

SUREMED HEALTH
NAVIGATOR OPTION
ANNEXURE B(2)
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 ANNUAL LIMITS AND CHARGING OF BENEFITS. Subject to PMB's.

B1 There is an overall annual limit of R10 600 per beneficiary **[Amended with effect from 1 January 2021]**, to a maximum of R20 800 per member family **[Amended with effect from 1 January 2021]** in respect of benefits referred to in C1 (auxiliary) C3.1 (external appliances), C5.2 (out-of-hospital general practitioner and specialist consultations and visits), C6 (dentistry), C7.1.4 (non-preferred private hospital TTO medicines), C7.1.5 (non preferred private hospitals casualty/emergency room visits), C7.2.4(preferred private hospital TTO medicines), C7.2.5 (preferred private hospitals casualty/emergency room visits), C7.3.4 (public hospital TTO medicines), C7.3.5.1 (casualty / emergency room visits), C11.1 (routine medication), C12.1.8 (mental health TTO medicines), C12.2 (mental health out-of-hospital), C12.3 (rehabilitation for substance abuse), C13.2 (out-of-hospital non-surgical procedures and tests), C15 (Optometry), C18.2 (out-of-hospital pathology), C19.2 (out-of-hospital physical therapy), C20 (preventative care and wellness), C22.1.2 (out-of-hospital general radiology). All inner limits referred to in the columns in paragraph C below are included in and accumulate to this overall annual limit. Where no inner limit is stated, the benefit shall be subject to this overall annual limit.

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B2 Charging of benefits: Benefits reflected in paragraph B1 of this Annexure shall be charged in terms of paragraph 2.3.1 of Annexure E. All benefits shall be subject to “MONETARY OR OTHER LIMITS” where applicable, irrespective of whether benefits payable from MSA or major medical risk pool **[Amended with effect from 1 January 2013]**

C ANNUAL BENEFITS

C1. ALTERNATIVE HEALTH CARE SERVICES

Auxiliary [Amended with effect from 1 January 2013]

Consultations and medicines

100% of the lower of the cost or Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for practices registered in terms of the relevant South African law.

C2. AMBULANCE SERVICES

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

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OTHER LIMITS**

C3. APPLIANCES (EXTERNAL ACCESSORIES)

C3.1 In and out of hospital

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

100% of the cost of general medical and surgical appliances including wheel chairs and hearing aids.

R2 500 per member family.

[Amended with effect from 1 January 2019]

Hearing aid(s) 3 per cycle, limited to R5 000

CPAP machine 3 per cycle, limited to R5 000

Nebulisers / Humidifiers limited to R500

Glucometers 3 per cycle, limited to R500

Back support limited to R2 500

Orthotics limited to R1 000

[Amended with effect from 1 January 2013]

C4. BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS

C4.1 100% of the cost of blood and blood products.

C4.2 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 Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for blood equivalents.

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: 125% **[Amended with effect from 1 January 2015]** of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or NHRPL for consultations and visits by medical specialists and general practitioners.

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 NHRPL for consultations and visits by general practitioners in the supplier's rooms or patient's home or primary health care facility.

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 NHRPL for consultations and visits by medical specialists in the supplier's rooms or patient's home or primary health care facility.

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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 Suremed Scheme tariff for basic dentistry **[Amended with effect from 1 January 2013]**

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 scheme tariff for basic dentistry performed by dental therapists.

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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 Suremed Scheme tariff for inlays, crowns, bridges, mounted study models, plastic or [Amended with effect from 1 January 2013] metal base dentures every three year [Amended with effect from 1 January 2013], the treatment by periodontists (excluding oral medical and periodontal plastic procedures) and prosthodontists and the dental technicians' fees for all such dentistry.

R4 800 per
beneficiary
[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 Suremed Scheme tariff for all services rendered including the cost of special investigations, all general and specialist dental practitioners and their respective assistants and anesthetists as well as the cost of materials, including all implant components, plates, screws and bone and bone equivalents.

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 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]**

R10 700 PMF
[Amended with effect from 1 January 2020]

C6.5 Maxillo-facial surgery

See paragraph C24.3

See paragraph C24.3

C6.6 Orthodontic treatment

Subject to pre-authorisation:

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

Limited to and included in C6.2

**MONETARY
OR OTHER
LIMITS**

C7. HOSPITALISATION

This paragraph expressly excludes the benefit for hospitalisation 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) failing which a levy of R1000 per admission shall apply. Except PMB's.

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.

C7.1 Private hospitals: Providers other than preferred providers

C7.1.1 Accommodation

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

C7.1.2 Operating theatre

100% of the lower of the cost or NHRPL for theatre fees.

Hospitalisation (continued)

**MONETARY OR
OTHER LIMITS**

C7.1.3 Medicine, material and hospital apparatus

100% of the cost of disinfectants, medicine, injection material, anesthetics, 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.

R500 per
beneficiary per
event.

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.

R500 per
beneficiary per
event.

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

C7.1.5.3 Facility / ambulatory hospital fee: no benefit.

No benefit

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, anesthetics, 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

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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.

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

C7.2.5.3 Facility / ambulatory hospital fee: no benefit No benefit

C7.3 Public hospitals

C7.3.1 Accommodation

100% of the lower of the cost or NHRPL

C7.3.2 Operating theatre

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

Hospitalisation (continued)

**MONETARY OR
OTHER LIMITS**

C7.3.3 Medicine, material and hospital apparatus

100% of the lower of the cost or the NHRPL for disinfectants, medicine, injection material, anesthetics, 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.

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

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.

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

C7.3.5.3 Facility / ambulatory hospital fee: no benefit.

No benefit

Hospitalisation (continued)

**MONETARY OR
OTHER LIMITS**

C7.4 Secondary facilities

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

100% of the lower of the cost, Scheme rate or negotiated fee for all services rendered by sub-acute facilities, hospice and rehabilitation facilities unless a Prescribed Minimum Benefit (PMB). Excluding all services for the rehabilitation for substance abuse, see **C12.3. [Amended with effect from 1 January 2018]**

R20 000 PMF

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

100% of the lower of the cost, Suremed Scheme tariff **[Amended with effect from 1 January 2013]** or negotiated fee for nursing services and private nurse practitioners, including psychiatric nursing but excluding midwife services.

Included and limited to C7.4.1

7.5 Terminal Care Benefit. Limited to palliative care only unless a Prescribed Minimum Benefit (PBM).

Limited to R20 000PMF. Subject to authorization.

[Added with effect from 1 January 2014]

**MONETARY OR
OTHER LIMITS**

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

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

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.

C8.2 Related medicines

In respect of legally prescribed medicines and injection materials:

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

C8.3 Benefits for all other services shall be subject to the benefits applicable in paragraphs C1 to C23.

Limits as per paragraphs C1 to C23

**MONETARY OR
OTHER LIMITS**

C9. INFERTILITY

Subject to the relevant managed health care programme:

[Amended with effect from 1 January 2018]

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 Scheme tariff 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 schemes tariff.
[Amended with effect from 1 January 2018]

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

100% of the lower 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.

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 Scheme tariff for the delivery by a midwife, general practitioner or medical specialist, including the attendant anaesthetist and paediatrician. **[Amended with effect from 1 January 2018]**

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 Scheme tariff for the delivery by a general practitioner, medical specialist or midwife. **[Amended with effect from 1 January 2018]**

C10.2.2 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or Scheme tariff for services at a registered birthing unit. **[Amended with effect from 1 January 2018]**

C10.3. 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 9 months payable from acute benefit. Subject to registration on the maternity programme. **[Added with effect from 1 January 2020]**

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 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 NHRPL for registered medicines, dressings and materials supplied by a midwife.
- 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 scheme tariff for post-natal care by a general practitioner, medical specialist or midwife up to and including the one post-natal consultation for normal confinements.

Maternity (continued)

**MONETARY OR
OTHER LIMITS**

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| C10.3.5 | 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or NHRPL for one amniocentesis by a general practitioner or medical specialist. | |
| C10.3.6 | 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 R370 per member family included in C10. |
| C10.3.7 | The benefits in respect of C10.3 are subject to registration and compliance with the relevant maternity programme within the prescribed time limit. | |
| C10.3.8 | 100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or the scheme in respect of the costs of hospitalisation for the child. | |
| C10.4 | <p>Termination of pregnancy</p> <p>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.</p> | Subject to PMB's |

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) and

C11.1 Routine medication

Subject to the relevant managed health care programme:

C11.1.1 In respect of legally prescribed routine medication excluding homeopathic medicines: 100% of the lower of the reference price or the negotiated price.

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.

R3 165 per beneficiary.

For PAT see C11.1.2

[Amended with effect from 1 January 2020]

Medicines and injection materials (continued)

**MONETARY OR
OTHER LIMITS**

C11.1.2 Pharmacy advised therapy

In respect of Schedules 0, 1 and 2 medicines advised and dispensed by a pharmacist:

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

Limited to 1 script per member family per month to a maximum of a R160 per script with an annual sub-limit of a R1 425, included in C11.1.1.

[Amended with effect from 1 January 2020]

C11.2 Extended medication

Subject to the relevant managed health care programme:

C11.2.1 In respect of legally prescribed extended medication:

100% of the formulary price.

C12. MENTAL HEALTH	MONETARY OR OTHER LIMITS
C12.1 In hospital	
C12.1.1 Subject to authorisation from the relevant managed health care programme. Subject to Prescribed Minimum Benefits (PMB's). [Amended with effect from 1 January 2018]	
C12.1.2 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or scheme tariff for accommodation in a general ward.	R16 000 per member family [Amended with effect from 1 January 2019]
C12.1.3 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or scheme tariff for electro-convulsive treatment fees.	Limited to and included in C12.1.1
C12.1.4 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or scheme tariff for materials and hospital equipment.	Limited to and included in C12.1.1
C12.1.5 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or scheme tariff for consultations and visits.	Limited to and included in C12.1.1

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Mental health (continued)

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C12.1.6	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or NHRPL for procedures prescribed by general practitioners, psychiatrists or psychologists.	Limited to and included in C12.1.1
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.

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 scheme tariff for consultations and visits.

C12.2.2 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or NHRPL for procedures by general practitioners, psychiatrists or psychologists at the supplier's rooms or in any facility or at any place other than a registered hospital.

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

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
[Amended with effect from 1 January 2018]

**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 scheme tariff 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 scheme tariff for all non-surgical procedures performed by a medical specialist.

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 lower of the cost or scheme tariff for all non-surgical procedures performed by a general practitioner or clinical technologist.	
C13.2.2 Medical specialist	
100% of the lower of the cost or scheme tariff for all non-surgical procedures performed by a medical specialist.	
C14. ONCOLOGY	PMB's Unlimited through Preferred Provider
Subject to the relevant managed health care programme and PMB's	
14.1 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or scheme tariff for oncologist consultations, visits, treatment and materials for radiotherapy and chemotherapy during the active treatment period.	Limited to R250 000 per family [Amended with effect from 1 January 2018]

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Oncology (continued)

**MONETARY OR
OTHER LIMITS**

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| C14.2 | In respect of legally prescribed medicine and injection material used in chemotherapy:

100% of the lower of the reference price or negotiated price. | Limited to and included in C14.1 |
| C14.3 | 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or NHRPL for all services performed by a pathologist and radiologist during the active treatment period. Any radiology and pathology must be pre-authorised for benefits. | Limited to and included in C14.1 |
| C15. | OPTOMETRY

Subject to the relevant managed health care programme. Benefit for spectacles or contact lenses [Amended with effect from 1 January 2013] | R1 260 per beneficiary to a maximum of R3 165 per member family.

[Amended with effect from 1 January 2020] |
| C15.1 | Frames

100% of the tariff. Benefit every two years. [Amended with effect from 1 January 2013] | Limited to and included in C15. |
| C15.2 | Spectacle lenses

100% of the tariff. Benefit every two years. [Amended with effect from 1 January 2013] | Limited to and included in C15. |
| C15.2.1 | Single vision, bifocal and multifocal lenses and Readers | |

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Optometry (continued)

100% of the lower of the cost or Suremed Scheme tariff, limited to clear, single vision, bifocal or multi focals or one pair of Readers in place of single vision reading lenses. 100% of the tariff. Benefit every two years. **[Amended with effect from 1 January 2013]**

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

C15.2.2 Lens additions

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

Limited to and included in C15.

C15.2.3 Sunglasses and repairs to frames

No benefit.

No benefit

C15.3 Contact lenses

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

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

C15.4 Optometric examinations

100% of the lower cost or scheme tariff.

One examination per beneficiary per annum. Limited to and included in C15.

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OTHER LIMITS**

C16. ORGAN AND TISSUE TRANSPLANTS

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

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| C16.1 | 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or NHRPL for harvesting of the organ and transplantation thereof. [Amended with effect from 1 January 2018] | R150 000 per member family
[Amended with effect from 1 January 2019] |
| C16.2 | 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or scheme tariff for stem cell harvesting and transplantation limited to allogenic and autologous drafts derived from the South African Bone Marrow Registry. The benefit does not include the cost incurred by the donor of the organ. | Limited to and included in C16.1 |
| C16.3 | In respect of legally prescribed post-operative anti-rejection medicines:

100% of the reference price or the negotiated price. | Limited to and included in C16.1 |

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OTHER LIMITS**

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

No benefit

No benefit

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 scheme tariff for all tests performed by a pathologist or medical technologist.

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 scheme tariff for all tests performed by a pathologist or medical technologist.

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OTHER LIMITS**

C19. PHYSICAL THERAPY

C19.1 In hospital

Subject to the relevant managed health care programme:

R5 650 per
beneficiary unless
PMB's apply **[Added
with effect from 1
January 2020]**

100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost or NHRPL for physiotherapy and biokinetics.

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 NHRPL for physiotherapy, chiropractics (including x-rays) and biokinetics.

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 NHRPL for the following : mammograms, PAP smears, prostate examinations and tonometry as per standard.

R1 110 per
beneficiary to a
maximum of
R2 100 per
member family.
**[Amended with
effect from 1
January 2020]**

**MONETARY OR
OTHER LIMITS**

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:

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 internal prostheses.

R35 000 per
beneficiary
**[Amended with
effect from 1
January 2019]**

Spinal fusion, limited to 2 levels per year to a maximum of R25 000, Intra Ocular lens limited to R2 500 and Mesh limited to R8 000.
[Amended with effect from 1 January 2019]

C22. RADIOLOGY AND RADIOGRAPHY

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

C22.1 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 Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for diagnostic radiology, tests and ultrasounds.

Radiology and radiography (continued)

**MONETARY OR
OTHER LIMITS**

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 Suremed Scheme tariff **[Amended with effect from 1 January 2013]** for diagnostic radiology, tests and ultrasounds.

C22.2 Specialised radiology

R16 900 per family
In and out of hospital
**[Amended with
effect from 1
January 2020]**

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 hospitalisation.

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 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 failing which a 20% co-payment shall apply.

Radiology and radiography (continued)

**MONETARY OR
OTHER LIMITS**

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 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:

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 NHRPL 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 cost or NHRPL for maxillo-facial surgery.

C25 Oxygen

100% of the cost of oxygen and cylinders.

R4000 per
member family
**[Amended with
effect from 1
January 2020]**