


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, PMIB paid at Cost and unlimited as stipulated in Appendix 2.

Service	Benefits	Annual Limits	Benefit requirements/ conditions
Overall annual limit	No		Subject to protocols and sub-limits not being exceeded.
Statutory prescribed 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		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center;">REGISTERED BY ME ON</p> <p><i>Mleboho</i> Mashilo Leboho, 2021/10/27 03/11/2021 15:20:25 (UTC+02:00) Signed by Mashilo Leboho, m.leboho@medicalscchemes.co.za REGISTERED BY ME ON</p> </div>

Service	Benefits	Annual Limits	Benefit requirements/ conditions
1. HOSPITALISATION AND ASSOCIATED COSTS - PROVINCIAL AND PRIVATE			
Items 1.01 – 1.21: All admissions to hospitals and services listed below must be pre-authorised by the Designated Service Provider. Tel: 0860 00 24 02. Private Hospitals: 100% of Managed Care Rate.			
	Overall annual limit	Subject to sub-limits not being exceeded	
1.01	ACCOMMODATION, THEATRE FEES MEDICINES, INTENSIVE CARE R600 000 per family per annum. 100% of Managed Care Rate	Subject to PMBs as prescribed. Private wards not covered.	Medicine dispensed on discharge limited to a 5 day supply.
1.02	SURGICAL PROCEDURES IN HOSPITAL including GP and specialist consultations 100% of Managed Care Rate Hip Arthroscopy not covered unless PMB	Subject to PMBs as prescribed.	 Mashilo Leboho 03/11/2021 15:20:38 (UTC+02:00) Signed by Mashilo Leboho, m.leboho@medicalschemes.co.za REGISTRAR OF MEDICAL SCHEMES
1.03	DIAGNOSTIC INVESTIGATIONS e.g. Radiology, Pathology, MRI/CAT scans etc.	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 R10,625 per family per annum	
1.04	100% of cost		
BLOOD TRANSFUSIONS			
1.05	100% of Managed Care Rate Subject to ICON protocols	Limit of R239,800 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.
1.06	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.
ACCOMMODATION FOR CONFINEMENTS Note: Waiting period may be applied, subject to the rights of interchangeability.			
1.07	No Benefit		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.
PSYCHIATRIC TREATMENT AND CLINICAL PSYCHOLOGY			

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Service	Benefits	Annual Limits	Benefit requirements/ conditions
1.08 ORGAN TRANSPLANTS	100% of cost	Limited to R114,800 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.
1.09 RENAL DIALYSIS	100% of Managed Care Rate	Subject to PMB as prescribed.	Subject to pre authorisation from the Scheme's designated Managed Health Care Services Provider.
1.10 DENTAL HOSPITALISATION	No Benefit		
1.11 STERILISATION / VASECTOMY	No Benefit		(Revisions excluded)
1.12 INTERNAL PROSTHESIS	100% of cost	Limited to R24,860 per case per annum Cardiac stents – one per lesion, maximum 3 lesions Aphakic Lenses – R4,967 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)

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Service	Benefits	Annual Limits	Benefit requirements/ conditions
1.13 PHYSIOTHERAPY	100% of Managed Care Rate		Subject to PMIBs as prescribed and pre- authorisation. All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
1.14 STEP DOWN FACILITIES In lieu of Hospitalisation.	100% of Managed Care Rate	Limited to a maximum of two weeks per person per annum	Subject to PMIBs as prescribed and pre- authorisation. All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
1.15 PRIVATE NURSING In lieu of hospitalisation.	100% of Managed Care Rate	Limited to a maximum of two weeks per person per annum	Subject to PMIBs as prescribed and pre- authorisation. All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
1.16 REHABILITATION FACILITIES	100% of Managed Care Rate	Limited to a maximum of two weeks per person per annum	Subject to PMIBs as prescribed and pre- authorisation. All prescribed minimum benefits are paid at Cost, subject to requirements as set out in Appendix 2.
1.17 CIRCUMCISION In and out of hospital	100% of Managed Care Rate	Limited to R1,300 per person per annum	

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Service	Benefits	Annual Limits	Benefit requirements/ conditions
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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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.

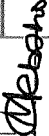
In all instances, PMB paid at Cost and unlimited – refer Appendix 2.

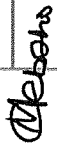
Service	Benefits	Annual Limits	Benefit requirements/ conditions	Increase
2. GENERAL PRACTITIONERS AND SPECIALISTS				
2.01	CONSULTATIONS			
	General Practitioners	100% of Managed Care Rate	No annual limit	0%
	Specialists	100% of Managed Care Rate	Limited to 4 visits per family per annum	Subject to member's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


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Service	Benefits	Annual Limits	Benefit requirements/ conditions	Increase
2.03	DIAGNOSTIC INVESTIGATIONS Pathology Radiology MRI/Cat Scans	100% of Managed Care Rate	Subject to PMBs as prescribed.	9%
		Limited to R1,062 per person per annum		9%
		100% of Managed Care Rate		N/A
		Limited to R1,062 per person per annum		
3. MEDICINES <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;"> REGISTERED BY ME ON  Mashilo Leboho 2021/10/27 03/11/2021 15:20:56 (UTC+02:00) Signed by Mashilo Leboho, m.leboho@medicalschemes.co.za <small>REGISTRAR OF MEDICAL SCHEMES</small> </div>				
3.01	ACUTE MEDICINES (Including homeopathic medicine)	100% of Designated Service Provider reference price	Unlimited subject to medicine dispensed by the nominated GP and medicine formulary.	0%
		Unlimited, but subject to designated service provider's treatment protocols and medicine formulary.		
3.02	PMB CHRONIC DISEASE LIST (CDL) MEDICINES	100% of Designated Service Provider reference price	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
3.03	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%
3.04	100% of Managed Care Rate	R399 per family per annum at R132 per event	 Mashilo Leboho 03/11/2021 15:21:04 (UTC+02:00) Signed by Mashilo Leboho, m.leboho@medicalschemes.co.za <small>REGISTRAR OF MEDICAL SCHEMES</small>	9%
4. OPTICAL BENEFITS				
Contact the Designated Service Provider for availability of contracted optometrists Tel: 0860 00 24 02				
4.01	100% of cost	Limited to R1,077 per person payable every 24 months.	Subject to using the scheme's designated service provider.	9%
	SPECTACLE LENSES: In Network Benefits			

Service	Benefits	Annual Limits	Benefit requirements/ conditions	Increase
4.02	SPECTACLE LENSES: Out of Network Benefits Applicable to members who choose to utilise a non-Preferred Provider Network Optometrists.	Included in limit 4.01 above		Above
	CONTACT LENSES: In and Out of Network	No Benefit		N/A
	FRAMES: In and Out of Network	Included in limit 4.01 above	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> REGISTERED BY ME ON  Mashilo Leboho 02/10/27 03/11/2021 15:21:06 (UTC+02:00) Signed by Mashilo Leboho, m.leboho@medicalschemes.co.za <small>SIGNATURE</small> </div>	Above
	EYE TESTS: In and out of Network	Included in limit 4.01 above		Above
	5. DENTISTRY			
5.01	CONSERVATIVE DENTISTRY (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	SPECIALISED DENTISTRY (eg. crowns, bridge-work, dentures, orthodontics and periodontics)	No Benefit		N/A
5.03	MAXILLO FACIAL AND ORAL SURGERY (Consultations, surgical procedures and operations)	No Benefit		N/A
6. ALTERNATIVE SERVICES				
6.01	CHIROPRACTIC, HOMEOPATHY, PODIATRY AND NATUROPATHY	No Benefit		N/A
7. REMEDIAL AND OTHER THERAPIES				
7.01	AUDIOLOGY, DIETICIANS, HEARING AID ACOUSTICIANS, OCCUPATIONAL THERAPY, ORTHOPTICS, SOCIAL	No Benefit		N/A


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Service	Benefits	Annual Limits	Benefit requirements/ conditions	Increase
WORKERS AND SPEECH THERAPY				
8. APPLIANCES				
8.01 APPLIANCES (e.g. hearing aids, wheelchairs, callipers etc.)	No Benefit		Subject to PMBs as prescribed.	N/A
9. EXTERNAL PROSTHESIS				
9.01 EXTERNAL PROSTHESIS (e.g. Artificial limbs, eyes, etc.)	No Benefit	Subject to overall annual limit.	Subject to PMBs as prescribed. Pre-authorisation required from Designated Service Provider 0860 00 24 02.	N/A
10. PHYSIOTHERAPY (out of hospital)				
10.01 PHYSIOTHERAPY (out of hospital)	No Benefit		Subject to PMBs as prescribed.	N/A

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Service	Benefits	Annual Limits	Benefit requirements/ conditions	Increase
11. OTHER BENEFITS				
11.01	<p>100% of cost</p> <p>AMBULANCE SERVICES (Air/Road Ambulance and Emergency Services).</p> <p>DSP applies</p>		<p>Non-emergency: Subject to pre- authorisation beforehand. Failure to do this could result in the member being liable for the costs incurred.</p> <p>Emergency: Subject to authorisation within 72 hours after the emergency. Inter-hospital transfers: must be done by the designated service provider only.</p>	N/A
11.02	<p>100% of cost</p> <p>HIV / AIDS AND SEXUALLY TRANSMITTED DISEASES</p>		<p>Subject to Regulation 8(3)</p> <p>Subject to treatment protocols, medicine formulary and registration of chronic medicine by the member's nominated GP.</p>	N/A
11.03	<p>100% of Cost</p> <p>INFERTILITY</p>		<p>Subject to PMBs as prescribed.</p>	N/A