PREVENTATIVE BENEFITS		
PAID FROM THE INSURED BENEFIT, THEREAFTER PAYABLE FROM MSA WITH DUE REGARD TO THE PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE F	• BENEFIT IS SUBJECT TO A DSP • MANAGED CARE PROTOCOLS APPLY • PAID AT 100% OF NMS TARIFF • ONE PER BENEFICIARY PER ANNUM	
BENEFIT	**TERMS AND CONDITIONS**	**NAPPI/TARIFF CODE**
FLU VACCINATION	SCHEME SELECTED VACCINE AT DSP PHARMACIES	VACCINE WILL BE CONFIRMED ANNUALLY
PAP SMEAR (PATHOLOGY)	FEMALE BENEFICIARIES 13 YEARS AND OLDER	4566 / 4559
BLOOD SUGAR TEST (PATHOLOGY)	ALL BENEFICIARIES	4050 / 4057
CHOLESTEROL TEST (PATHOLOGY)	ALL BENEFICIARIES	4027
PROSTATE TEST (PATHOLOGY)	MALE BENEFICIARIES	4519
HIV TEST	ALL BENEFICIARIES	
BONE DENSITY SCAN (FOR OSTEOPOROSIS AND BONE FRAGMENTATION)	ALL BENEFICIARIES 50 YEARS AND OLDER	3604 / 50120
MAMMOGRAM (RADIOLOGY IMAGE)		3605 / 39175 / 34100 / 34101 / 34200
CHILD IMMUNISATIONS	AS PER THE DEPARTMENT OF HEALTH PROTOCOLS FOR CHILDREN UP TO THE AGE OF 12 YEARS INCLUDING MMR (EXCLUDING HPV VACCINATIONS)	

REGISTERED BY ME ON

Mashilo Leboho 2021/12/23
18/01/2022 16:17:52(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

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COVERED BY SCHEME INSURED BENEFITS	WITH DUE REGARD TO THE PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE F. LIMITS DO NOT APPLY TO PRESCRIBED MINIMUM BENEFITS (PMBS). PMBS ARE PAID IN FULL WHEN MAKING USE OF A DESIGNATED SERVICE PROVIDER (DSP).	
BENEFIT	**TERMS AND CONDITIONS**	**LIMITS**
HOSPITALISATION	BENEFIT IS SUBJECT TO A DSP WHERE FAILURE TO MAKE USE OF THE DSP WILL RESULT IN A 25% CO-PAYMENT BEING APPLIED TO THE ENTIRE ADMISSION, EXCEPT FOR PMB'S. MANAGED CARE RULES AND PROTOCOLS APPLY. PRE-AUTHORISATION REQUIRED.	
ALL HOSPITILISATION MUST BE PRE-AUTHORISED BY CONTACTING THE NOMINATED ADMINISTRATOR. AUTHORISATION IS REQUIRED 72 HOURS BEFORE ADMISSION. IN EMERGENCIES, WITHIN 72 HOURS FROM ADMISSION.	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
ACCOMMODATION IN A PRIVATE WARD IS SUBJECT TO CERTIFICATION BY THE ATTENDING PRACTITIONER AS ESSENTIAL FOR THE RECOVERY OF THE PATIENT FOR WHICH AUTHORISATION IS REQUIRED FROM NOMINATED ADMINSTRATOR.	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
PROVINCIAL AND PRIVATE HOSPITALS AND DAY CLINIICS (EXCLUDING REHABILITATION TREATMENT)	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
"TO TAKE OUT" DRUGS FORM PART OF THE HOSPITALISATION BENEFIT AND ARE NOT SUBJECT TO A LEVY.	100% OF NMS TARIFF	LIMITED TO 7 DAYS SUPPLY
PSYCHIATRIC HOSPITILISATION	100% OF NMS TARIFF AT PREFERRED PROVIDER	LIMITED TO 21 DAYS PER BENEFICIARY PER ANNUM OR 15 OUTPATIENT PSYCHOTHERAPY SESSIONS
HOSPITAL@HOME: TREATMENT IN-LIEU OF HOSPITILISATION/EARLY DISCHARGE FOR CLINICALLY APPROPRIATE ACUTE AND CHRONIC CONDITIONS	100% OF NMS TARIFF AT PREFERRED PROVIDER SUBJECT TO PRE-AUTHORISATION AND MEETING CLINICAL AND BENEFIT ENTRY CRITERIA TREATMENT GUIDELINES APPLY	BASKET OF CARE APPLIES
HOSPITAL READMISSION CARE PROGRAMME MANAGE HIGH RISK PATIENTS IDENTIFIED DURING THEIR JOURNEY FROM ADMISSION TO DISCHARGE	100% OF NMS TARIFF AT PREFERRED PROVIDER MEETING CLINICAL AND BENEFIT ENTRY CRITERIA TREATMENT GUIDELINES APPLY	BASKET OF CARE APPLIES
OUT PATIENT PROCEDURES	PRE-AUTHORISATION REQUIRED.	
GASTROSCOPY, SIGMOIDOSCOPY, COLONOSCOPY, DIRECT LARYNGOSCOPY, BIOPSY OF BREAST LUMPS, EXCISION OF NAIL BED, SURGICAL REMOVAL OF PLANTAR WARTS, NON COSMETIC VARICOSE VEIN INJECTIONS OR DRAINAGE, REMOVAL OF WISDOM OR IMPACTED TEETH, REMOVAL OF RETAINED DENTAL ROOTS	R500 CO-PAYMENT TO BE APPLIED IN RESPECT OF GASTROSCOPY AND COLONSCOPY IF DSP ARRANGEMENT IS NOT USED. 100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
+ ANY OUT PATIENT OR CASUALTY PROCEDURE WHICH RESULTS FROM A PROCEDURE PREVIOUSLY REQUIRING HOSPITAL ADMISSION, OR RELATING TO A P1 AND P2 DEFINED AS AN EMERGENCY CONDITION.	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE

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Mashilo Leboho 2022/01/12/23
18/01/2022 16:18:05(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES

COVERED BY SCHEME INSURED BENEFITS	WITH DUE REGARD TO THE PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE F. LIMITS DO NOT APPLY TO PRESCRIBED MINIMUM BENEFITS (PMBS). PMBS ARE PAID IN FULL WHEN MAKING USE OF A DESIGNATED SERVICE PROVIDER (DSP).	
BENEFIT	**TERMS AND CONDITIONS**	**LIMITS**
TREATMENT WHEN IN HOSPITAL		
GP's, SPECIALISTS AND TECHNICIANS, PHYSIOTHERAPY AND PROCEDURES AND CONSULTATIONS WHEN IN HOSPITAL, INCLUDING DRUGS, BLOOD TRANSFUSIONS, MAXILLOFACIAL SURGERY AVAILABLE FOR CANCER AND AUTHORISED CASES ONLY.	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
ORGAN TRANSPLANTS INCLUDING DONAR COSTS HOSPITALISATION, SURGERY AND IMMUNOSUPPRESSANT DRUGS (NOMINATED ADMINISTRATOR APPROVAL REQUIRED).	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
KIDNEY DIALYSIS (INCLUDING RENAL UNIT AND TECHNICIANS) (NOMINATED ADMINISTRATOR APPROVAL REQUIRED).	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
MOTOR VEHICLE ACCIDENTS AND THIRD PARTY CASES		
MOTOR VEHICLE ACCIDENTS AND INJURIES RELATING TO THIRD PARTY CASES (PAYMENT SUBJECT TO UNDERTAKING AND ACCIDENT INJURY REPORT).	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
SPECIALISTS - OUT OF HOSPITAL	FAILURE TO PRE-AUTHORISE WILL RESULT IN PAYMENT FROM SAVINGS, EXCEPT FOR PMB'S. FOLLOW-UP VISITS ALSO REQUIRE PRE-AUTHORISATION.	
CONSULTATIONS, VISITS OUTSIDE OF HOSPITAL AND OUT PATIENT VISITS.	100% OF NMS TARIFF AT PREFERRED PROVIDER	9 CONSULTATIONS PER BENEFICIARY PER ANNUM
SURGICAL SERVICES, INCLUDING ALL MATERIAL USED (E.G. STITCHES IN DOCTORS ROOMS).	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
CHEMOTHERAPY, RADIATION AND DIALYSIS TREATMENT IN AND OUT OF HOSPITAL PRIOR (NOMINATED ADMINISTRATOR APPROVAL REQUIRED).	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
ONE VISIT PER BENEFICIARY PER ANNUM MAY BE USED FOR AN OPTOMETRY CONSULTATION	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE

REGISTERED BY ME ON

Mashilo Leboho 12/23
18/01/2022 16:17:59(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES

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COVERED BY SCHEME INSURED BENEFITS	WITH DUE REGARD TO THE PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE F. LIMITS DO NOT APPLY TO PRESCRIBED MINIMUM BENEFITS (PMBS). PMBS ARE PAID IN FULL WHEN MAKING USE OF A DESIGNATED SERVICE PROVIDER (DSP).	
BENEFIT	**TERMS AND CONDITIONS**	**LIMITS**
PATHOLOGY		
PATHOLOGY IN HOSPITAL	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
PATHOLOGY OUT OF HOSPITAL POINT OF CARE PATHOLOGY TESTS	100% OF NMS TARIFF AT PREFERRED PROVIDER SUBJECT TO MEETING THE SCHEME'S TREATMENT GUIDELINES AND MANAGED HEALTH CARE CRITERIA	R3,750 PER BENEFICIARY PER ANNUM
SPECIALISED RADIOLOGY	R500 CO-PAYMENT APPLIED IN RESPECT OF THE FOLLOWING SCANS WHEN PERFORMED OUT-OF-HOSPITAL AND DIAGNOSIS IS NOT A PMB: • MRI AND CT SCANS; • BONE DENSITOMETRY SCANS FOR BENEFICIARIES UNDER THE AGE OF 50 YEARS	
RADIOLOGY AND RELATED MATERIALS (PRE-AUTHORISATION REQUIRED FOR: CONTRAST STUDIES, MRI, MAMMOGRAMS, BONE DENSITOMETRY, PET AND CT SCANS UNLESS IN THE CASE OF AN EMERGENCY WITHIN 72 HOURS OF SCAN).	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
BASIC RADIOLOGY		
BLACK AND WHITE X-RAYS AND ULTRASONOGRAPHY	100% OF NMS TARIFF	M R3,390 M+1 R5,070 M+2 R5,915 M+3 R6,340
MATERNITY BENEFITS	REGISTRATION ON THE MATERNITY PROGRAMME REQUIRED THROUGH NOMINATED ADMINISTRATOR. FAILURE TO REGISTER ON THE THE MATERNITY PROGRAMME WILL RESULT IN PAYMENT FROM SAVINGS.	
ANTENATAL CONSULTATIONS AT A GYNAECOLOGISTS OR GENERAL PRACTITIONER	100% OF NMS TARIFF	13 CONSULTATIONS PER PREGNANCY
FOR HOSPITAL AND HOME CONFINEMENTS ALL MEDICAL EXPENSES SUBJECT TO MANAGED CARE RULES AND PROTOCOLS.	100% OF NMS TARIFF AT PREFERRED PROVIDER	NONE
VITAMINS	100% OF NMS TARIFF AT PREFERRED PROVIDER	AS INCLUDED IN MATERNITY PROGRAMME FORMULARY
ULTRA-SOUND SCANS (PRE-AUTHORISATION REQUIRED FOR MORE THAN TWO ULTRA-SOUND SCANS).	100% OF NMS TARIFF	2 ULTRASOUNDS
ANTENATAL CLASSES		R1,000 PER PREGNANCY AT A BABY CLINIC LOCATED WITHIN A NETCARE HOSPITAL

COVERED BY SCHEME INSURED BENEFITS	WITH DUE REGARD TO THE PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE F. LIMITS DO NOT APPLY TO PRESCRIBED MINIMUM BENEFITS (PMBS). PMBS ARE PAID IN FULL WHEN MAKING USE OF A DESIGNATED SERVICE PROVIDER (DSP).	
BENEFIT	**TERMS AND CONDITIONS**	**LIMITS**
PRESCRIBED MEDICINES: CHRONIC ILLNESS	BENEFIT IS SUBJECT TO A DSP WHERE FAILURE TO MAKE USE OF THE DSP WILL RESULT IN MEMBER MAKING PAYMENT UPFRONT AND THEN CLAIMING FROM THE SCHEME. 100% OF NMS TARIFF AT PREFERRED PROVIDER MMAP APPLIES	
CHRONIC MEDICATION BENEFIT: ONLY APPLICABLE FOR MEMBERS WHO HAVE REGISTERED AND BEEN ACCEPTED ONTO THE CHRONIC MEDICATION PLAN PROGRAMME. BENEFITS ARE ONLY APPLICABLE FROM DATE OF APPROVED REGISTRATION AND SUBJECT TO THE PMB'S AND ANNEXURE E AND F.	CHRONIC DISEASE LIST ('CDL') CONDITIONS	NO LIMIT SUBJECT TO FORMULARY
	NON-CDL CONDITIONS (DEPRESSION)	NO LIMIT SUBJECT TO FORMULARY
	NON-CDL CONDITIONS (ATTENTION DEFICIT HYPERACTIVITY DISORDER - 'ADHD')	NO LIMIT 20% CO-PAYMENT
DENTISTRY	BENEFIT IS SUBJECT TO A DSP WHERE FAILURE TO MAKE USE OF THE DSP WILL RESULT IN PAYMENT FROM SAVINGS. DENTAL MANAGED CARE RULES AND PROTOCOLS APPLY.	
BASIC DENTISTRY (FILLINGS, EXTRACTIONS, X-RAYS & PROPHYLAXIS) AND SPECIALISED DENTISTRY (PERIODONTICS, BRIDGEWORK, CROWNS, DENTURES AND DENTAL IMPLANTS).	100% OF NMS TARIFF AT PREFERRED PROVIDER	COMBINED IN-AND-OUT-OF-HOSPITAL DENTISTRY LIMIT M R5,350 M+1 R8,335 M+2 R10,715 M+3 R13,095
ORTHODONTICS (ONLY FOR MEMBERS UNDER 21 YEARS OF AGE)	100% OF NMS TARIFF AT PREFERRED PROVIDER	
MAXILLO-FACIAL AND ORAL SURGEONS PERFORMING SPECIALISED DENTAL PROCEDURES.	PRE-AUTHORISATION REQUIRED 100% OF NMS TARIFF AT PREFERRED PROVIDER	
IN HOSPITAL DENTISTRY	BENEFIT IS SUBJECT TO A DSP WHERE FAILURE TO MAKE USE OF THE DSP WILL RESULT IN PAYMENT FROM SAVINGS. DENTAL MANAGED CARE RULES AND PROTOCOLS APPLY. PRE-AUTHORISATION REQUIRED.	
IF APPROVED, THEATRE AND ANAESTHETISTS WILL FUND FROM THE UNLIMITED HOSPITAL BENEFIT. DENTISTS OR DENTAL SURGEONS WILL PAY FROM THE OVERALL DENTAL FAMILY LIMIT. THE COST OF HOSPITALISATION AND ALL RELATED ACCOUNTS FOR DENTAL TREATMENT WILL BE DEDUCTED FROM MSA LIMITS WHERE PRE-AUTHORISATION IS NOT OBTAINED.	100% OF NMS TARIFF AT PREFERRED PROVIDER REGISTERED BY ME ON 2021/12/23 REGISTRAR OF MEDICAL SCHEMES	THEATRE & ANAESTHETISTS - UNLIMITED HOSPITAL BENEFIT; DENTIST/DENTAL SURGEON - SUBJECT TO OVERALL DENTAL FAMILY LIMIT
WORLD HEALTH ORGANISATION (WHO) GLOBAL OUTBREAK BENEFIT	BENEFITS WILL BE SUBJECT TO PMBs. INCLUDES BASKET OF CARE TO MANAGE THE DISEASE AND PROVIDE SUPPORTIVE TREATMENT OF GLOBAL WHO RECOGNIZED DISEASE OUTBREAKS. DSP APPLIES WHERE APPLICABLE.	
COVID-19 BENEFITS IN ADDITION TO WHO BENEFIT	BENEFITS WILL BE SUBJECT TO PMBs. INCLUDES BASKET OF CARE TO MANAGE THE DISEASE AND PROVIDE SUPPORTIVE TREATMENT OF COVID-19. DSP APPLIES WHERE APPLICABLE.	
HOME MONITORING FOR POSITIVE AT-RISK MEMBERS, FUNDING PULSE OXIMETER AND UP TO 3 CONSULTANTIONS WITH A WELLNESS CONSULTANT	100% OF SCHEME RATE FOR SERVICES WITHIN THE BASKET OF CARE	1 PULSE OXIMETER PER BENEFICIARY; 3 CONSULTATIONS WITH A WELLNESS CONSULTANTS.
COVID-19 TESTS , INCLUDING TESTING FOR ASYMPTOMATIC MEMBERS WHO REQUIRE A NON-COVID-19 RELATED HOSPITAL ADMISSION	100% OF SCHEME RATE	NO LIMIT
PERSONAL PROTECTION EQUIPMENT (PPE) DURING COVID-19 OUTBREAK ONLY (CODE PPE01)	100% OF AGREED RATE	NO LIMIT

COVERED BY SCHEME INSURED BENEFITS	WITH DUE REGARD TO THE PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE F. LIMITS DO NOT APPLY TO PRESCRIBED MINIMUM BENEFITS (PMBS). PMBS ARE PAID IN FULL WHEN MAKING USE OF A DESIGNATED SERVICE PROVIDER (DSP).	
BENEFIT	**TERMS AND CONDITIONS**	**LIMITS**
PROSTHESES	PRE-AUTHORISATION REQUIRED. SUB-LIMITS FOR KNEE, HIP AND SHOULDER REPLACEMENTS WILL APPLY IF NON-PREFERRED PROVIDER IS USED.	
EXTERNAL AND INTERNAL PROSTHESES REGISTERED BY ME ON 2021/12/23 REGISTRAR OF MEDICAL SCHEMES	100% OF APPROVED BENEFIT	R91,310 PER BENEFICIARY PER ANNUM. *HIP & KNEE REPLACEMENTS: SUB-LIMIT OF R32,290 PER BENEFICIARY PER ANNUM. NO SUB-LIMIT IF PREFERRED PROVIDER IS USED. *SHOULDER REPLACEMENTS: SUB LIMIT OF R44,880. NO SUB-LIMIT IF PREFERRED PROVIDER IS USED. SPINAL SURGERY: SUB-LIMIT OF R27,430 FOR THE FIRST LEVEL AND R54,860 OR TWO OR MORE LEVELS PROSTHETIC DEVICES USED IN SPINAL SURGERY.
APPLIANCES	MANAGED CARE RULES AND PROTOCLS APPLY. PRE-AUTHORISATION REQUIRED.	
HEARING ADIS AND HEARING AID REPAIRS	100% OF APROVED BENEFIT	R20,080 PER BENEFICIARY PER EAR EVERY 2 YEARS
OTHER APPLIANCES	100% OF APROVED BENEFIT	R4,440 PER BENEFICIARY PER ANNUM
AMBULANCE SERVICES	BENEFIT IS SUBJECT TO USE OF PREFERRED PROVIDER. PRE-AUTHORISATION REQUIRED. 25% CO-PAYMENT FOR VOLUNTARY, NON-EMERGENCY USE OF ANY OTHER SERVICE PROVIDER.	
AIR AND ROAD EMERGENCY SERVICES	100% OF COST AT APPROVED PROVIDER UTILISED	NO LIMIT IF PREFERRED PROVIDER IS USED ANY OTHER PROVIDER, 25% CO-PAYMENT EXCEPT IN EMERGENCIES
HOME NURSING, STEP DOWN / SUB-ACUTE, REHABILITATION	PRE-AUTHORISATION REQUIRED AND SUBJECT TO MANAGED CARE RULES AND PROTOCOLS.	
HOME NURSING, STEP DOWN, SUB-ACUTE (PHYSICAL) REHABILITATION.	100% OF NMS TARIFF AT APPROVED PROVIDER	NONE
HOME NURSING, HOSPICE / END OF LIFE CARE	FOR ENROLLED PATIENTS SUBJECT TO REGISTRATION; MANAGED CARE RULES AND PROTOCOLS APPLY.	
ADVANCED ILLNESS BENEFIT (AIB) - ONCOLOGY PATIENTS	100% OF COST AT APPROVED PROVIDER UTILISED	AS AUTHORISED
COMPASSIONATE CARE BENEFIT (CCB) - OTHER TERMINAL ILLNESSES		AS AUTHORISED
HIV MANAGEMENT	PRE-AUTHORISATION REQUIRED.	
REGISTRATION ON HIV MANAGEMENT PROGRAMME REQUIRED ON DESIGNATED NUMBER.	100% OF COST	NONE

MEMBERS SAVINGS ACCOUNT CONTRIBUTION TO MSA AS LAID OUT IN ANNEXURE D	WITH DUE REGARD TO THE PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE F. LIMITS DO NOT APPLY TO PRESCRIBED MINIMUM BENEFITS (PMBS). PMBS ARE PAID IN FULL WHEN MAKING USE OF A DESIGNATED SERVICE PROVIDER (DSP).	
BENEFIT	**TERMS AND CONDITIONS**	**LIMITS**
GENERAL PRACTITIONERS		
CONSULTATIONS AND ALL PROCEDURES PERFORMED, VISITS OUTSIDE OF HOSPITAL AND OUT PATIENTS VISITS (IF REGISTERED ON MATERNITY MANAGEMENT PROGRAMME ANTE NATAL VISITS WILL NOT BE SUBJECT TO THE SAVINGS BALANCE).	100% OF NMS TARIFF	SUBJECT TO MSA BALANCE
SURGICAL SERVICES INCLUDING ALL MATERIAL USED (E.G. STITCHES IN DOCTOR'S ROOMS).	100% OF NMS TARIFF	SUBJECT TO MSA BALANCE
PSYCHOLOGY AND SOCIAL SERVICES		
CONSULTATIONS AND THERAPY: INCLUSIVE OF TREATMENT BY PSYCHOLOGISTS AND OR SOCIAL WORKERS.	100% OF NMS TARIFF	SUBJECT TO MSA BALANCE
PRESCRIBED MEDICINE: ACUTE		
ACUTE MEDICINE BENEFIT: MEDICINE PRESCRIBED AND OR DISPENSED BY MEDICAL PRACTITIONERS OR SPECIALISTS	100% OF NMS TARIFF AT PREFERRED PROVIDER	SUBJECT TO MSA BALANCE
OVER-THE-COUNTER MEDICINES (OTC)	100% OF NMS TARIFF AT PREFERRED PROVIDER	SUBJECT TO MSA BALANCE
HOMEOPATHIC MEDICINES, MULTI-VITAMINS, CALCIUM, MAGNESIUM, TONICS, STIMULANT LAXATIVES, CONTACT LENS PREPARATIONS.	100% OF NMS TARIFF AT PREFERRED PROVIDER	SUBJECT TO MSA BALANCE
HEALTH RISK ASSESSMENT SCREENING: BODY MASS INDEX (BMI) BLOOD PRESSURE CHOLESTEROL SCREENING GLUCOSE SCREENING	AT SELECTED CLICKS HEALTH CLINICS ONLY BENEFICIARIES 18 YEARS AND OLDER	
PHYSIOTHERAPY AND BIOKINETICS		
PHYSIOTHERAPY OUT OF HOSPITAL AND BIOKINETICS	100% OF NMS TARIFF	SUBJECT TO MSA BALANCE

MEMBERS SAVINGS ACCOUNT CONTRIBUTION TO MSA AS LAID OUT IN ANNEXURE D	WITH DUE REGARD TO THE PRESCRIBED MINIMUM BENEFITS AS PER ANNEXURE F. LIMITS DO NOT APPLY TO PRESCRIBED MINIMUM BENEFITS (PMBS). PMBS ARE PAID IN FULL WHEN MAKING USE OF A DESIGNATED SERVICE PROVIDER (DSP).	
BENEFIT	**TERMS AND CONDITIONS**	**LIMITS**
OPTICAL		
OPTOMETRIC TESTS - SEE SPECIALIST VISIT SPECTACLE LENSES AND FRAMES, READERS AND CONTACT LENSES	100% OF NMS TARIFF	SUBJECT TO MSA BALANCE
ALTERNATIVE SERVICES		
HOMEOPATHS, NATUROPATHS, CHIROPRACTORS, EXCLUDING X-RAYS AND APPLIANCES SPEECH THERAPY AND AUDIOLOGY, OCCUPATIONAL THERAPY, ACUPUNCTURE, PODIATRY (EXCLUDING X-RAYS AND APPLIANCES) DIETICIANS (POST OPERATIVE AND CHRONIC ILLNESS. DOCTOR'S LETTER REQUIRED).	100% OF NMS TARIFF 100% OF NMS TARIFF	SUBJECT TO MSA BALANCE SUBJECT TO MSA BALANCE
HOSPITAL OUT PATIENT VISTS		
NON EMERGENCY OUTPATIENT OR CASUALTY CONSULTATIONS, PROCEDURES, MEDICATION AND TREATMENT	100% OF NMS TARIFF	SUBJECT TO MSA BALANCE

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2021/12/23

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