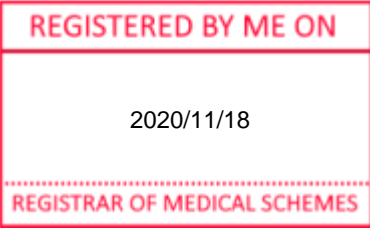


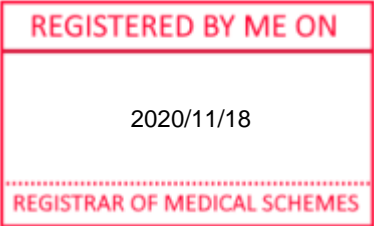
**PLAN TABLES**

**TABLE A: HOSPITAL BENEFITS: PLAN D**

Benefit limits are prorated if a member joins the Malcor Medical Aid Scheme mid-year unless otherwise stated.

Pre-authorisation required, except in the case of an emergency. In all instances, PMB paid at Cost and unlimited as stipulated in Appendix 2.

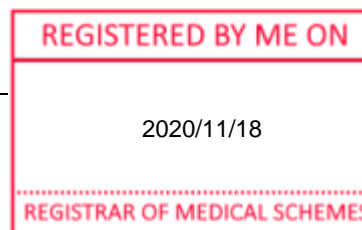
Service	Benefits	Annual Limits	Benefit requirements/ conditions
<b>Overall annual limit</b>	No		Subject to protocols and sub-limits not being exceeded.
<b>Statutory prescribed</b> minimum benefits Services rendered by public hospitals payable at 100% of cost.	No annual limit		
Emergency medical cover whilst traveling outside of South Africa.	100 % of SA tariff rates payable in RSA currency		

Service	Benefits	Annual Limits	Benefit requirements/ conditions
<b>1. HOSPITALISATION AND ASSOCIATED COSTS - PROVINCIAL AND PRIVATE</b>			
<p><b>Items 1.01 – 1.21:</b> All admissions to hospitals and services listed below must be pre-authorized by the Designated Service Provider.            Tel: 0860 00 24 02. Private Hospitals: 100% of Managed Care Rate.</p>			
	<b>Overall annual limit</b>	<b>R600 000</b> per family per annum.	Subject to sub-limits not being exceeded
<b>1.01</b>	<b>ACCOMMODATION, THEATRE FEES MEDICINES, INTENSIVE CARE</b>	100% of Managed Care Rate	Subject to PMBs as prescribed. Private wards not covered.
<b>1.02</b>	<b>SURGICAL PROCEDURES IN HOSPITAL</b> including GP and specialist consultations	100% of Managed Care Rate Hip Arthroscopy not covered unless PMB	Subject to PMBs as prescribed.
			
<b>1.03</b>	<b>DIAGNOSTIC INVESTIGATIONS</b> e.g. Radiology, Pathology, MRI/CAT scans etc.	100% of Managed Care Rate	Authorisation must be obtained prior to the examination or within 24 hours in case of an emergency. Limited
Subject to Clinical protocols and PMBs as prescribed. MRI and CT Scans must be authorised by the Scheme, or the Managed Health Care Organisation. All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.			

Service		Benefits	Annual Limits	Benefit requirements/ conditions
			to R9,748 per family per annum	
<b>1.04</b>	<b>BLOOD TRANSFUSIONS</b>	100% of cost		
<b>1.05</b>	<b>ONCOLOGY TREATMENT</b>	100% of Managed Care Rate Subject to ICON protocols	Limit of R220,000 per family per annum	Subject to PMBs as prescribed. All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
<b>1.06</b>	<b>ACCOMMODATION FOR CONFINEMENTS</b>  Note: Waiting period may be applied, subject to the rights of interchangeability.	100% of Managed Care Rate	NVD – Limited to 2 days  Caesar – Limited to 3 days  Limited to 2 sonars per confinement	Subject to PMBs as prescribed. All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
<b>1.07</b>	<b>PSYCHIATRIC TREATMENT AND CLINICAL PSYCHOLOGY</b>	No Benefit	<div style="border: 2px solid red; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="color: red; margin: 0;"><b>REGISTERED BY ME ON</b></p> <p style="margin: 0;">2020/11/18</p> <p style="color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	Subject to PMBs as prescribed.  Drug and alcohol treatment at SANCA affiliated facilities only.  All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.

Service		Benefits	Annual Limits	Benefit requirements/ conditions
<b>1.08</b>	<b>ORGAN TRANSPLANTS</b>  <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2020/11/18</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost	Limited to R105,331 per family per annum unless PMB  Cornea transplants: only locally harvested cornea's will be covered	Subject to PMBs as prescribed and pre- authorisation. Only locally harvested cornea's will be covered.  All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
<b>1.09</b>	<b>RENAL DIALYSIS</b>	100% of Managed Care Rate	Subject to PMB as prescribed.	Subject to pre authorisation from the Scheme's designated Managed Health Care Services Provider.
<b>1.10</b>	<b>DENTAL HOSPITALISATION</b>	No Benefit		
<b>1.11</b>	<b>STERILISATION / VASECTOMY</b>	No Benefit		(Revisions excluded)
<b>1.12</b>	<b>INTERNAL PROSTHESIS</b>	100% of cost	Limited to R22,809 per case per annum Cardiac stents – one per lesion, maximum 3 lesions Aphakic Lenses – R4,557 per lens	Subject to PMBs as prescribed and pre- authorisation. All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2. Cardiac stents are reimbursed at the cost of bare metal stents (BMS) and not drug eluting stents (DES). (Revisions excluded)

Service		Benefits	Annual Limits	Benefit requirements/ conditions
<b>1.13</b>	<b>PHYSIOTHERAPY</b>	100% of Managed Care Rate		Subject to PMBs as prescribed and pre- authorisation.  All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
<b>1.14</b>	<b>STEP DOWN FACILITIES</b> In lieu of Hospitalisation.	100% of Managed Care Rate	Limited to a maximum of two weeks per person per annum	Subject to PMBs as prescribed and pre- authorisation.  All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
<b>1.15</b>	<b>PRIVATE NURSING</b> In lieu of hospitalisation.	100% of Managed Care Rate	Limited to a maximum of two weeks per person per annum	Subject to PMBs as prescribed and pre- authorisation.  All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
<b>1.16</b>	<b>REHABILITATION FACILITIES</b>	100% of Managed Care Rate	Limited to a maximum of two weeks per person per annum	Subject to PMBs as prescribed and pre- authorisation.  All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
<b>1.17</b>	<b>CIRCUMCISION</b> In and out of hospital	100% of Managed Care Rate	Limited to R1,192 per person per annum	



Service		Benefits	Annual Limits	Benefit requirements/ conditions
1.13	PHYSIOTHERAPY	100% of Managed Care Rate		Subject to PMBs as prescribed and pre- authorisation.  All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
1.18	HYPERBARIC OXYGEN THERAPY	No Benefit		
1.19	BACK SURGERY	100% of Managed Care Rate		Subject to PMBs as prescribed and pre- authorisation.  Subject to back treatment protocols.  Refer to limit as per item 1.12  All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
1.20	STEREOTACTIC RADIOSURGERY	No Benefit		
1.21	LAPAROSCOPIC PROCEDURES	No Benefit		Subject to PMBs as prescribed and pre- authorisation.  All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.

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 REGISTRAR OF MEDICAL SCHEMES



**TABLE B: DAY-TO-DAY BENEFITS: PLAN D**

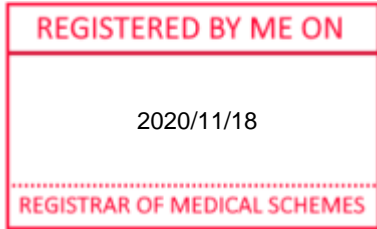
Benefit limits are prorated if a member joins the Malcor Medical Aid Scheme mid-year unless otherwise stated.

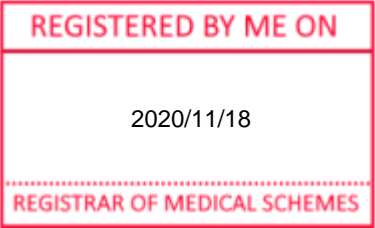
In all instances, PMB paid at Cost and unlimited – refer Appendix 2.

Service	Benefits	Annual Limits	Benefit requirements/ conditions	Increase	
<b>2. GENERAL PRACTITIONERS AND SPECIALISTS</b>					
<b>2.01</b>	<b>CONSULTATIONS</b>				
	<b>General Practitioners</b>	100% of Managed Care Rate	No annual limit	Subject to member's choice of nominated GP.	0%
	<b>Specialists</b>	100% of Managed Care Rate	Limited to 4 visits per family per annum	Subject to referral from nominated GP.	
	<b>Outpatient facilities</b>	100% of scheme tariff	2 visits per family per annum		
<b>2.02</b>	<b>ANTENATAL CARE</b>	100% of Managed Care Rate	Limited to 2 sonars per pregnancy	Note: waiting periods may apply subject to the rights of interchangeability	0%
	Included in sub limits for consultations and medication.				

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Service		Benefits	Annual Limits	Benefit requirements/ conditions	Increase
2.03	<b>DIAGNOSTIC INVESTIGATIONS</b>			Subject to PMBs as prescribed.	
	<b>Pathology</b>	100% of Managed Care Rate	Limited to R975 per person per annum		8%
	<b>Radiology</b>	100% of Managed Care Rate	Limited to R975 per person per annum		8%
<b>MRI/Cat Scans</b>	No Benefits		N/A		
<b>3. MEDICINES</b>					
3.01	<b>ACUTE MEDICINES (Including homeopathic medicine)</b>	100% of Designated Service Provider reference price	Unlimited subject to medicine dispensed by the nominated GP and medicine formulary.		0%
3.02	<b>PMB CHRONIC DISEASE LIST (CDL) MEDICINES</b>	100% of Designated Service Provider reference price	Unlimited, but subject to designated service provider's treatment protocols and medicine formulary.	PMBs subject to pre- authorisation of the medicine with the scheme's preferred provider, (Tel: 0860 00 24 02)	0%

Service		Benefits	Annual Limits	Benefit requirements/ conditions	Increase
<b>3.03</b>	<b>OTHER CHRONIC (non CDL) MEDICINES</b>	100% of Designated Service Provider reference price	Unlimited, but subject to designated service provider's treatment protocols and medicine formulary.	Non CDL PMBs subject to pre- authorisation of the medicine with the scheme's preferred provider, (Tel: 0860 00 24 02)	0%
<b>3.04</b>	<b>PHARMACY ADVISED TREATMENT (PAT)</b> Over the counter medication. In consultation with pharmacist, restricted to schedule 0, 1 and 2 medicines	100% of Managed Care Rate	R366 per family per annum at R121 per <b>event</b>		8%
<b>4. OPTICAL BENEFITS</b>					
<b>Contact the Designated Service Provider for availability of contracted optometrists Tel: 0860 00 24 02</b>					
<b>4.01</b>	<b>SPECTACLE LENSES:</b> In Network Benefits	100% of cost	Limited to R988 per person payable every 24 months.	Subject to using the scheme's designated service provider.	8%

Service		Benefits	Annual Limits	Benefit requirements/ conditions	Increase
<b>4.02</b>	<b>SPECTACLE LENSES:</b> Out of Network Benefits Applicable to members who choose to utilise a non-Preferred Provider Network Optometrists.	Included in limit 4.01 above		<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2020/11/18</p> <p>-----</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	Above
<b>4.03</b>	<b>CONTACT LENSES:</b> In and Out of Network	No Benefit			N/A
<b>4.04</b>	<b>FRAMES:</b> In and Out of Network	Included in limit 4.01 above			Above
<b>4.05</b>	<b>EYE TESTS:</b> In and out of Network	Included in limit 4.01 above			Above
<b>5. DENTISTRY</b>					
<b>5.01</b>	<b>CONSERVATIVE DENTISTRY</b> (e.g. fillings, extractions and x-rays)	100% of Managed Care Rate		Pre-authorisation required from Designated Service Provider Tel: 0860 10 49 25.	0%

Service		Benefits	Annual Limits	Benefit requirements/ conditions	Increase
5.02	<b>SPECIALISED DENTISTRY</b> (eg. crowns, bridge-work, dentures, orthodontics and periodontics)	No Benefit			N/A
5.03	<b>MAXILLO FACIAL AND ORAL SURGERY</b> (Consultations, surgical procedures and operations)	No Benefit		<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2020/11/18</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	N/A
<b>6. ALTERNATIVE SERVICES</b>					
6.01	<b>CHIROPRACTIC, HOMEOPATHY, PODIATRY AND NATUROPATHY</b>	No Benefit			N/A
<b>7. REMEDIAL AND OTHER THERAPIES</b>					
7.01	<b>AUDIOLOGY, DIETICIANS, HEARING AID ACOUSTICIANS, OCCUPATIONAL THERAPY, ORTHOPTICS, SOCIAL</b>	No Benefit			N/A

Service		Benefits	Annual Limits	Benefit requirements/ conditions	Increase
	<b>WORKERS AND SPEECH THERAPY</b>				
<b>8. APPLIANCES</b>					
<b>8.01</b>	<b>APPLIANCES</b> (e.g. hearing aids, wheelchairs, callipers etc.)	No Benefit		Subject to PMBs as prescribed.	N/A
<b>9. EXTERNAL PROSTHESIS</b>					
<b>9.01</b>	<b>EXTERNAL PROSTHESIS</b> (e.g. Artificial limbs, eyes, etc.)	No Benefit	Subject to overall annual limit.	Subject to PMBs as prescribed. Pre-authorization required from Designated Service Provider Tel: 0860 10 49 25.	N/A
<b>10. PHYSIOTHERAPY (out of hospital)</b>					
<b>10.01</b>	<b>PHYSIOTHERAPY</b> (out of hospital)	No Benefit		Subject to PMBs as prescribed.	N/A
				<div style="border: 1px solid red; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="margin: 0;"><b>REGISTERED BY ME ON</b></p> <p style="margin: 0;">2020/11/18</p> <p style="margin: 0; border-top: 1px dashed red;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	

Service	Benefits	Annual Limits	Benefit requirements/ conditions	Increase	
<b>11. OTHER BENEFITS</b>					
<b>11.01</b>	<b>AMBULANCE SERVICES</b> (Air/Road Ambulance and Emergency Services).  DSP applies	100% of cost		Non-emergency: Subject to pre- authorisation beforehand. Failure to do this could result in the member being liable for the costs incurred.  Emergency: Subject to authorisation within 72 hours after the emergency.  Inter-hospital transfers: must be done by the designated service provider only.	N/A
		<div style="border: 2px solid red; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="color: red; margin: 0;"><b>REGISTERED BY ME ON</b></p> <p style="margin: 0;">2020/11/18</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>			
<b>11.02</b>	<b>HIV / AIDS AND SEXUALLY TRANSMITTED DISEASES</b>	100% of cost		Subject to Regulation 8(3)  Subject to treatment protocols, medicine formulary and registration of chronic medicine by the member's nominated GP.	N/A
<b>11.03</b>	<b>INFERTILITY</b>	100% of Cost	Subject to PMBs as prescribed.		N/A