ANNEXURE B.1 – BENEFIT OPTIONS 2026 BEAT RANGE

1.1 GENERAL CONDITIONS OF THE BENEFIT OPTIONS

- 1.1.1 Members are entitled to the benefits indicated in this Annexure B of the registered Rules during a financial year, which shall run from 1 January to 31 December, and such benefits extend through the Member to his Dependant(s). A Member shall no later than 31 December prior to the year upon which it is intended that the change take place, elect in writing to participate in any one of the available options.
- **1.1.2** The Scheme's benefits on accounts properly lodged in terms of Rule 15 of the registered Rules shall be granted as shown in each paragraph and/or benefit options hereunder and the Member shall be liable for the difference between the Scheme's benefits and the full amount of the account.
- **1.1.3** No benefits shall be granted on accounts reaching the Scheme after the last day of the 4th (fourth) month following the date on which the service was rendered.
- 1.1.4 Granting of benefits shall be subject to, but not limited to, treatment protocols, funding guidelines, preferred providers, designated service providers (DSP), network option services, the Mediscor Reference Price (MRP) on all medicine where applicable and medicine formularies accepted by the Scheme. Benefits shall be subject to the exclusions referred to in Annexure C of the registered Rules.

- 1.1.5 Where a maximum amount of benefits has been imposed per financial year, the benefits shall be calculated at the maximum for the financial year in which the service was rendered. The maximum benefits for which a Member and/or his Dependant(s) qualify shall be determined in accordance with the actual membership status at the date on which the service is rendered.
- 1.1.6 A Member and/or his Dependant(s) shall be entitled to pro-rata benefits calculated from the date of enrolment up to the end of the financial year in which they join the Scheme, and shall include a benefit cycle, shown on the applicable benefit, which is effective from the date of service.
- 1.1.7 Where an account has been paid by the Member, such specified account plus proof of payment must be submitted to the Scheme before the last day of the 4th (fourth) month following the date on which the service was rendered. The Scheme will then refund the Member the applicable benefit amount.
- **1.1.8** Payment of accounts is restricted to the maximum amount of the benefit entitlement in terms of the applicable benefit and option elected. Benefits shall be paid as follows (whichever is applicable):
 - **1.1.8.1** At 100% of Scheme tariff, which refers to the tariff approved annually by the Board of Trustees or the negotiated rate for hospitals and designated or preferred service providers.
 - 1.1.8.2 Notwithstanding any provisions to the contrary in this Annexure, accounts in respect of the diagnosis, treatment and care of Prescribed Minimum Benefits (PMBs), as per the standard of care in the State sector, shall be payable at cost, without deductibles or the use of co-payments, subject to the provisions of Rule 15.10 of the main rules read with Annexure D.1 of these Rules, as per PMB regulations: Provided that:
 - **1.1.8.2.1** Payments shall first be from the specified limit(s) on the applicable benefit before continued funding in respect of PMB may be accessed; and
 - **1.1.8.2.2** The funds in a Member's Medical Savings Account (i.e. PMSA and Vested Medical Savings Account) shall not be used to pay for the costs of a PMB.

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	DEATA DI IIA	DEATA
SERVICES	NETWORK	NETWORK	NETWORK	BEAT3 PLUS	BEAT4

1.2 HOSPITAL, HOSPITAL-RELATED BENEFITS AND OTHER MAJOR MEDICAL EXPENSES

- All hospital and hospital-related benefits shall be subject to Pre-authorisation, major medical expenses which require Pre-authorisation shall be indicated.
- Comprehensive benefits are offered for all pre-authorised services and authorised emergency services rendered during hospitalisation, i.e. from the day of admission up to and including the day of discharge.
- No benefits in a private hospital or day clinic shall be granted by the Scheme or its proxy if Pre-authorisation and an authorisation number have not been obtained:
 - In the event of planned major operations and dental procedures, Members are advised to obtain Pre-authorisation at least 2 (two) weeks in advance to ensure that the Member is aware of applicable benefits, limits, network restrictions, etc., before the event.
 - In an emergency, on the 1st (first) working day after admission to a hospital, or at the first reasonable opportunity as may be determined by the Scheme.
- Late authorisations will be subject to, but not limited to, clinical review, application of rules, benefits, protocols, funding guidelines, as well as the PMB status of the services rendered.
- If Pre-authorisation and an authorisation number have been obtained for treatment in a private hospital or day clinic but the treatment cost exceeds the authorised benefits, only the benefits of the authorised treatment cost shall be granted and the Member shall be liable for payment of the excess to the service provider, unless if the excess costs were as a direct result of treatment received and necessary for the beneficiary and authorisation could not be obtained in time.
- Benefits in respect of MRI scans, computer tomographic (CT) studies, or other specialised diagnostic imaging require that a benefit confirmation and reference number to be obtained from the Scheme's Contact Centre in advance or, in an emergency, on the 1st (first) working day after admission to a hospital.

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
Full cross subsidisati	on between Members shall a	pply without an annual limit.			
The Scheme's list of	Hospital Network DSP (contr	acted private hospitals and	contracted State facilities) an	d designated and preferre	nd service providers
	•		contractor otato racintico, an	a accignated and professo	a service providers,
available on the Scho	eme's website or via the Con	•	•	a doorginated and proteins	a service providers,
available on the Scho	eme's website or via the Con	•	•	a designated and preferre	a service providers,
Co-payments:		tact Centre, shall be applical	•	·	•
Co-payments: • A co-payment of a	a specified amount indicated	tact Centre, shall be applical	ble to benefits.	ure is done in an acute ho	spital that is not a day

A co-payment of a specified amount indicated in Rule 1.2.29 shall apply on the Beat Network benefit options for the voluntary use of a non-designated Hospital Network, i.e. where a Member or his Dependent(s) voluntarily choose not to make use of a hospital forming part of the Hospital Network.

1.2.1 Hospitalisation:								
Pre-authorisation must								
be obtained for	Benefits shall be at 100% of Scheme tariff/cost*. DSP Network applies.							
accommodation (hospital								
stay) in a general ward,	benefits shall be at 100% of Scheme tariii/cost . DSF i	четwork аррпеs.						
intensive care and high-								
care unit, theatre, and								
material.								
1.2.2 Take-home	Medicine prescribed by the treating provider for a	Medicine prescribed by the treating provider for a	Medicine prescribed by					
medicine:	patient discharged from hospital, relating to the	patient discharged from hospital, relating to the	the treating provider for					
	admission, to take home will be paid at 100% of	admission, to take home will be paid at 100% of	a patient discharged					

^{*} As per the provisions of Rule 1.1.8.

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
Medicine supplied by the	Scheme tariff/cost* for a maximum supply of 7		Scheme tariff/cost* for a m	from hospital, relating to	
hospital when a patient	(seven) days provided that:		(seven) days provided tha	t:	the admission, to take
is discharged.	- the medicine is claimed	as part of the hospital	- the medicine is claime	ed as part of the hospital	home will be paid at
	account; or		account; or		100% of Scheme
	- the medicine claim sha	ll be limited to R450 if	- the medicine claim sh	all be limited to R500 if	tariff/cost* for a
	claimed from a retail ph	narmacy on the date of	claimed from a retail p	pharmacy on the date of	maximum supply of 7
	discharge.		discharge.		(seven) days provided
					that:
	No benefit shall be awarded	d if medicine is not claimed	No benefit shall be awarde	ed if medicine is not	- the medicine is
	within 3 (three) days from the	ne date of discharge from	claimed within 3 (three) da	ays from the date of	claimed as part of
	hospital.		discharge from hospital.		the hospital
					account; or
					- the medicine claim
					shall be limited to
					R550 if claimed
					from a retail
					pharmacy on the
					date of discharge.
					No benefit shall be
					awarded if medicine is

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	BEAT3 PLUS	BEAT4
SERVICES	NETWORK	NETWORK	NETWORK	DEATS PLUS	DEA14
		1			not claimed within 3
					(three) days from the
					date of discharge from
					hospital.
1.2.3 Biological	Benefits shall be at	Benefits shall be at	Benefits shall be at 100%	of Scheme tariff/cost*,	Benefits shall be at
medicine during	100% of Scheme	100% of Scheme	subject to Pre-authorisation	n and limited to	100% of Scheme
hospitalisation	tariff/cost*, subject to	tariff/cost*, subject to	R24 286 per family per fin	ancial year.	tariff/cost*, subject to
Biological medicine is a	Pre-authorisation and	Pre-authorisation and			Pre-authorisation and
substance that is made	limited to R12 144 per	limited to R18 215 per			limited to R30 357 per
from a living organism or	family per financial	family per financial			family per financial
its products and is used	year.	year.			year.
in the prevention,					
diagnosis, or treatment					
of acute and chronic					
diseases.					
1.2.4 Treatment in	Benefits shall be at 100% of	of Scheme tariff/cost*, subje	ct to the length of stay limite	d to 21 (twenty-one) days	per beneficiary per
mental health facilities	financial year in hospital in	cluding inpatient electro-con	vulsive therapy and inpatier	it psychotherapy, OR 15	(fifteen) contact sessions
	for out-patient psychothera	py per beneficiary per financ	cial year, Pre-authorisation a	and DSP Network.	

 $^{^{\}star}$ As per the provisions of Rule 1.1.8.

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
1.2.5 Treatment of	Benefits shall be limited to t			vina:	
	Deficitis shall be limited to t	ne treatment of FIMB condit	ions and subject to the follow	virig.	
chemical and					
substance abuse	- Pre-authorisation;				
	- DSP Network; and				
	- The length of stay shall b	e limited to 21 (twenty-one)	days for in-hospital manage	ment per beneficiary per	financial year.
1.2.6 Consultations	Claims submitted by Genera	al Practitioners (GPs) and s	pecialists for treatment durin	g hospitalisation shall be	at 100% of Scheme
and procedures:	tariff/cost*.				
Consultations, visits, operations, surgical procedures and anaesthetics during hospitalisation and/or admission to day clinics.	DSP Network applies for the	e Beat Network and Beat3 F	Plus benefit options.		
1.2.7 Organ transplants	Daniella de la lineita das a	b - to - to - out - f - out - in DNAF)	-f	
(in and/or out of	Benefits shall be limited to t		•		•
hospital):	provisions of Rule 15.10 of	tne main rules read with An	nexure D.1 of these Rules, a	and shall be paid at cost a	s per PIMB regulations.
Pre-authorisation must					
be obtained.					

^{*} As per the provisions of Rule 1.1.8.

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	DEATO BLUG	DEAT4			
SERVICES	NETWORK	NETWORK	NETWORK	BEAT3 PLUS	BEAT4			
1.2.8 Stem cell	B 61 1 11 12 11 11 11	U						
transplants (in and/or			3 conditions as per the stand		•			
out of hospital):		provisions of Rule 15.10 of the main rules read with Annexure D.1 of these Rules, and shall be paid at cost as per PMB regulations.						
Pre-authorisation must	The donor search and relat	he donor search and related costs shall be limited to the Scheme approved amount per financial year.						
be obtained.								
1.2.9 Blood transfusion	Blood, operators' fees, tran	sport charges and apparatu	s payable at 100% Scheme t	tariff/cost [*] .				
	- Pre-authorisation must be	e obtained for all dental and	or maxilla-facial surgical pro	cedure that need to be p	erformed in theatre or in			
1.2.10 Dental / Oral /	doctor's rooms and shall	doctor's rooms and shall be payable at 100% Scheme tariff.						
Maxillo-facial surgery	- The treatment of certain F	PMB conditions, as per the s	standard of care in the State	sector shall be paid at co	st, subject to the			
	provisions of Rule 15.10	of the main rules read with A	Annexure D.1 of these Rules	as per PMB regulations.				
	No benefits for basic	Qualifying PMB dental	100% at Scheme tariff limit	ed to R10 217 per	100% at Scheme tariff			
	dental treatment or dental	surgical procedures only	family per financial year for	the following	limited to R12 772 per			
	surgical procedures,	at DSP day hospitals.	procedures performed either	er in or out of hospital:	family per financial year			
1.2.10.1 Dental and oral	except for the treatment	Pulp procedures,			for the following			
surgery (in and/or out	of certain PMB conditions	extractions and	- Surgical extractions of	teeth / roots /	procedures performed			
of hospital)	at the standard of care in	restorations (fillings) in	impactions / failed imp	lants;	either in or out of			
oi nospitai)	the State sector, which	DSP day hospital, will be	- Surgical drainage of de	ental abscess;	hospital:			
	shall be paid at cost at	covered for beneficiaries	- Alveolectomy / alveolo	tomy (preparatory				
	DSP day hospitals.	aged 0 (zero) until 7	surgery for dental pros	thesis);	- Surgical extractions			
		(seven) years and	- Root canal related sur	gery.	of teeth / roots /			

^{*} As per the provisions of Rule 1.1.8.

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	DEAT2 DI UC		DEAT4
SERVICES	NETWORK	NETWORK	NETWORK	BEAT3 PLUS		BEAT4
		disabled beneficiaries,	<u> </u>			impactions / failed
		shall be limited to R6 642				implants;
		per family.			-	Surgical drainage of
						dental abscess;
		Dental surgical			-	Alveolectomy /
		procedures for				alveolotomy
		beneficiaries over the				(preparatory surgery
		age of 7 (seven) years				for dental
		shall be paid from the				prosthesis);
		PMSA at 100% Scheme			-	Root canal related
		tariff for the following				surgery;
		procedures performed in			-	Dental implant
		the doctor's rooms only:				related surgery;
					-	Pre-prosthetic
		- Surgical extractions				(preparatory to
		of teeth / roots /				dental prosthetics)
		impactions;				surgery;
		- Surgical drainage of			-	Orthodontic related /
		abscess;				orthognathic
		- Apicectomy.				surgery.

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS		BEAT4
1.2.10.2 Major maxillo-	No benefits for maxillo-facia	al treatment or surgery,	100% of Scheme tariff lim	nited to R16 378 per	100	0% of Scheme tariff
facial surgery, strictly	except for the treatment of I	PMB conditions as per	family per financial year,	strictly for the following	lim	ited to R16 678 per
related to certain	standard of care in the State	e sector which shall be	conditions:		fan	nily per financial year,
conditions	paid at cost at DSP day hos	spitals.	- Severe trauma (soft t	tissue injuries, fractures	stri	ctly for the following
			of jaws and facial bor	nes);	cor	nditions:
			- Cleft lip and palate;		-	Severe trauma (soft
			- Crouson's disease;			tissue injuries,
			- Malunited craniomax	illary disjunction;		fractures of jaws
			- Post-traumatic defec	ts (root residues in sinus,		and facial bones);
			secondary oro-nasal	fistula, faciostenosis);	-	Cleft lip and palate;
			- Internal TM joint surg	gery (arthrocentesis and	-	Crouson's disease;
			arthroplasty);		-	Malunited
			- Salivary gland surger	ry (removal of gland or		craniomaxillary
			salivary stone);			disjunction;
			- Life threatening seps	is (Ludwig's angina); and	-	Post-traumatic
			- Confirmed oral cance	er.		defects (root
						residues in sinus,
						secondary oro-
						nasal fistula,
						faciostenosis);

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
					 Internal TM joint surgery (arthrocentesis and arthroplasty); Salivary gland surgery (removal of gland or salivary stone); Life threatening sepsis (Ludwig's angina); and Confirmed oral cancer.
1.2.11 Prosthesis benefits		SPs; PMB conditions, as per the softhe main rules read with A	standard of care in the State Annexure D.1 of these Rules Scheme tariff or contracted f	s as per PMB regulations	s; and

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	DEAT2 DI IIO	DEATA
SERVICES	NETWORK	NETWORK	NETWORK	BEAT3 PLUS	BEAT4
1.2.11.1 Prosthesis –	.11.1 Prosthesis – Benefits shall be paid at 100% of Scheme tariff/cost*		Benefits shall be paid at 1	00% of Scheme	Benefits shall be paid at
Internal	limited to the overall limit of R99 764 per family per		tariff/cost* limited to the ov	erall limit of R100 818	100% of Scheme
Prosthesis surgically	financial year.		per family per financial year	ar.	tariff/cost* limited to the
implanted during					overall limit of R123 064
operations for the	Sub-limits per beneficiary pe	er financial year:	Sub-limits per beneficiary	per financial year:	per family per financial
replacement of parts of	- Vascular shall be limited to	o R57 441	- Vascular shall be limited	to R68 929	year.
the human body for	- Pacemaker (single and du	al chambers) shall be	- Pacemaker (single and d	lual chambers) shall be	
functional medical	limited to R54 390 and at D	SP prices	limited to R54 390 and at I	DSP prices	Sub-limits per
reasons, including	- Endovascular and cathete	r-based procedures are	- Endovascular and cathet	er-based procedures are	beneficiary per financial
delivery systems and	subject to the Vascular pros	sthesis sub-limit and at	subject to the Vascular pro	osthesis sub-limit and at	year:
related items.	DSP prices		DSP prices		- Vascular shall be
	- Spinal including artificial d	isk (single level based)	- Spinal including artificial	disk (single level based)	limited to R74 674
	shall be limited to R39 819		shall be limited to R39 966	3	- Pacemaker (single and
	- Drug-eluting stents are su	bject to the Vascular	- Drug-eluting stents are s	ubject to the Vascular	dual chambers) shall be
	prosthesis sub-limit and at I	DSP prices	prosthesis sub-limit and at	DSP prices	limited to R71 218 and
	- Mesh shall be limited to R	13 975	- Mesh shall be limited to I	R14 047	at DSP prices
	- Gynaecology / Urology sh	all be limited to R11 419	- Gynaecology / Urology s	hall be limited to R11	- Endovascular and
	- Lens implants shall be lim	ited to R8 713 a lens per	601		catheter-based
	eye		- Lens implants R8 713 shall be limited to a lens		procedures are subject
	- Functional prosthesis (iten	ns used to replace or	per eye		to the Vascular

 $^{^{\}star}$ As per the provisions of Rule 1.1.8.

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	BEAT3 PLUS	BEAT4
SERVICES	NETWORK	NETWORK	NETWORK	DEATS PLUS	DEA14
	augment an impaired bodil	y function) shall be limited	- Functional prosthesis (ite	ems used to replace or	prosthesis sub-limit and
	to R35 613		augment an impaired bodi	ly function) shall be	at DSP prices
			limited to R36 763		- Spinal including
					artificial disk (single
					level based) shall be
					limited to R42 522
					- Drug-eluting stents
					shall be limited to R23
					890 and at DSP prices
					- Mesh shall be limited
					to R15 777
					- Gynaecology / Urology
					shall be limited to R11
					570
					- Lens implants shall be
					limited to R9 014 a lens
					per eye
					- Functional prosthesis
					(items used to replace
					or augment an impaired

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
			,		bodily function) shall be
					limited to R39 060
1.2.11.2 Prosthesis –					Limited to R29 599 per
External:					family per financial year:
Prosthesis used after	No benefit, except in respec	ct of PMB conditions.			- 2 (two) quotations
operations for the					may be required;
replacement of parts of					- Preferred providers
the human body for					or DSPs; and
functional medical					- Artificial limbs are
reasons, including					limited to 1 (one)
delivery systems and					limb every 60 (sixty)
related items. A list of					months, except for
prosthesis covered can					PMBs where
be requested from the					requirements in
Scheme.					terms of the
					amputated limbs will
					be assessed by the
					Scheme in line with
					what is considered
					predominant in the

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	BEAT3 PLUS	BEAT4
SERVICES	NETWORK	NETWORK	NETWORK		
					public hospital
					practice.
					- Repair work to
					artificial limbs will be
					funded from the
					Medical aids,
					apparatus and
					appliances benefit
					indicated in Rule
					1.7.3.
1.2.11.3 Exclusions on	No benefit for joint replacem	nent surgery, except for	No benefit for joint replace	ement surgery, except for	No benefit for joint
joint replacement	PMBs, subject to the followi	ng prosthesis limits, that	PMBs, subject to the follow	wing prosthesis limits,	replacement surgery,
surgery for non-PMB	form part of the Prosthesis -	- Internal overall limit, at	that form part of the Prost	hesis – Internal overall	except for PMBs,
conditions	100% contracted fees:		limit, at 100% contracted t	fees:	subject to the following
	- Hip replacement and other	major joints R41 918	- Hip replacement and oth	er major joints R42 221	prosthesis limits, that
	- Knee and shoulder replace	ements R51 686	- Knee and shoulder repla	cements R52 241	form part of the
	- Other minor joints R16 078	3	- Other minor joints R16 0	78	Prosthesis – Internal
					overall limit, at 100%
					contracted fees:
					- Hip replacement and
					other major joints

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
					R43 723
					- Knee and shoulder
					replacements
					R58 086
					- Other minor joints
					R17 848
1.2.12 Breast surgery	Treatment of the unaffected	(non-cancerous) breast sh	all be limited to PMB provisi	ons and is subject to Pre	e-authorisation and funding
for cancer	guidelines.				
1.2.13 Orthopaedic and					
medical appliances					
during hospitalisation:	Benefits shall be at 100% o	f Scheme tariff/cost* limited	to R15 690 per family per fi	nancial year for medical	ly necessary appliances for
Appliances directly	back, leg, arm and neck su	oport, crutches, surgical foo	twear and elastic stockings	directly related to the ad	mission and provided
related to the hospital	before discharge from hosp	ital.			
admission and/or					
procedure.					
1.2.14 Pathology	Benefits shall be at 100% o	f Sahama tariff/aaat*			
during hospitalisation	Denenis shall be at 100% 0	i Scheme tamil/cost .			
1.2.15 Basic radiology	Benefits shall be at 100% o	f Schamo tariff/cost			
during hospitalisation	Deficills strail be at 100% 0	i odlicilie tallii/cost.			

^{*} As per the provisions of Rule 1.1.8.

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	DEATO BLUO	DEATA
SERVICES	NETWORK	NETWORK	NETWORK	BEAT3 PLUS	BEAT4
1.2.16 Specialised	Benefits shall be at 100%	Benefits shall be at 100%	Benefits shall be at	Benefits shall be at	Benefits shall be at
diagnostic imaging and	of Scheme tariff/cost*	of Scheme tariff/cost*	100% of Scheme	100% of Scheme	100% of Scheme
nuclear medicine (in	limited to a combined in	limited to a combined in	tariff/cost* limited to a	tariff/cost* limited to a	tariff/cost* limited to a
and/or out of hospital):	and out of hospital benefit	and out of hospital	combined in and out of	combined in and out of	combined in and out of
MRI scans, CT scans	of R20 920 per family per	benefit of R23 012 per	hospital benefit of	hospital benefit of	hospital benefit of
and nuclear/isotope	financial year.	family per financial year.	R33 472 per family per	R36 610 per family per	R41 840 per family per
studies.			financial year.	financial year.	financial year.
PET scans are only	PET scans are excluded,	PET scans are excluded,			
included as indicated per	except for a PMB	except for a PMB	PET scans are	PET scans are	PET scans are not
the benefit option.	condition.	condition.	excluded, except for a	excluded, except for a	subject to the
A benefit confirmation			PMB condition.	PMB condition.	abovementioned benefit
and reference number					limit and shall be limited
must be obtained from					to 1 (one) scan per
the Scheme's Contact					beneficiary per financial
Centre in advance.					year.
1.2.17 Oncology	Openings programme has	fits at 100% of Sahama tarif	f/coot* aubicat to Dra autho	origation and designated a	r professed corving
benefits (in or out of		fits at 100% of Scheme tarif	i/oost, subject to Pre-autho	onsation and designated of	preferred service
hospital)	providers.				
1.2.18 Peritoneal	Panafita shall be at 4000/	f Cohomo tariff/agat* acchias	at to Dro outhorization and	decignated or professed as	ruice providere
dialysis and	benefits shall be at 100% o	f Scheme tariff/cost*, subjec	ci to Pre-authorisation and (uesignated or preferred se	rvice providers.

^{*} As per the provisions of Rule 1.1.8.

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4		
haemodialysis (in or	NETWORK	NETWORK	NETWORK				
out of hospital)							
1.2.19 HIV/AIDS							
benefits (in or out of	Benefits shall be at 100% o	f Scheme tariff/cost*_subject	et to Pre-authorisation and d	esignated or preferred ser	vice providers		
hospital)	Bottonia dian bo at 100% o	Conomo taminocot , Subjec	or to 1 to admonoation and a	osignated of professed ool	vice providere.		
1.2.20 Confinements	Benefits shall be at 100% o	f Scheme tariff/cost*, even it	f the baby dies before regist	ration, for the following:			
(birthing, including							
midwife-assisted	- Medical practitioners;						
births)	- Nursing home and hos	pital fees in accordance witl	n the provisions of the "Hos	oitalisation" benefit;			
	- Midwife-assisted births	in an Active Hospital Birth I	Unit or home confinement b	y a midwife. Transport fee	s, hospital facility fees,		
	renting of a birth pool,	medical disposables or med	lication, antenatal consultati	ons, doulas and breastfee	ding support shall be		
	excluded from benefits	if these are not PMB level of	of care; and				
	- Midwife-assisted births	at a private midwife birth ho	ouse. Transport fees, renting	g of a birth pool, antenatal	consultations, doulas and		
	breastfeeding supports	shall be excluded from ben	efits if these are not PMB le	evel of care.			
1.2.21 Refractive			Benefits shall be at 100%	of Scheme tariff limited	Benefits shall be at		
surgery and other	No benefit, except in respec	ct of PMB conditions.	to R10 518 per eye, subject	ct to Pre-authorisation	100% of Scheme tariff		
procedures (in and/or			and protocols.		limited to R11 871 per		
out of hospital) done to					eye, subject to Pre-		
improve or stabilise					authorisation and		
improve or stabilise					protocols.		

^{*} As per the provisions of Rule 1.1.8.

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	DEAT2 DI UC	DEATA
SERVICES	NETWORK	NETWORK	NETWORK	BEAT3 PLUS	BEAT4
vision, except for		L			
cataracts					
1.2.22 Cochlear			L		Benefits shall be at
implants and Bone	No benefit, except in respec	ct of PMB conditions.			100% of Scheme tariff
Adhering Hearing					up to a maximum
Devices (BAHD) / Bone					amount of R250 000 per
Adhering Hearing Aids					beneficiary per financial
(BAHA) implantation					year, and subject to
Including fees for all					Pre-authorisation and
providers (e.g. the					designated or preferred
surgeon and					service providers.
anaesthetist), hospital					Sound processor
and device.					upgrades once every 5
					(five) years per
					beneficiary.
1.2.23 Supplementary	Benefits shall be at 100% o	f Scheme tariff/cost*, provide	ed that the claim is related	to the hospital admission	of the patient and is in line
services during	with the Scheme funding guidelines and protocols, for supplementary services which include services rendered by physiotherapists,				
hospitalisation	masseurs, chiropractors, osteopaths, orthoptists, audiologists/hearing aid acousticians, occupational therapists, podiatrists/chiropodist,				
	dieticians, speech therapist	s, biokinetics, stoma therapi	st and social workers.		

^{*} As per the provisions of Rule 1.1.8.

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4		
1.2.24 Alternatives to	Benefits shall be at 100% o	f Scheme tariff subject to:					
hospitalisation (i.e.		·					
procedures done in the	- Pre-authorisation;						
doctor's rooms)	- Step-down facilities app	roved by the Scheme; and					
	- Services must be rende	red by registered private nu	rses and hospices.				
1.2.25 Advance illness	Benefits shall be at 100% o	f Scheme tariff/cost* limited	to R72 858 per beneficiary	per financial year,	Benefits shall be at		
benefit	subject to Pre-authorisation				100% of Scheme		
					tariff/cost* limited to		
					R109 288 per		
					beneficiary per financial		
					year, subject to Pre-		
					authorisation.		
1.2.26 Ambulance and	Benefits shall be subject to						
emergency evacuation	- Provisions of benefits t	y Netcare 911, as the Sche	me's capitated preferred pr	ovider for ambulance se	vices.		
services	- Benefits shall only be p	ayable if the evacuation ser	rvice was involuntarily requ	ested and delivered by a	service provider other than		
	the preferred provider:	the preferred provider: Provided that services in respect of PMB conditions shall be payable at cost, without deductibles or the					
	use of co-payments, su	bject to the provisions of Ru	ule 15.10 of the main rules	read in conjunction with A	Annexure D.1 of these		
	Rules, as shall be eval	uated by the Scheme.					

^{*} As per the provisions of Rule 1.1.8.

	pendant(s) qualify for ad	•	NETWORK to in Rule 16.12 of the registe be at 100% contracted tariff		BEAT4 Member and his					
emergency medical Dep	pendant(s) qualify for ad	•			Member and his					
	.,	ditional benefits which shall	be at 100% contracted tariff							
cover	D			Dependant(s) qualify for additional benefits which shall be at 100% contracted tariff subject to the following:						
	- Provision of benefits by Europ Assistance SA, as the Scheme's preferred provider for international travel insurance.									
	- Cover for leisure an	d business travel for emerge	ency medical and related exp	penses:						
	 Leisure travel is 	limited to 90 (ninety) days	and R1 million cover for trave	elling to the United States	of America (USA) for a					
	family i.e. Meml	per and Dependant(s). All of	ther countries are covered up	o to 90 (ninety) days for R5	5 million for a family i.e.					
	Member and De	ependant(s).								
	 Business travel 	is limited to 60 (sixty) days	and R1 million cover for trav	elling to the USA for a fam	ily i.e. Member and					
	Dependant(s).	All other countries are cover	ed up to 60 (sixty) days for F	R5 million for a family i.e. M	lember and					
	Dependant(s).									
	- A Member must give	e at least 48 (forty-eight) ho	urs advance notice when he	and/or his Dependant(s) a	re travelling overseas.					
	Failure to do so will	result in claims being reject	ed.							
	- General exclusions	to services apply. Elective p	lanned procedures undergor	ne outside of South Africa	are not covered.					
1.2.28 Day procedures Day	procedures at a day ho	spital or day clinic facility sh	nall be funded at 100% of Sc	heme tariff/cost [*] , subject to):					
at a day hospital	- Pre-authorisation;									
facility	- Protocols and fundir	ng guidelines; and								
	 DSPs and preferred 	providers								

^{*} As per the provisions of Rule 1.1.8.

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
	A co-payment of R2 872 shis used and the DSP does with the Scheme before the	not work in a day hospital, th	• •	•	•
1.2.29 Co-payments	A co-payment of R15 025 s Beat3 Network benefit option Network, i.e. where a Memi	Voluntary use of a non-designated Hospital Network co-payment: A co-payment of R15 025 shall apply on the Beat1 Network, Beat2 Network and Beat3 Network benefit options for the voluntary use of a non-designated Hospital Network, i.e. where a Member or his Dependant(s) voluntarily choose not to make use of a hospital forming part of the Hospital Network.			

1.3 MEDICINE BENEFITS

Benefits for chronic, high-cost medicine, acute and over-the-counter (OTC) medicine shall be subject to:

- Prior application and approval by the Scheme where indicated.
- The Scheme treatment protocols and clinical funding guidelines. Motivations and reports by appropriate medical practitioners may be requested by the Scheme.
- The Scheme's formulary (medicine list), where applicable.
- Where medicines have generic alternatives registered with the South African Health Products Regulatory Authority (SAHPRA), the Scheme will reimburse those medicines up to the MRP for that active ingredient.
- Benefit amount for medicine will be calculated at Single Exit Price (SEP), plus the dispensing fee as negotiated by the Scheme, plus VAT.
- DSPs may apply.

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	DEATO DI UO	DEAT4
SERVICES	NETWORK	NETWORK	NETWORK	BEAT3 PLUS	BEAT4

- Each prescription or repeat prescription shall be limited to one month's supply per beneficiary. The Scheme may, at its sole discretion and according to the relevant protocols, grant an advance supply of medicine upon receipt of the relevant application.
- Non-CDL medicine benefits shall apply for the conditions indicated with double asterisks (**) where provision is not made in the Diagnosis and Treatment Pairs constituting the PMB package as listed in the Medical Schemes Act.
- Approved PMB, CDL and non-CDL chronic medicine costs shall be paid from the non-CDL limit first. Thereafter, only approved PMB and CDL chronic medicine costs shall be paid by the Scheme. Approved treatment for organ transplant, chronic renal failure, multiple sclerosis and haemophilia will be paid directly from Scheme risk and not non-CDL limit.
- Over-the-counter (OTC) medicine benefits are not applicable to the Beat1 and Beat1 Network benefit options.

1.3.1 Chronic medicine		Medicine on the formulary shall be covered at 80%	Medicine on the
not listed on the		of Scheme tariff with a 20% co-payment and non-	formulary shall be
chronic disease list		formulary medicine shall be covered at 70% of	covered at 90% of
("non-CDL medicine")		Scheme tariff with a 30% co-payment.	Scheme tariff with a
			10% co-payment and
		Payment shall be at Scheme tariff limited to	non-formulary medicine
	No benefit	M = R4 358 and	shall be covered at 80%
		M1+ = R8 865	of Scheme tariff with a
		per financial year, for the following 5 (five) non-	20% co-payment.
		CDL conditions:	
			Payment shall be limited
		- Acne - severe	to
		- Allergic rhinitis	

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
			- Attention Deficit Disord	er (ADD)/Attention Deficit	M = R9 571 and
			Hyperactive Disorder (A	ADHD)	M1+ = R19 143
			- Eczema - severe		per financial year, for
			- Migraine Prophylaxis		the following 9 (nine)
					non-CDL conditions:
			Subject to:		- Acne - severe
			Prior application and appr	oval by the Scheme and	- Allergic rhinitis
			benefits shall be from the	date on which the	- Attention Deficit
			application was received by	by the Scheme or its	Disorder
			proxy.		(ADD)/Attention
					Deficit Hyperactive
					Disorder (ADHD)
					- Eczema - severe
					- Gastro Oesophageal
					Reflux Disease
					(GORD)**
					- Gout Prophylaxis**
					- Major Depression**
					shall be covered as a
					life-sustaining
					condition once the

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
					non-CDL benefit limit
					has been depleted
					- Migraine prophylaxis
					- Obsessive
					Compulsive Disorder
					Subject to:
					- Prior application and
					approval by the
					Scheme and benefits
					shall be from the
					date on which the
					application was
					received by the
					Scheme or its proxy.
1.3.2 Medicine for PMB	Benefits shall be at 100% o	f Scheme tariff/cost [*] , subjec	t to:		Benefits shall be at
conditions including	- Prior application and ap	proval by the Scheme.			100% of Scheme
the conditions listed	- A co-payment of 30% s	hall apply for the voluntary u	se of non-formulary medicir	ie.	tariff/cost*, subject to:
on the chronic disease					
list (CDL)					

^{*} As per the provisions of Rule 1.1.8.

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
SERVICES	NETWORK	METWORK	NETWORK		- Prior application and
					approval by the
					Scheme.
					- A co-payment of 20%
					shall apply for the
					voluntary use of non-
					formulary medicine.
1.3.3 Biologicals					
medicine out of	Scheme pre-approval is req	uired and out of hospital be	nefits are limited to the treat	tment of certain PMB con	ditions, as per the
hospital:	standard of care in the State	e sector, subject to the provi	sions of Rule 15.10 of the n	nain rules read with Anne	xure D.1 of these Rules as
Biological medicine is a	per PMB regulations, shall b	e paid at cost.			
substance that is made					
from a living organism or					
its products and is used					
in the prevention,					
diagnosis, or treatment					
of acute and chronic					
diseases					
1.3.4 Other high-cost	Scheme pre-approval is req	uired and out of hospital be	nefits are limited to the trea	tment of certain PMB con	ditions, as per the
medicine out of	standard of care in the State	e sector, subject to the prov	isions of Rule 15.10 of the r	nain rules read with Anne	xure D.1 of these Rules as
hospital	per PMB regulations, shall t	pe paid at cost.			

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
1.3.5 Acute medicine		Benefits shall be at 100%	ll of Scheme tariff from the PN	MSA for:	Benefits shall be at
	No benefit	- Medicine, excluding med	- Medicine, excluding medicine referred to in Annexure C2 of the registered		
		Rules, prescribed out of	a hospital by a medical pra	ctitioner, a contracted	from the PMSA. Once
		Pharmacist Primary Car	e Drug Therapy (PCDT) ph	armacist, or dentist or a	the funds in the PMSA
		person authorised there	to by law.		have been depleted,
		- Registered homeopathic	remedies, injections and h	erbal remedies.	benefits shall subject to
					the overall day-to-day
					limit and the following
					maxima per financial
					year:
					M = R3 652 and M1+ = R7 376
					Benefits shall be for:
					- Medicine, excluding
					medicine referred to
					in Annexure C2 of
					the registered Rules,
					prescribed out of a
					hospital by a medical

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
					practitioner, a
					contracted
					Pharmacist Primary
					Care Drug Therapy
					(PCDT) pharmacist,
					dentist or a person
					authorised thereto by
					law.
					- Registered
					homeopathic
					remedies with Nappi
					code(s).
					- Benefits for
					homeopathic
					remedies, injections
					and herbal remedies
					without Nappi
					code(s) shall be paid
					from the Vested
					Medical Savings
					Account.

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	DEATA BLUG	DEAT4
SERVICES	NETWORK	NETWORK	NETWORK	BEAT3 PLUS	BEAT4
1.3.6 Over-the-counter		Shall be paid at 100% at S	Scheme tariff from the PMS	A. Benefit includes, but	1. The OTC medicine
(OTC) medicine	No benefit	not limited to, purchases o	f sunscreen, vitamins and n	ninerals with Nappi codes	benefit up to the limit
The member may		on the Scheme's formulary	/.		of R1 214 per family
choose how to access					per financial year,
OTC medicine benefits:					paid at 100% of
4 The OTO was dising					Scheme tariff from
1. The OTC medicine					the PMSA. Benefit
benefit with a set					includes, but not
limit on the PMSA.					limited to, purchases
					of sunscreen,
OR					vitamins and
0 TI 0TO II :					minerals with Nappi
2. The OTC medicine					codes on the
benefit without a set					Scheme's formulary.
limit on the PMSA to					
accumulate a self-					1.1 Once the set limit
payment gap.					has been reached,
					the member may
					access further OTC
					medicine benefits
					through the Vested

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
					Medical Savings
					Account where
					purchases shall be
					paid at 100%
					Scheme tariff.
					OR
					2. OTC medicine
					benefit without a limit
					on the PMSA to
					accumulate a self-
					payment gap once
					the limit of R1 214.
					has been reached.
					2.1 The threshold will
					be determined by
					the amount
					allocated to the
					annual PMSA at the

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
					beginning of the
					year, or pro-rated if
					the Member joins
					after January, from
					which OTC
					medicine
					purchases, in
					excess of the
					aforementioned set
					limit, will
					accumulate to a
					self-payment gap.
					2.2 Once a self-
					payment gap has
					accumulated, the
					day-to-day health
					care services, as
					indicated in Rule
					1.7 of this
					Annexure, will

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
					contribute towards
					the payment of the
					self-payment gap,
					thus reducing and
					ultimately closing
					the self-payment
					gap. The Member
					will only be able to
					access the
					Scheme's day-to-
					day benefits after
					contributing to the
					full amount of the
					self-payment gap.
					2.3 The cost or Scheme
					tariff for services,
					whichever is lower,
					shall be used in the
					calculation of the
					contribution towards

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
					the self-payment
					gap: Non-
					contributing
					services or items
					shall not be taken
					into account in this
					calculation.
					2.4 Where the annual
					PMSA is depleted,
					the Member will be
					liable for day-to-day
					claims (i.e. pay out
					of his own pocket)
					until he fully
					contributes to the
					self-payment gap
					amount.
					2.5 The Member must
					continue to submit

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
			<u>l</u>		claims to the
					Scheme, even
					when the Member
					is in the self-
					payment gap, as
					this will inform the
					Scheme when the
					Member has fully
					contributed to the
					self-payment gap
					and consequently
					qualifies for the
					Scheme's day-to-
					day benefits. The
					claims must be
					submitted to the
					Scheme not later
					than the last day of
					the 4 th (fourth)
					month following the
					month in which the

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	BEAT3 PLUS	BEAT4
SERVICES	NETWORK	NETWORK	NETWORK	BEATS PLUS	BEA14
					relevant health
					service was
					rendered.
1.4 PREVENTATIVE					1
CARE AND WELLNESS	Benefits shall be at 100% of	f Scheme tariff and DSPs or	preferred providers.		
BENEFITS					
1.4.1 Influenza vaccine	1 (one) vaccine per benefic	iary per financial year.			
	Children under 2 (two) year	rs of age:			
	- As per the schedule	of the Department of Health	٦.		
1.4.2 Pneumonia					
programme	Adult group:				
	- Twice in a lifetime, v	with a booster if beneficiary i	s above 65 (sixty-five) year	rs of age.	
	- The Scheme in acco	ordance with its protocol, wil	l identify certain high-risk ir	ndividuals who will be advis	sed to be immunised.
1.4.3 Travel	No benefit	Bestmed provides cover for	r certain mandatory travel	vaccines for typhoid, yellov	v fever, tetanus,
vaccinations	No beliefit	meningitis, hepatitis and cl	nolera from Scheme risk be	enefits.	
1.4.4 Baby growth and	Children from 0 (zero) up to	2 (two) years of age:			
development	- 3 (three) assessments pe	er year.			
assessments	- Assessments must be co	onducted at a pharmacy clini	c or by a registered nurse.		
1.4.5 Paediatric	No benefit	Paediatric vaccines accord	ling to the State recommen	ded programme for babies	and children
immunisations	INO Dellelli	raculatile vaccilles accord	ing to the state recommen	ded programme for bables	and chillen.

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
1.4.6 Female	Applicable to all females	Applicable to all females	Applicable to all females of	of childbearing age:	Applicable to all females
contraceptives	of childbearing age:	of childbearing age:	- Oral / injectable / impl		of childbearing age:
·	- Oral / injectable /	- Oral / injectable /	contraceptives limited	to R2 510 per	- Oral / injectable /
	implantable female	implantable female	beneficiary per financi	al year.	implantable female
	contraceptives limited	contraceptives			contraceptives
	to R2 092 per	limited to R2 301 per	OR		limited to R2 801
	beneficiary per financial	beneficiary per			per beneficiary per
	year.	financial year.	- Intrauterine devices (I	UD) – 1 (one) device	financial year.
			limited to R3 795. The	insertion (i.e.	
	OR	OR	consultation and proce	edure) of the device to be	OR
			done by a gynaecolog	ist or GP once every 5	
	- Intrauterine devices	- Intrauterine devices	(five) years.		- Intrauterine devices
	(IUD) - 1 (one) device	(IUD) – 1 (one)			(IUD) – 1 (one)
	once every 5 (five)	device limited to R3			device limited to R4
	years limited to R3 295.	595. The insertion			225. The insertion
		(i.e. consultation and			(i.e. consultation
		procedure) of the			and procedure) of
		device to be done by			the device to be
		a gynaecologist or			done by a
		GP once every 5			gynaecologist or GP
		(five) years.			

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	BEAT3 PLUS	BEAT4		
SERVICES	NETWORK	NETWORK	NETWORK	BEATS PLUS	DEA14		
					once every 5 (five)		
					years.		
1.4.7 Preventative	No benefit	Benefits are applicable pe	r beneficiary:				
dentistry		1. General full mouth ex	kamination by a general d	entist (incl. gloves and u	se of sterile equipment		
		for this visit):					
		- For beneficiaries ur	ider 12 (twelve) years - twic	e per financial year.			
		- For beneficiaries 12	? (twelve) years and older- o	once per financial year.			
		2. Full mouth intra-oral	radiographs:				
		All ages, once every 3	6 (thirty-six) months.				
		3. Intra-oral radiograph	:				
		All ages, 2 (two) x pho	tos per financial year.				
		4. Scaling and/or polish	ning:				
		All ages, every 6 (six)	months from the date of ser	vice.			
		5. Fluoride treatment:					
		All ages, every 6 (six)	months from the date of ser	vice.			
		6. Fissure sealing:					
		Beneficiaries up to and	d including 21 (twenty-one)	years, the frequency will be	e in accordance with		
		accepted protocol.					
		7. Space maintainers:					
		During primary and mixed denture stage, once per space.					
1.4.8 HIV rapid test	Voluntary Testing and Cou	nselling (VCT) as preventive	care, subject to Scheme p	rotocols and funding guide	lines.		

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	BEAT3 PLUS	BEAT4
SERVICES	NETWORK	NETWORK	NETWORK		
1.4.9 Mammogram	Females 40 (forty) years an	d older - once every 24 (two	enty-four) months.		
1.4.10 Human	Females 9 (nine) – 26 (twer	nty-six) years of age:			
Papilloma Virus (HPV)	- 3 (three) vaccinations per	beneficiary.			
vaccinations	- Cervarix/Gardasil shall be	funded at Mediscor Refere	nce Price (MRP).		
1.4.11 Prostate Specific					
Antigen (PSA)					
test:	Males 45 (forty-five) years a				
Tariff codes claimed by	- Once every 24 (twenty-fo	,			
pathologists or Nappi	- To be done at a urologist	or GP. Urologist or GP con	sultation paid from the avai	lable consultation benefit.	
codes claimed by					
pharmacies in respect of					
this benefit are included.					
1.4.12 Colon Cancer	Benefit is subject to:				
Screening	- 1 (one) Faecal Occult Blo	ood Test (FOBT) per benefic	ciary aged 40 (forty) years o	or older every 24 (twenty-fo	our) months.
Tariff codes claimed by	- To be done at a GP or sp	ecialist, the consultation sh	all be paid from the availabl	le consultation benefit.	
pathologists in respect					
of this benefit are					
included.					
1.4.13 PAP smear:	Preventative benefit is subje	ect to:			Preventative benefit is
	- Females 18 (eighteen) y	ears and older.			subject to:
	- Once every 24 (twenty-f	our) months per beneficiary			

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
Tariff codes claimed by pathologists in respect of this benefit are included.	•	om the available PMSA on the ns. The Member shall be lia	he Beat2, Beat2 Network, Boble for the consultation cost	•	 Females 18 (eighteen) years and older. Once every 24 (twenty-four) months per beneficiary for PAP smear tariff code 4566 or 4559. To be done at a gynaecologist or GP. Consultation fee paid from the Preventative Care benefit.
1.4.14 Tempo	1. Tempo Lifestyle Scree	ening			
programme:	Beneficiaries 16 (sixteer	, •			
Benefits on the Tempo	- 1 (one) per beneficial	•			p. 1
wellness programme can		,	questionnaire that must be o		•
only be accessed when	. , ,	•	empo biokineticist, or Tempo		. ,
a beneficiary undergoes			w the Scheme to conduct the		•
a lifestyle screening.	Members can obtain	the services from their phar	macy clinics or accredited T	empo biokineticist or nurse	es.

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	BEAT3 PLUS	BEAT4			
SERVICES	NETWORK	NETWORK	NETWORK	BEATS PLUS	DEA14			
	- Beneficiaries must complete a lifestyle screening in order to unlock the biokineticist and dietician consultations that form part of							
	the Tempo programm	the Tempo programme benefits.						
	2. Fitness and nutritional interventions available to beneficiaries 16 (sixteen) years and older							
	Fitness							
	 1 (one) fitness test at a Tempo biokineticist conducted in person; and 1 (one) follow-up in person or virtual consultation at a Tempo biokineticist to obtain a personalised fitness/exercise plan. 							
	Nutrition							
	` '	sessment at a Tempo dietici						
	- 1 (one) follow-up in p	erson or virtual consultation	at a Tempo dietician to ob	tain a personalised diet pla	n.			
	Benefits shall be at 100% of	f Scheme tariff per	Benefits shall be at 100	% of Scheme tariff per ben	eficiary per event, subject			
	beneficiary per event, subje	ct to the following:	to the following:					
	Consultations:		Consultations:					
1.5 MATERNITY	- 6 (six) antenatal consulta	ations at either a	- 9 (nine) antenatal cons	sultations at either a GP/gy	naecologist/midwife.			
BENEFITS	GP/gynaecologist/midwi	fe.	- 1 (one) post-natal con	sultation at either a GP/gyn	aecologist/midwife.			
	Ultrasounds:		Ultrasounds:					
			- 1 (one) 2D ultrasoun	d scan at 1 st (first) trimeste	r (between 10 (ten) to 12			
			(twelve) weeks) at a	gynaecologist/GP/radiologi	st.			

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	DEAT2 DI US	DEAT4
SERVICES	NETWORK	NETWORK	NETWORK	BEAT3 PLUS	BEAT4
	- 1 (one) 2D ultrasound	scan at 1st (first) trimester	- 1 (one) 2D ultrasoun	d scan at 2 nd (second) trim	ester (between 20
	(between 10 (ten) to 12 (twelve) weeks) at a		(twenty) to 24 (twenty	y-four) weeks) at a gynaec	ologist/GP/radiologist.
	gynaecologist/GP/radio	ologist.			
	- 1 (one) 2D ultrasound se	can at 2 nd (second)	Any item categorised as	a maternity supplement ca	an be claimed up to a
	trimester (between 20	(twenty) to 24 (twenty-	maximum of R145 per c	laim, once a month, for a n	naximum of 9 (nine)
	four) weeks) at a gyna	ecologist/GP/radiologist.	months.		
1.6 OPTOMETRY BENEFITS	No benefit	Benefits shall be paid from	the PMSA.	Optometry benefits are an every 24 (twenty-four) more service. Services rendered by the network, Preferred Provious optometrists shall be pay contracted fee. Services network provider shall be indicated. Benefits from a PPN optometrist shall be as follows:	e designated optical der Negotiators (PPN), vable at 100% of rendered by a non-

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
				- Consultations: 1	- Consultations: 1
				(one) per beneficiary	(one) per beneficiary
				at 100% of cost.	at 100% of cost.
				- Spectacle frames or	- Spectacle frames or
				lens enhancements	lens enhancements
				limited to R990	limited to R1 270
				AND	AND
				- Lenses: standard	- Lenses: standard
				lenses (i.e. single	lenses (i.e. single
				vision or bifocal or	vision or bifocal or
				multifocal lenses) at	multifocal lenses) at
				100% of cost	100% of cost
				OR	OR
				- Contact lenses	- Contact lenses
				limited to R1 760	limited to R2 085
				Benefits from a non-	Benefits from a non-
				network provider shall	network provider shall
				be as follows:	be as follows:

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
				- Consultations: 1	- Consultations: 1
				(one) per beneficiary	(one) per beneficiary
				limited to R420	limited to R420
				- Spectacle frames or	- Spectacle frames or
				lens enhancements	lens enhancements
				limited to R743	limited to R953
				AND	AND
				- Lenses:	- Lenses:
				Single-vision lenses	Single-vision lenses
				limited to R225	limited to R225
				OR	OR
				Bifocal lenses limited	Bifocal lenses limited
				to R485	to R485
				OR	OR
				Multifocal lenses	Multifocal lenses
				limited to R1 080	limited to R1 080
				(consisting of R850	(consisting of R850
				per base lens plus	per base lens plus
				R230 per branded	R230 per branded
				lens add-on)	lens add-on)
				OR	OR

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
			L	- In lieu of glasses	- In lieu of glasses
				Members can opt for	Members can opt for
				contact lenses, limited	contact lenses,
				to R1 760	limited to R2 085
					- Refer to Annexure B.4
					for the conditions of
					payment from the
					Personal Medical
	No Personal Medical				Savings Account
	Savings Account (PMSA).				(PMSA) and the
		Refer to Annexure B.4 for	Vested Medical		
1.7 OUT-OF-HOSPITAL	Full cross subsidisation	Savings Account (PMSA) a	and the Vested Medical Sa	vings Account.	Savings Account.
BENEFITS	between Members shall				- Full cross
BENEFITS	apply without an annual	Full cross subsidisation be	tween Members shall apply	y without an annual limit,	subsidisation between
	limit.	except in relation to the PN	/ISA.		Members shall apply
					without an annual
					limit, except in relation
					to the PMSA.
					- Day-to-day benefits
					may be subject to
					payment from the

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
					PMSA first and shall
					be indicated as such.
					- Benefits may be
					subject to the annual
					maxima for the
					Member with his
					Dependant(s) and/or
					as provided for on the
					benefit.
					- The following
					combined overall limit
					for day-to-day benefits
					shall apply per
					financial year:
					M = R16 227 and
					M1+= R32 452
1.7.1 GP, nurse and					Benefits shall be at
specialist	No benefit	Benefits shall be at 100%	of Scheme tariff from the PI	MSA.	100% of Scheme tariff
consultations					from the PMSA. Once

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
Consultations, visits,			1		the funds in the PMSA
diagnostic examinations,					have been depleted,
injections and					benefits shall be subject
emergency unit visits					to the overall day-to-day
(where a procedure					limit and the following
room was used) with					maxima per financial
General Practitioners					year:
(GPs), contracted					
Nursing Clinical					M = R4 133 and
Services, contracted					M1+ = R7 361
Pharmacist Primary Care					
Drug Therapy (PCDT)					
pharmacists, Specialists,					
Homeopaths and					
Herbalists.					
1.7.2 Basic and		Benefits shall be at 100%	Benefits shall be at 100%	of Scheme tariff from the	Benefits shall be at
specialised dentistry	No benefit	of Scheme tariff from the	PMSA, subject to the follow	wing:	100% of Scheme tariff
Includes basic and		PMSA, subject to the			from the PMSA, subject
specialised dentistry not		following:	- Basic dentistry shall be	paid from the	to the following:
defined under			Preventative dentistry be	enefit or the PMSA.	- Basic dentistry shall
Preventative dentistry					be paid from the

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
benefits or Dental / Oral /		- Basic dentistry shall be	- Specialised dentistry wl	nich includes the	Preventative dentistry
Jaw surgical benefits.		paid from the	following shall be paid f	rom the PMSA:	or PMSA.
		Preventative dentistry	- Prosthodontics service	es (crowns, bridges,	- Specialised dentistry
		benefit or the PMSA.	inlays, veneers and de	ntures);	benefits which
		- Specialised dentistry	- Periodontics services	(gum diseases);	include:
		which includes the	- Orthodontic services (correction of irregular	- Prosthodontics
		following shall be paid	teeth by means of brac	es, retainers or similar)	services (crowns,
		from the PMSA:	are subject to Pre-auth	orisation; and	bridges, inlays,
		- Prosthodontics	- Dental implants, impla	ant costs and all	veneers and
		services (crowns,	laboratory costs related	I to the aforementioned	dentures);
		bridges, inlays,	services.		- Periodontics
		veneers and			services (gum
		dentures);			diseases);
		- Periodontics services			- Orthodontic
		(gum diseases);			services (correction
		- Orthodontic services			of irregular teeth by
		(correction of irregular			means of braces,
		teeth by means of			retainers or similar)
		braces, retainers or			are subject to
		similar) are subject to			Pre-authorisation;
		Pre-authorisation.			and

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
				l	- Dental implants,
					implant costs and all
					laboratory costs
					related to the
					aforementioned
					services.
					Once the funds in the
					PMSA have been
					depleted, benefits shall
					be subject to the overall
					day-to-day limit and the
					following maxima per
					financial year:
					M = R7 149 and
					M1+ = R14 359
4.7.2 Madical side		Benefits shall be at 100% of	of Scheme tariff from the Pl	MSA, for the following:	Benefits shall be at
1.7.3 Medical aids,	No benefit				100% of Scheme tariff
apparatus and		- Hearing aid - Pre-authoris	sation is required together v	with the documentation	from the PMSA. Once
appliances including		indicated on the Healthcare	e Services on this Rule 1.7	.3;	the funds in the PMSA

HEALTHCARE	BEAT1 AND BEAT1	BEAT2 AND BEAT2	BEAT3 AND BEAT3	DEATO DI UO	DEAT4
SERVICES	NETWORK	NETWORK	NETWORK	BEAT3 PLUS	BEAT4
wheelchairs and		- Back, leg, arm and neck	support;		have been depleted,
hearing aids.		- Wheelchairs;			benefits shall be subject
		- Surgical footwear;			to the overall day-to-day
Pre-authorisation must		- Crutches;			limit and R14 575 per
be obtained for all		- Elastic stockings;			family per financial year
hearing aid devices fitted		- Repair work on hearing a	ids, artificial limbs, wheelch	nairs, etc.; and	for appliances that shall
and the following		- Stoma products, Oxygen	and Diabetic supplies for n	on-PMB conditions.	include any of the items
documentation is					listed below:
required:					
					- Back, leg, arm and
- A fully detailed					neck support;
audiogram;					- Wheelchairs;
- A comprehensive					- Surgical footwear;
quotation, which					- Crutches;
includes, <i>inter alia</i> ,					- Elastic stockings;
the product name,					- Repair work on
clinical details (i.e.					artificial limbs,
behind the ear, in the					wheelchairs, etc.; and
ear, custom) and the					- Stoma products,
					Oxygen and Diabetic

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
number of devices to				I	supplies for non-PMB
be fitted;					conditions.
- Nappi code(s);					Hearing aids and/or
- Motivation for					repair at 100% of
obtaining a hearing					Scheme tariff limited to
aid device; and					R13 357 per family
- In the case of					every 24 (twenty-four)
providers who are not					months.
contracted with the					
Scheme, the product					Pre-authorisation is
serial number(s) of					required together with
the hearing aid					the documentation
device(s).					indicated on the
					Healthcare Services on
					this Rule 1.7.3.
1.7.4 Supplementary				Benefits shall be at	Benefits shall be at
services				100% of Scheme tariff	100% of Scheme tariff
Benefits include services	No benefit	Benefits shall be at 100%	of Scheme tariff from the	and be limited to R2 188	from the PMSA. Once
rendered by		PMSA.		per family per financial	the funds in the PMSA
physiotherapists,				year subject to the use	have been depleted,
masseurs, chiropractors,				of DSPs.	benefits shall be at

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
osteopaths, orthoptists,					100% of Scheme tariff
audiologists/hearing aid				Once the set limit has	subject to the overall
acousticians,				been reached, the	day-to-day limit and the
occupational therapists,				member may access	following maxima per
podiatrists/chiropodist,				further benefits from the	financial year:
dieticians, speech				PMSA at 100% Scheme	
therapists, biokinetics,				tariff.	M = R6 311 and
private nursing (stoma					M1+ = R12 817
therapy nursing,					
obtaining of specimen,					
observations and					
administration of					
medication,					
immunisations and IV's),					
psychiatric treatment,					
psychologists and social					
workers.					
1.7.5 Wound care		General wound care			
benefit	NPWT treatment shall be at 100% Scheme tariff, subject to Pre-authorisation.				shall be at 100% of
Includes dressings and	General wound care shall be at 100% of Scheme tariff and be limited to R4 463 per family per financial				Scheme tariff from the
negative pressure	year.				PMSA. Once the funds

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
wound therapy (NPWT)		<u> </u>			in the PMSA have been
treatment and nursing					depleted, benefits shall
services out of hospital.					be at 100% of Scheme
					tariff subject to the
					overall day-to-day limit
					and R6 311 per family
					per financial year.
					NPWT treatment shall
					be at 100% Scheme
					tariff, subject to Pre-
					authorisation.
1.7.6 Basic radiology	NI - I	D	- f O - l t : : : : : : : : : : : :	40.4	Benefits shall be at
and pathology	No benefit	Benefits shall be at 100%	100% of Scheme tariff		
					from the PMSA. Once
					the funds in the PMSA
					have been depleted,
					benefits shall be at
					100% of Scheme tariff
					subject to the overall
					day-to-day limit and the

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4	
					following maxima per	
					financial year:	
					M = R4 132 and	
					M1+ = R8 414	
1.7.7 Back and Neck	Benefits shall be payable at	: 100% of contracted fee and	d are applicable to all ages	– subject to Pre-authoris	ation:	
Programme	 Applicable to beneficiaries with serious back or neck problems that may require surgery and use of this programme is in lieu of surgery. Preferred providers, i.e. DBC or Workability clinics. The Scheme may identify appropriate participants for evaluation at a DBC or Workability clinic. Based on the first assessment, a rehabilitation treatment plan is drawn up and initiated over an uninterrupted period that will be specified by the provider. 					
1.7.8 Rehabilitation	Benefits shall subject to the	Benefits shall be at				
after trauma	- Pre-authorisation;				100% of Scheme tariff/cost*.	
Benefits for rehabilitation	- Preferred providers or DSPs;					
shall be aimed at the	- The treatment of certain PMB conditions, as per the standard of care in the State sector shall be paid at					
recovery of impeded vital	cost, subject to the provisions of Rule 15.10 of the main rules read with Annexure D.1 of these Rules as					
functions immediately	per PMB regulations.					

^{*} As per the provisions of Rule 1.1.8.

HEALTHCARE SERVICES	BEAT1 AND BEAT1 NETWORK	BEAT2 AND BEAT2 NETWORK	BEAT3 AND BEAT3 NETWORK	BEAT3 PLUS	BEAT4
after trauma such as a					
stroke or heart attack.					