

ANNEXURE B4 – EXPLORER OPTION

BENEFITS WITH EFFECT 1 January 2021

SUBJECT TO THE PROVISIONS OF THESE RULES MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING
BENEFITS (UNLESS EXCLUDED AS PROVIDED FOR IN ANNEXURE C)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
A.	STATUTORY PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE D	100% of cost	No limit	Services rendered by Public Hospitals or any Designated Service Provider.
B.	BENEFITS OTHER THAN PRESCRIBED MINIMUM BENEFITS		No overall annual limit	
C. MomTYB	<p>HOSPITALISATION LIMIT</p> <p>1. Private & public hospitals, registered unattached operating theatres and day clinics:</p> <p>1.1 Accommodation in a general ward, high care ward and intensive care unit.</p> <p>1.2 Theatre fees.</p> <p>1.3 Medicines, materials and hospital equipment.</p> <p>1.4 Visits by medical practitioners.</p> <p>1.5 Confinement and midwives.</p> <p>2. Secondary Facilities:</p> <p>2.1 All services rendered by sub-acute facilities, hospice and rehabilitation facilities.</p> <p>2.2 All services rendered by nursing services and private nurse practitioners, including psychiatric nursing but excluding midwife services.</p> <p>3 Psychiatric hospitalisation.</p>	<p>Preferred Provider - 100%</p> <p>Non-Preferred Provider – 70%, unless PMB's apply.</p> <p>[Amended with effect from 1 January 2018]</p>	<p>Unlimited</p> <p>[Amended with effect from 1 January 2015]</p> <p>2. R12 500 PMF limit, unless PMB's apply.</p> <p>3. PMB's at DSP only.</p> <p>[Amended with effect from 1 January 2013]</p>	<p>- Authorisation shall be obtained from the Scheme/Scheme's designated agent before a Beneficiary is admitted to a hospital or day clinic (except in the case of emergency) failing which a co-payment of R500 per admission shall apply.</p> <p>- In the event of an emergency the Scheme shall be notified of such emergency within one working day after admission failing which the co-payment shall apply.</p> <p>- The percentage benefit for Medicines shall be subject to a medication formulary and/or reference price list as defined by the Scheme's designated agent</p>

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
MomTYB	<p>4. Compassionate Care Benefit [Amended with effect from 1 January 2018]</p>		<p>Limited to R20 000PMF unless a Prescribed Minimum Benefit (PMB) [Added with effect from 1 January 2014]</p>	<ul style="list-style-type: none"> - In the absence of obtaining authorisation and if the Scheme is of the opinion that either the treatment was not appropriate to the case or that the treatment could have been provided other than in-hospital, then, notwithstanding the provisions regarding this benefit, no benefit shall be paid in respect of such treatment. - Accommodation in an intensive care or high care unit is subject to a maximum period 15 days; hereafter authorisation must be obtained for further accommodation. - Minor procedures and dressings which can be performed appropriately in a General Practitioner or specialist's surgery will not receive any hospitalisation benefit. - No in-hospital benefits will be paid in respect of dental procedures. <p>Subject to scheme protocol. Authorisation shall be obtained from the Scheme/Scheme's designated agent prior to the commencement of treatment, failing which no benefit will be paid.</p> <p>Limited to palliative care only. [Added with effect from 1 January 2014]</p>

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
D.	OSSEO-INTEGRATED IMPLANTS (Dental implants)	0%	Not applicable	Not applicable
E. MomTYB MomTYB	<p>SPECIALIST SERVICES:</p> <p>1. In-hospital services All services including confinements, surgical procedures and operations, the cost of in-hospital anaesthetics and assistance at surgical procedures and operations performed in-hospital.</p> <p>2. Out-of-hospital services 2.1 Consultations and visits 2.2 Procedures performed in provider's rooms and all other services, including material supplied for injections, unless stated otherwise in this annexure.</p>	<p>1. Preferred Provider - 100%</p> <p>Non-Preferred Provider -70%, unless PMB's apply. [Amended with effect from 1 January 2018]</p> <p>2. Preferred Provider - 100%</p> <p>Non-Preferred Provider - 70%, unless PMB's apply. [Amended with effect from 1 January 2018]</p>	<p>1. R20 000 PMF, unless PMB's apply. [Amended with effect from 1 January 2015]</p> <p>2. Limited to R3 400 PB per annum [Amended with effect from 1 January 2019]</p>	<ul style="list-style-type: none"> - To be referred through the primary care Preferred Provider and subject to scheme's protocol unless PMB's apply. - Authorisation shall be obtained from the Scheme or the Scheme's designated agent before specialist services are provided, failing which no benefit will be paid, except for PMB's. - In the event of an emergency the Scheme may provide authorisation retrospectively provided it is notified within one working day after the consultation and/or admission, failing which no benefit will be paid, unless PMB's apply. Penalties and levy may apply as indicated in paragraph C. [Amended with effect from 1 January 2013]

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
F.	GENERAL PRACTITIONER and NURSING SERVICES			
MomTYB	1. In-hospital services All services including confinements, surgical procedures and operations, the cost of in-hospital anaesthetics and assistance at surgical procedures and operations performed in-hospital.	1. Preferred Provider - 100% Non-Preferred Provider - 70%, unless PMB's apply. [Amended with effect from 1 January 2018]	1. Included in hospitalisation limit, unless PMB's apply.	1. Subject to scheme protocol.
PrimeCure	2. Out-of-hospital services 2.1 Consultations and visits 2.2 Procedures performed in provider's rooms and all other services as per list of approved codes, including material supplied for injections, unless stated otherwise in this annexure.	2. Preferred Provider - 100% Non-Preferred Provider - 80%, unless PMB's apply. [Amended with effect from 1 January 2021]	2. 12 Consultations per beneficiary at preferred provider. [Amended with effect from 1 January 2015]	2. Authorisation after 12 th visit for PMB's only. Subject to managed care protocol. [Amended with effect from 1 January 2015]

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
G.	<p>CLINICAL TECHNOLOGISTS</p> <p>1. For services provided in-hospital.</p> <p>2. In all other cases other than in-hospital treatment.</p>	<p>Preferred Provider - 100%</p> <p>Non-Preferred Provider - 70%, unless PMB's apply.</p> <p>[Amended with effect from 1 January 2018]</p>	<p>1. Included in hospitalisation limit, unless PMB's apply.</p> <p>2. No limit.</p>	<p>Subject to preferred provider protocol.</p>
H.	<p>DENTAL SERVICES</p> <p>1. Conservative dentistry including ordinary fillings, extractions, preventative treatment and fluoride application according to a list of approved codes.</p> <p>2. Dentures</p> <p>3. Specialised dentistry</p> <p>4. Dentistry emergency visits (out of preferred provider's contracted dental network) according to a list of approved codes</p>	<p>1-2 [Amended with effect from 1 January 2018]</p> <p>Preferred Provider - 100%</p> <p>Non-Preferred Provider - 70%,</p> <p>3. 0%</p> <p>4. 100%</p>	<p>1. 1 Consultation PB, Unlimited extractions, 1 preventative treatment PB [Amended with effect from 1 January 2013]</p> <p>2. R3 700PMF – limited to one set PMF per 24 month cycle. [Amended with effect from 1 January 2021]</p> <p>3. Not Applicable</p> <p>4. Limited to 1 event PB (code 8201)</p>	<ul style="list-style-type: none"> - General anaesthetic and hospitalisation for conservative dental work excluded. - Denture benefit applicable to members over the age of 21 only and subject to authorisation. Plastic dentures only. A co-payment of 20% for dentures. [Amended with effect from 1 January 2015] - The benefit in respect of the Dentistry emergency visits is restricted to emergency extractions and/or pain and sepsis treatment only. - Subject to preferred provider protocol.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS				
I. Primecure	PRESCRIBED MEDICATION AND INJECTION MATERIAL: 1. Acute sickness conditions.	1. Preferred Provider - 100% Non-Preferred Provider - 70%, unless PMB's apply. [Amended with effect from 1 January 2018]	1. No limit.	1.1 Medication to be prescribed by a person legally entitled to prescribe. 1.2 The percentage benefit for Medications shall be subject to the preferred provider's medication formulary and limited to prescriptions by the preferred provider's network of contracted General Practitioners and Dental Practitioners, unless PMB's apply. 2. The Chronic Sickness Condition benefit is subject to the preferred provider's protocols and formulary.				
Primecure					2. Chronic sickness conditions.	2. Preferred Provider - 100% Non-Preferred Provider - 0%, except for PMB's	2. Subject to PMB's [Amended with effect from 1 January 2013]	3. TTO's are subject to a prescribed formulary and/or reference price lists as defined by the Scheme's designated agent.
MomTYB					3. To-Take-out medicines (TTO)	3. Preferred Provider - 100% Non-PP - 0%, unless PMB's appl	3. R300 per beneficiary per event unless PMB's apply.	

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Primecure	4. Self -Medication Benefit	Preferred Provider -100% Non-Preferred Provider - 70% [Amended with effect from 1 January 2018]	R300 PB limited to a maximum of R95 per event , a max of R355 PMF [Amended with effect from 1 January 2021]	The Self Medication Benefit is subject to the preferred provider's self- medication formulary.
<p>J.</p> <p>MomTYB</p> <p>(in hospital MOMTYB – out Prime Cure)</p>	<p>RADIOLOGY</p> <p>1. Specialised Radiology MRI, CAT and/or GALLIUM SCANS and/or RADIOISOTOPES</p> <p>2. Basic Radiology</p>	<p>1. Preferred Provider - 100%</p> <p>Non-Preferred Provider - 70%, except for PMB's [Amended with effect from 1 January 2018]</p> <p>2. Preferred Provider - 100%</p> <p>Non-Preferred Provider - 70%, except for PMB's [Amended with effect from 1 January 2018]</p>	<p>1. Radiology in-hospital and/or referred by a Specialist unless PMB's apply. Specialised Radiology (MRI/CAT and/or Gallium scans and/or Radioisotopes) – 2 scans PMF. Services rendered in-hospital subject to hospitalisation limit. [Amended with effect from 1 January 2013]</p> <p>2. Primary care Radiology – Unlimited</p>	<ul style="list-style-type: none"> - MRI, CAT and/or GALLIUM Scans and/or RADIOISOTOPES must be authorised by the Scheme/Scheme's designated agent, except in emergencies, failing which a co-payment of R500 per scan shall apply. - In the event of an emergency the Scheme shall be notified of such emergency within one working day after admission failing which the R500 co-payment shall apply. - Should pre-authorisation for MRI/CAT and GALLIUM scans and/or RADIOISOTOPES not be obtained and the scans would, under normal circumstances, not have been authorised, no benefit will be paid, unless PMB's apply. - Benefit in respect of basic radiology shall be limited to X-Rays prescribed by the preferred provider in accordance with their list of codes included in their radiology formulary. (Black and white X-Rays and soft tissue ultrasounds only). - Pre-authorisation is required from the preferred provider's call centre in respect of any basic radiology

	SERVICE	% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
K. (in hospital MOMTYB – out PrimeCure)	PATHOLOGY and MEDICAL TECHNOLOGY 1. Pathology 2. Medical Technology	1. Preferred Provider - 100% Non-Preferred Provider - 70%, unless PMB's apply. 2. Preferred Provider - 100% Non-Preferred Provider -70%, except for PMB's [Amended with effect from 1 January 2018]	- Services rendered in- hospital limited to R21 500 PMF, unless PMB's apply. [Amended with effect from 1 January 2019] - Primary care Pathology – Unlimited.	- In-hospital pathology is subject to the approved list of tests as determined between the Scheme and its preferred provider. - Out-of-hospital pathology is limited to tests prescribed by the preferred provider, unless PMB's apply. And subject to the preferred provider's list of approved tests. - Pre-authorisation is required from the preferred provider's call centre for certain pathology tests.
L. MomTYB	CHEMOTHERAPY and RADIOTHERAPY	Preferred Provider - 100% Non-Preferred Provider - 70%, unless PMB's apply. 100% [Amended with effect from 1 January 2018]	No Limit [Amended with effect from 1 January 2013]	PMB's at DSP only [Amended with effect from 1 January 2013] . Authorisation shall be obtained from the Scheme/Scheme's designated agent prior to commencement of treatment, failing which no benefit will be paid, unless PMB's apply.

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M. MomTYB	RENAL DIALYSIS	100% [Amended as from 1 January 2013]	No limit [Amended as from 1 January 2013]	PMB's at DSP subject to regulation 8(3). [Amended as from 1 January 2013]
N. MomTYB	PHYSIOTHERAPY 1. In-hospital 2. Out-of-hospital	1. Preferred Provider - 100% Non-Preferred Provider - 70% [Amended as from 1 January 2018] 2. 0%	1. Limited to R3 550 PMF, unless PMB's apply. [Amended as from 1 January 2019] 2. Not Applicable	Pre- authorised subject to PMB's and scheme protocols. [Amended as from 1 January 2013]
O.	CLINICAL PSYCHOLOGY	0%	No limit subject to PMB's only.	

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
P.	AUDIOMETRY	0%	Not Applicable	Not Applicable
Q. MomTYB	BLOOD TRANSFUSIONS	Preferred Provider - 100% Non-Preferred Provider - 70% [Amended as from 1 January 2018]	Included in hospitalisation limit, unless PMB's apply.	Includes the cost of blood, blood equivalents, blood products and the transport of blood.
R. ER24	AMBULANCE SERVICES and EMERGENCY TRANSPORT SERVICES (Road and Air)	Preferred Provider - 100% Non-Preferred Provider - 70%, unless PMB's apply. [Amended as from 1 January 2018]	No limit	<ul style="list-style-type: none"> - Authorisation must be obtained from the contracted preferred provider before use is made of an ambulance service, unless PMB's apply. - In the event of an emergency the contracted preferred provider shall be notified of such emergency within one working day after the transport is provided, failing which no benefit will be paid.

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S. PrimeCure	<p>AFTER HOURS EMERGENCY CARE:</p> <p>1. General practitioner consultations and outside preferred provider network</p> <p>2. Emergency out of preferred provider network visits</p>	<p>1. 100% [Amended with effect from 1 January 2015]</p> <p>2. 100%</p>	<p>1. R1035 per event [Amended with effect from 1 January 2021] including all services and medication limited to 1 visit PB and a maximum of 2 visits PMF, unless PMB's apply.</p> <p>2. No limit (medical emergencies only)</p>	<p>Limited to emergencies and after-hours services.</p> <p>The unlimited emergency out of preferred provider network visits benefit is subject to the final diagnosis meeting the requirements of the preferred provider's definition of a medical emergency.</p> <p>Member to settle account and submit to preferred provider for reimbursement</p> <p>Subject to preferred provider protocols.</p>
T. MOMTYB	<p>AUXILIARY SERVICES</p> <p>Podiatrists, Speech Therapists and Occupational Therapists, Audiology, etc.</p> <p>1. In-hospital</p> <p>2. Out-of -hospital</p>	<p>1. 100%</p> <p>2. 0%</p>	<p>1. PMB's only</p> <p>2. Not applicable</p>	Not Applicable
U. MomTYB	INTERNAL SURGICAL IMPLANTS	100% [Added as from 1 January 2013]	No limit. [Added as from 1 January 2013]	PMB's only. Authorisation must be obtained from the Scheme's designated agent Subject to scheme protocols. [Added as from 1 January 2013]

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V. MomTYB	OTHER MEDICAL AND SURGICAL APPLIANCES 1. Back, leg, arm and neck supports 2. Crutches 3. Surgical Footwear (Excluding health footwear) 4. Respiratory Oxygen, diabetic and stoma aids continually essential for the medical treatment of the patient. 5. Medical apparatus continually essential for the medical treatment of the patient.	Preferred Provider – 100% Non-Preferred Provider – 70% unless PMB's apply. [Amended with effect from 1 January 2018]	R4 000 PMF, unless PMB's apply. [Amended with effect from 1 January 2019]	Subject to pre-authorisation by the Scheme and only allowed if forming part of in-hospital treatment unless PMB's apply.
W. Primecure	OPTICAL 1. Eye examinations 2. Spectacles	Preferred Provider - 100% Non-Preferred Provider - 70% [Amended with effect from 1 January 2018]	1. One optometry examination per beneficiary every year. 2. One pair spectacles PB every 2 years.	<ul style="list-style-type: none"> - This benefit shall be provided in accordance with the Preferred Providers' protocols. - The choice of frame is limited to the preferred provider's range of approved frames.

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X. MomTYB	<p>Pregnancy tests, post- and antenatal care, minor trauma treatment.</p> <p>Maternity Benefit</p>	<p>Preferred Provider - 100%</p> <p>Non-Preferred Provider – 70% unless PMB's apply. [Amended with effect from 1 January 2018]</p>	<p>No limit except in respect of ultrasounds which are limited to 2 per pregnancy</p>	<p>Benefit includes sonars at Preferred Provider facilities subject to authorisation, failing which no benefit will be paid, unless PMB's apply.</p> <p>- Subject to registration on maternity programme. Limited to 2 visits (GP or Gynae and 2 2D scans, 1 Paediatrician visit and Antenatal vitamins worth R65 per month for 9 months.</p> <p>[Added with effect from 1 January 2020]</p>
Y. PrimeCure	HIV/AIDS out-of-hospital benefit	<p>Preferred Provider – 100%</p> <p>Non-Preferred Provider –70% unless PMB's apply. . [Amended with effect from 1 January 2018]</p>	No limit	<p>- Benefit subject to compliance with the preferred providers disease management program, unless PMB's apply.</p> <p>- No benefit in respect of lost or destroyed medication.</p>
Z. MomTYB	ORGAN TRANSPLANTS [Added as from 1 January 2013]	100% [Added as from 1 January 2013]	No limit [Added as from 1 January 2013]	PMB's at DSP subject to regulation 8(3). [Added as from 1 January 2013]