]</b>
<b>C3.2.3</b>	100% of the cost of all other medical and surgical appliances.	Limited to and included in C3.1
<b>C3.2.4</b>	100% of the cost of hearing aids and wheelchairs.	Limited to and included in C3.1
<b>C4.</b>	<b>BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>	
<b>C4.1</b>	100% of the cost of blood and blood products.	
<b>C4.2</b>	Subject to the relevant managed health care programme:  100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff <b>[Amended with effect from 1 January 2013]</b> .	

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**C5. CONSULTATIONS AND VISITS**

**MONETARY  
OR OTHER  
LIMITS**

This paragraph expressly excludes consultations and visits to dental practitioners and therapists (see paragraph C6), in-hospital psychiatrists and psychologists (see paragraph C12), oncologists (see paragraph C14), social workers (see paragraph C17), physiotherapists (see paragraph C19), and services provided in respect of ante-natal visits and post-natal visits (see paragraph C10), organ and tissue transplants (see paragraph C16) and renal dialysis (see paragraph C23).

**C5.1 In hospital**

Subject to the relevant managed health care programme: 150% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for consultations and visits by medical specialists and general practitioners.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Consultations and visits (continued)**

**MONETARY OR  
OTHER LIMITS**

**C5.2 Out of hospital**

**C5.2.1 General practitioners**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for consultations and visits by general practitioners in the supplier's rooms or patient's home or primary health care facility.

R5 150 per beneficiary and

R14 000 per member family

**[Amended with effect from 1 January 2019]**

**C5.2.2 Medical specialists**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for consultations and visits by medical specialists in the supplier's rooms or patient's home or primary health care facility.

Limited to and included in C5.2.1

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY  
OR OTHER  
LIMITS**

**C6. DENTISTRY**

Subject to the relevant managed health care programme:

**C6.1 Basic**

**C6.1.1 Dental practitioners**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for basic dentistry.

**C6.1.2 Dental therapists**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for basic dentistry performed by dental therapists.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Dentistry (continued)**

**MONETARY OR  
OTHER LIMITS**

**C6.2      Advanced**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for inlays, crowns, bridges, mounted study models, plastic or metal base partial dentures, the treatment by periodontists (excluding oral medical and periodontal plastic procedures), maxilla-facial surgery and prosthodontists and the dental technicians' fees for all such dentistry **[Amended with effect from 1 January 2013]**.

R6 960 per beneficiary to a maximum of R15 852 per member family. **[Amended with effect from 1 January 2020]**

**C6.3      Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for all services rendered including the cost of special investigations, hospitalization, all general and specialist dental practitioners and their respective assistants and anaesthetist as well as the cost of materials, including all implant components, plates, screws and bone and bone equivalents.



**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Dentistry (continued)**

**MONETARY OR  
OTHER LIMITS**

This benefit includes all stages of treatment required to achieve the end result of placing an implant-supported tooth or supported teeth into spaces left by previous removal of natural teeth. This includes the surgical augmentation of jawbone and surgical placement and exposure of implants.

Limited to and included in C6.2

**C6.4 Oral surgery**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff. Benefit for general anaesthetic and hospitalisation for conservative dental work excluded except in the case of trauma, patients under the age of 12 years and impacted 3rd molars. Benefit limit includes all hospital and doctor cost. **[Amended with effect from 1 January 2013].**

R13 820 PMF  
**[Amended with effect from 1 January 2020]**

**C6.5 Maxillo-facial surgery**

See paragraph C6.2 **[Amended with effect from 1 January 2013]**

See paragraph C24.3

**C6.6 Orthodontic treatment**

Subject to pre-authorisation: 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff **[Amended with effect from 1 January 2013].**

Limited to and included in C6.2

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)  
MONETARY  
OR OTHER  
LIMITS**

**C7. HOSPITALISATION**

This paragraph expressly excludes the benefit for hospitalization arising out of osseo-integrated implants and orthognathic surgery (see paragraph C6.3), maternity (see paragraph C10.1) mental health (see paragraph C12.1), organ and tissue transplants (see paragraph C16) and refractive surgery (see paragraph C24.2).

Authorisation shall be obtained from the organisation that provides the Schemes Hospital Benefit Management programme before a beneficiary is admitted to a hospital or day clinic (except in the case of emergency and PMB's) failing which a levy of R1000 per admission shall apply.

In the event of an emergency the organisation that provides the Schemes Hospital Benefit Management programme must be notified of such emergency within one working day after admission failing which a R1000 levy shall apply.

**[Amended w.e.f. 1 January 2008]**

**C7.1 Private hospitals: Providers other than preferred providers**

**C7.1.1 Accommodation**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or NHRPL for accommodation in a general ward, high care ward and intensive care unit.

**C7.1.2 Operating theatre**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or NHRPL for theatre fees.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Hospitalisation (continued)**

**MONETARY OR  
OTHER LIMITS**

**C7.1.3 Medicine, material and hospital apparatus**

100% of the cost of disinfectants, medicine, injection material, anaesthetics, bandages, intravenous feeding and other material prescribed and used, including the cost of procedures and the use of hospital apparatus and the transport of blood.

**C7.1.4 Medicine on discharge (TTO's)**

Medicine given to a patient to take home are subject to paragraph C11 and limited to R500 per beneficiary per event.

**[Amended w.e.f. 1 January 2008]**

R500 per beneficiary per event included in C11.1.1 (routine medication).

**C7.1.5 Casualty / emergency room visits**

**C7.1.5.1** Medicines given to a patient to take home (TTO's) are subject to paragraph C11 and limited to R500 per beneficiary per event.

**[Amended w.e.f. 1 January 2008]**

R500 per beneficiary per event included in C11.1.1 (routine medication).

**C7.1.5.2** Consultations and visits charged by a general practitioner or medical specialist

Limited to and included in C5.2

**C7.1.5.3** Facility / ambulatory hospital fee: No benefit.

R500 per member family per case.

**[Amended w.e.f. 1 January 2016]**

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Hospitalisation (continued)**

**MONETARY OR  
OTHER LIMITS**

**C7.2 Private hospitals: preferred providers**

**C7.2.1 Accommodation**

100% of the negotiated fee

**C.7.2.2 Operating theatre**

100% of the negotiated fee for theatre costs, including the fee for using the theatre after hours and for the use of registered unattached theatres.

**C7.2.3 Medicine, material and hospital apparatus**

100% of the negotiated fee for disinfectants, medicine, injection material, anaesthetics, bandages, intravenous feeding and other material prescribed and used, including the cost of procedures and the use of hospital apparatus and the transport of blood.

**C7.2.4 Medicine on discharge (TTO's)**

Medicine given to a patient to take home are subject to paragraph C11 and limited to R500 per beneficiary per event.

R500 per  
beneficiary per  
event included in  
C11.1.1 (routine  
medication).

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Hospitalisation (continued)**

**MONETARY OR  
OTHER LIMITS**

**C7.2.5 Casualty / emergency room visits**

**C7.2.5.1** Medicines given to a patient to take home (TTO's) are subject to paragraph C11 and limited to R500 per beneficiary per event.

R500 per beneficiary per event included in C11.1.1 (routine medication).

**C7.2.5.2** Consultations and visits charged by a general practitioner or medical specialist

Limited to and included in C5.2

**C7.2.5.3** Facility / ambulatory hospital fee.

R500 per member family per case.

**[Amended w.e.f.  
1 January 2016]**

**C7.3 Public hospitals**

**C7.3.1 Accommodation**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL

**C7.3.2 Operating theatre**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for theatre costs, including the fee for using the theatre after hours and for the use of registered unattached theatres.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Hospitalisation (continued)**

**MONETARY OR  
OTHER LIMITS**

**C7.3.3 Medicine, material and hospital apparatus**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for disinfectants, medicine, injection material, anaesthetics, bandages, intravenous feeding and other material prescribed and used, including the cost of procedures and the use of hospital apparatus and the transport of blood.

**C7.3.4 Medicine on discharge (TTO's)**

Medicines given to a patient to take home are subject to paragraph C11 and limited to R500 per beneficiary per event.

R500 per beneficiary per event included in C11.1.1 (routine medication).

**C7.3.5 Casualty / emergency room visits**

**C7.3.5.1** Medicines given to a patient to take home (TTO's) are subject to paragraph C11 and limited to R500 per beneficiary per event.

R500 per beneficiary per event included in C11.1.1 (routine medication).

**C7.3.5.2** Consultations and visits charged by a general practitioner or medical specialist

Limited to and included in C5.2

**C7.3.5.3** Facility / ambulatory hospital fee

R500 per member family per case.

**[Amended w.e.f. 1  
January 2016]**

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Hospitalisation (continued)**

**MONETARY OR  
OTHER LIMITS**

**C7.4 Secondary facilities**

**C7.4.1 Sub-acute facilities, hospice and rehabilitation facilities**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for all services rendered by sub-acute facilities, hospice and rehabilitation facilities. Excluding all services for the rehabilitation for substance abuse.

R20 000 PMF  
**[Amended with effect from 1 January 2014]**

**C7.4.2 Nursing services and private nurse practitioners, including psychiatric nursing but excluding midwife services**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for nursing services and private nurse practitioners, including psychiatric nursing but excluding midwife services.

Subject to limit  
C7.4.1 **[Amended with effect from 1 January 2013]**

**C7.5** Compassionate Care Benefit. Limited to R20 000PMF unless a Prescribed Minimum Benefit (PMB). Subject to authorization. **[Amended with effect from 1 January 2018]**

Limited to R20 000PMF  
**[Added with effect from 1 January 2014]**

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY OR  
OTHER LIMITS**

**C8. IMMUNE DEFICIENCY RELATED TO HIV INFECTION**

Subject to the relevant managed health care programme:

**C8.1 Anti-retroviral medicines**

100% of the base price as determined from time to time in terms of the relevant managed health care programme, plus a fixed dispensing fee per line item or per prescription where applicable, less the negotiated discount.

Subject to Overall Annual Limit and PMB's

**C8.2 Related medicines**

In respect of legally prescribed medicines and injection materials:

100% of the reference price or negotiated price.

Subject to Overall Annual Limit and PMB's

**C8.3** Benefits for all other services shall be subject to the benefits applicable in paragraphs C1 to C24.

Limits as per paragraphs C1 to C23



**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY OR  
OTHER LIMITS**

**C9. INFERTILITY**

Subject to the relevant managed health care programme:

No benefit in the private sector.

Subject to PMB's

**C10. MATERNITY**

Subject to the relevant managed health care programme:

**C10.1 Confinement In hospital**

**C10.1.1** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for accommodation, theatre fees, labour ward fees, drugs, dressings, materials and equipment. Caesarean section must be provided as being clinically necessary to qualify for full payment. Non-clinically necessary caesarean sections would result in the confinement benefit being limited to the amount available for vaginal deliveries in accordance with the scheme approved tariff.

**C10.1.2** In respect of legally prescribed medicines and administration devices:

100% of the reference price or negotiated price.

Medicines given to a patient to take home shall be limited to a maximum of R500 per beneficiary per event.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Maternity (continued)****MONETARY OR  
OTHER LIMITS**

**C10.1.3** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for the delivery by a midwife, general practitioner or medical specialist, including the attendant anaesthetist and paediatrician.

**C10.2 Confinement out of hospital**

**C10.2.1** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for the delivery by a general practitioner, medical specialist or midwife.

**C10.2.2** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for services at a registered birthing unit.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Maternity (continued)**

**MONETARY OR  
OTHER LIMITS**

**C10.3 Related services**

**C10.3.1** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for pregnancy related tests and two 2D pregnancy scans during a normal pregnancy by a general practitioner, medical specialist or midwife.

**C10.3.2** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for registered medicines, dressings and materials supplied by a midwife.

Limited to and  
included in C11.1.1

**C10.3.3** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for nine ante-natal consultations with a general practitioner, medical specialist or midwife.

**C10.3.4** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for post-natal care by a general practitioner, medical specialist or midwife up to and including the one post-natal consultation for normal confinements.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Maternity (continued)**

**MONETARY OR  
OTHER LIMITS**

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| <b>C10.3.5</b> | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for one amniocentesis by a general practitioner or medical specialist.   |                                   |
| <b>C10.3.6</b> | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for ante-natal classes.  | Limited to R500 per member family |
| <b>C10.3.7</b> | 100% of the lower of the reference price or the negotiated price in respect of the costs of immunisation for the child.  |                                   |
| <b>C10.3.8</b> | The benefits in respect of C10.3 are subject to registration and compliance with the relevant maternity programme within the prescribed time limit.  |                                   |
| <b>C10.3.9</b> | Maternity benefit paid at 100% of scheme tariff limited to 2 2D scans, 2 gynae/GP visits, one Paediatrician visit and Antenatal Vitamins: R65 per month for 9months payable from Acute Benefit. Subject to registration on the maternity programme. <b>[Added with effect from 1 January 2020]</b> |                                   |

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**C10.4 Termination of pregnancy**

100% of the negotiated fee or, 100% of cost for accommodation, theatre fees, labour ward fees, drugs, dressings, medicines and materials in a private or State hospital and for drugs, dressings, medicines and materials used.

Subject to PMB's

**MONETARY OR  
OTHER LIMITS**

**C11. MEDICINES AND INJECTION MATERIAL**

This paragraph expressly excludes medicines in respect of alternative health care services, (see paragraph C1), in-hospital medicines (see paragraph C7.1.4), anti-retroviral drugs (see paragraphs C8.1 and C8.2), oncology (see paragraph C14.2) and organ and tissue transplants (see paragraph C16.3).

**C11.1 Routine medication**

Subject to the relevant managed health care programme:

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

<b>C11.1.1</b>	<p>In respect of legally prescribed routine medication, excluding homeopathic medicines 100% of the lower of the reference price or the negotiated price.</p> <p>This paragraph excludes prescriptions supplied for use in a hospital but includes a maximum of R500 per beneficiary per event for in-patients on discharge from hospital.</p>	<p>R6 600per beneficiary and R21 100 per member family. A 20% levy per beneficiary is imposed once the benefit utilisation of R3 700 per beneficiary is reached.</p> <p><b>[Amended with effect from 1 January 2020]</b></p>
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**Medicines and injection materials (continued)**

**MONETARY OR  
OTHER LIMITS**

<b>C11.1.2</b>	<p><b>Pharmacy advised therapy</b></p> <p>In respect of Schedules 0, 1 and 2 medicines advised and dispensed by a pharmacist:</p> <p>100% of the lower of the reference price or negotiated price.</p>	<p>Limited to 1 script per member family per month to a maximum of a R170 per script with an annual sub-limit of a R1 630 included in C11.1.1</p> <p><b>[Amended with effect from 1 January 2020]</b></p>
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**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**C11.2 Extended medication**

Subject to the relevant managed health care programme:

- C11.2.1** In respect of legally prescribed extended medication for the conditions referred to in paragraph 7.9.2 of Annexure D and the following conditions: Ankylosing spondylitis, Scleroderma, Dermatomyositis, Huntington's disease, Major depression, Myasthenia gravis, Narcolepsy, Obsessive compulsive disorder, Organ transplantation, Paget's disease, Psoriasis, Osteoporosis & Severe Osteopenia with risk factors and Psychoses;  
100% of the cost.

**C12. MENTAL HEALTH**

**MONETARY OR  
OTHER LIMITS**

**C12.1 In hospital**

- C12.1.1** Subject to authorisation from the relevant managed health care programme.

R 19 200 per member family.  
Inclusive of all costs (Hospital and attending providers)  
**[Amended with effect from 1 January 2019].**

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

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| <b>C12.1.2</b> | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff <b>[Amended with effect from 1 January 2013]</b> for accommodation in a general ward.   |                                    |
| <b>C12.1.3</b> | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff <b>[Amended with effect from 1 January 2013]</b> for electro-convulsive treatment fees. | Limited to and included in C12.1.1 |
| <b>C12.1.4</b> | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff <b>[Amended with effect from 1 January 2013]</b> for materials and hospital equipment.  | Limited to and included in C12.1.1 |
| <b>C12.1.5</b> | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for consultations and visits.   | Limited to and included in C12.1.1 |

**Mental health (continued)**

**MONETARY OR  
OTHER LIMITS**

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| <b>C12.1.6</b> | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for procedures prescribed by general practitioners, psychiatrists or psychologists. | Limited to and included in C12.1.1 |
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**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**C12.1.7** In respect of legally prescribed medicines and injection material:  
  
100% of the lower of the reference price or negotiated price.

Limited to and included in C12.1.1

**C12.1.8 Medicines given to a patient to take home (TTO's)**

Subject to paragraph C11 and limited to R500 per beneficiary per event.

R500 per beneficiary per event included in C11.1.1 (routine medication).

**Mental health (continued)**

**MONETARY OR  
OTHER LIMITS**

**C12.2 Out of hospital**

**C12.2.1** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff **[Amended with effect from 1 January 2013]**for consultations and visits.

Limited to and included in C5.2.1

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**C12.2.2** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for consultations by general practitioners, psychiatrists or psychologists at the supplier's rooms or in any facility or at any place other than a registered hospital.

Limited to and included in C5.2.1 or C17.1 **[Amended with effect from 1 January 2013]**

**C12.2.3** In respect of legally prescribed medicines and injection materials:

Limited to and included in C11.1.1

100% of the lower of the reference price or negotiated price.

**C12.3 Rehabilitation for substance abuse**

100% of the lower of cost or the negotiated fee

R2 000 per member family for all services, subject to prior approval.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY OR  
OTHER LIMITS**

**C13. NON-SURGICAL PROCEDURES AND TESTS**

This paragraph expressly excludes psychiatry and psychology (see paragraphs C12.1.5 and C12.2.2), radiology (see paragraph C21) and optometric examinations by registered optometrists or supplementary optical practitioners (see paragraph C15.4).

**C13.1 In hospital**

Subject to the relevant managed health care programme:

**C13.1.1 General practitioner and clinical technologist**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for all non-surgical procedures performed by a general practitioner or clinical technologist.

**C13.1.2 Medical specialist**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for all non-surgical procedures performed by a medical specialist.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Non-surgical procedures and tests (continued)**

**MONETARY OR  
OTHER LIMITS**

**C13.2 Out of hospital (including treatment in practitioners' rooms)**

**C13.2.1 General practitioner and clinical technologist**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for all non-surgical procedures performed by a general practitioner or clinical technologist.

**C13.2.2 Medical specialist**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for all non-surgical procedures performed by a medical specialist.

**C14. ONCOLOGY**

Subject to the relevant managed health care programme and PMB's

PMB's Unlimited  
through Preferred  
Provider

**C14.1** 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for oncologist consultations, visits, treatment and materials for radiotherapy and chemotherapy during the active treatment period.

Limited to  
R300 000 per  
member family.  
**[Amended with  
effect from 1  
January 2018]**

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

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| <b>C14.2</b>   | In respect of legally prescribed medicine and injection material used in chemotherapy:<br><br>100% of the reference price or negotiated price.  | Limited to and included in<br><br>C14.1   |
| <b>C14.3</b>   | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or Suremed Scheme tariff <b>[Amended with effect from 1 January 2013]</b> for all services performed by a pathologist and radiologist during the active treatment period. Any radiology and pathology must be pre-authorized for benefits. | Limited to and included in<br><br>C14.1   |
| <b>C15.</b>    | <b>OPTOMETRY</b><br><br>Subject to the relevant managed health care programme. Benefit for spectacles or contact lenses.<br><b>[Amended with effect from 1 January 2013]</b>  |   |
| <b>C15.1</b>   | <b>Frames</b><br><br>100% of the tariff. Benefit every two years.<br><b>[Amended with effect from 1 January 2014]</b>   | R1 150 per beneficiary.<br>Included in C15.2.1.<br><b>[Amended with effect from 1 January 2018]</b> |
| <b>C15.2</b>   | <b>Spectacle lenses</b><br><br>100% of the tariff. Benefit every two years.<br><b>[Amended with effect from 1 January 2013]</b>   |   |
| <b>C15.2.1</b> | <b>Single vision, bifocal and multifocal lenses and Readers</b>   |   |

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

Optometry (continued)

MONETARY OR  
OTHER LIMITS

100% of the lower of the cost or Suremed Scheme tariff limited to clear, single vision, bifocal or multifocals or one pair of Readers in place of single vision reading lenses.  
**[Amended with effect from 1 January 2014]**

R2 100 per beneficiary and  
R5 880 per member family.  
Limited to either C15.2 or C15.3.

**[Amended with effect from 1 January 2018]**

**C15.2.2 Lens additions**

100% of the lower of the cost or Suremed Scheme tariff **[Amended with effect from 1 January 2013]**.

Limited to and included in C15.2.1

**C15.2.3 Sunglasses and repairs to frames**

No benefit.

No benefit

**C15.3 Contact lenses**

100% of the lower of the cost or Suremed Scheme tariff for contact lenses, when prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.

Limited to and included in C15.2.1 and to either C15.2 or C15.3.

**C15.4 Optometric examinations**

100% of the lower cost or Suremed Scheme tariff **[Amended with effect from 1 January 2013]**.

One examination per beneficiary per annum

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)  
MONETARY OR  
OTHER LIMITS**

**C16. ORGAN AND TISSUE TRANSPLANTS**

Subject to the relevant managed health care programme, pre-authorisation and PMB's:

- |              |   |   |
|--------------|---|---|
| <b>C16.1</b> | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for harvesting of the organ and transplantation thereof. The benefit does not include the cost incurred by the donor of the organ where the donor is registered on another medical scheme. <b>[Amended with effect from 1 January 2013]</b> | R170 000 per member family.<br><b>[Amended with effect from 1 January 2017]</b> |
| <b>C16.2</b> | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for stem cell harvesting and transplantation limited to allogenic and autologous drafts derived from the South African Bone Marrow Registry. <b>[Amended with effect from 1 January 2013]</b>   | Limited to and included in C16.1  |
| <b>C16.3</b> | In respect of legally prescribed post-operative anti-rejection medicines:<br><br>100% of the lower of the reference price or the negotiated price.  | Limited to and included in C16.1  |

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)  
MONETARY OR  
OTHER LIMITS**

**C17. PARAMEDICAL SERVICES (ALLIED  
MEDICAL PROFESSIONS)**

**C17.1 General services**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for services in respect of:

R2 250 per beneficiary and R5 700 per member family collectively for all services.

**[Amended with effect from 1 January 2019]**

Audiology

Dietetics

Genetic counseling

Hearing aid acoustics

Homeopathy

Occupational therapy,

Orthoptics

Podiatry

Speech therapy

Social workers

Clinical and counseling psychology **[Amended with effect from 1 January 2013]**



**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY OR  
OTHER LIMITS**

**C18. PATHOLOGY AND MEDICAL  
TECHNOLOGY**

**C18.1 In hospital**

Subject to the relevant managed health care programme:

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for all tests performed by a pathologist or medical technologist. **[Amended with effect from 1 January 2013]**

**C18.2 Out of hospital**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for all tests performed by a pathologist or medical technologist.

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY OR  
OTHER LIMITS**

**C19. PHYSICAL THERAPY**

**C19.1 In hospital**

Subject to the relevant managed health care programme:

R6 000per  
beneficiary. **[Added  
with effect from 1  
January 2021]**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for physiotherapy, occupational therapy and biokinetics. **[Amended with effect from 1 January 2016].**

**C19.2 Out of hospital**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for physiotherapy, chiropractics (including x-rays) and biokinetics.

Limited to and  
included in C17.1  
**[Amended with  
effect from 1  
January 2013]**

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY OR  
OTHER LIMITS**

- C20. PREVENTATIVE CARE AND WELLNESS**  
Subject to pre-authorisation, 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for the following : mammograms, PAP smears, prostate examinations and tonometry as per standard.
- R1 500 per beneficiary to a maximum of R3 000 per member family. **[Amended with effect from 1 January 2020]**
- C21. PROSTHESES AND DEVICES – INTERNAL**
- This paragraph expressly excludes internal prosthesis (osseo-integrated implants) for the purpose of replacing a missing tooth or teeth.
- Subject to the relevant managed health care programme and PMB's :
- 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for internal prostheses. **[Amended with effect from 1 January 2013]**
- R40 000 per beneficiary **[Amended with effect from 1 January 2019]**
- Spinal fusion, limited to 2 levels per year to a maximum of R23 000, Intra Occular lens limited to R2 500 and Mesh limited to R7 000. **[Amended with effect from 1 January 2013]**

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY OR  
OTHER LIMITS**

**C22 RADIOLOGY AND RADIOGRAPHY**

Subject to the relevant managed health care programme and PMB's:

**22.1 General radiology**

**C22.1.1 In hospital**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for diagnostic radiology, tests and ultrasounds.

**C22.1.2 Out of hospital**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the NHRPL for diagnostic radiology, tests and ultrasounds.

**C22.2 Specialised radiology**

**C22.2.1 In hospital**

100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for MRI scans, CT scans, Gallium scans and RI studies, subject to obtaining a pre-authorisation additional to any pre-authorisation already obtained for hospitalization.

R18 700 per member family

In and Out of hospital **[Amended with effect from 1 January 2019]**

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**MONETARY OR  
OTHER LIMITS**

**C22.2.2 Out of hospital**

100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or NHRPL for MRI scans, CT scans, Gallium scans and RI studies, subject to obtaining a pre-authorisation failing which a 20% co-payment shall apply.

**C23. RENAL DIALYSIS (CHRONIC)**

Subject to the relevant managed health care programme and PMB's:

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Scheme Rates for consultations, visits, all services, materials and medicines associated with the cost of renal dialysis.

Unlimited per member family.  
[Amended with effect from 1 January 2020]

**C24. SURGICAL PROCEDURES**

This paragraph expressly excludes services provided in respect of osseo-integrated implants and orthognathic surgery (see paragraph C6.3), oral surgery (see paragraph C6.4), maternity (see paragraph C10) and organ and tissue transplants (see paragraph C16).

Subject to the relevant managed health care programme:

**SUREMED  
CHALLENGER OPTION  
ANNEXURE B(1)**

**Surgical procedures (continued)**

**MONETARY OR  
OTHER LIMITS**

**C24.1 General**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for surgical procedures performed by a general practitioner, medical specialist and clinical technologist.

**C24.2 Refractive surgery**

No benefit.

No benefit

**C24.3 Maxillo-facial surgery**

100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the Suremed Scheme tariff for maxillo-facial surgery.

Limited to and included in C6.2 **[Amended with effect from 1 January 2013]**

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