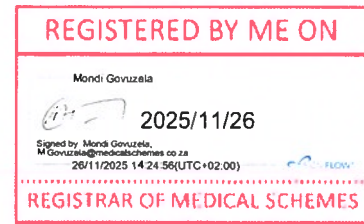


**PLUS OPTION BENEFITS**  
**(Effective 1 January 2026)**



**DEFINITIONS**

The **Scheme Rate** is defined as the rate at which claims will be reimbursed, as approved by the Board of Trustees.

**Designated Service Provider ('DSP')** is defined as a network of providers appointed by the Scheme as preferred providers to provide Members with diagnosis, treatment and care in respect of one or more PMB conditions.

The Scheme's Designated Service Providers are:

- The Independent Clinical Oncology Network ('ICON') is a DSP for the provision of oncology services
- ER24 for emergency medical transportation

**Preferred Provider** is defined as a network of health care providers, appointed by the Scheme, to provide members with health care services.

The Scheme's Preferred Providers are:

- The Momentum Pharmacy Network
- The Momentum Specialist Network
- The Opticlear Network of Optometrists

The **Agreed rate** is defined as the fee for any health care service, as determined by the Board of Trustees following negotiations with a network of service providers.

The **Medicine Reference Price ('MRP')** is the maximum price that the Scheme will pay for specific categories of medicines for which generic product(s) exist.

**Dispensing fee** is the maximum fee, excluding VAT, which may be charged to evaluate a script, prepare the medication and advise the patient.

**BENEFITS APPLICABLE TO THE PLUS OPTION**

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The Benefits applicable to the Plus Option, in terms of Rule 16, are as set out below.

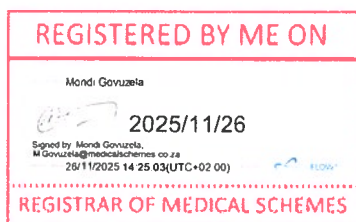
Notwithstanding any other provisions in these Rules, the Scheme will provide all Members and Dependents with cover for the Prescribed Minimum Benefits at 100% of cost.

Dispensing fees will be reimbursed at the rate agreed with the Momentum Pharmacy Network. The difference between dispensing fees at a non-network and network pharmacy will be payable by the Member.

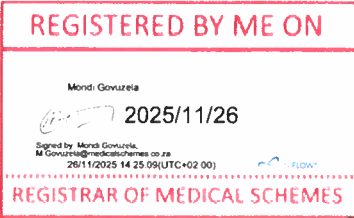
### TABLE 1: HOSPITALISATION BENEFITS



The benefits in Table 1 are for hospitalisation and are unlimited.

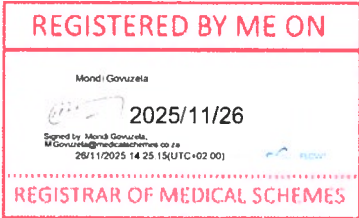
In the event of hospitalisation, the Member is required to obtain compulsory Pre-authorisation. Failure to obtain authorisation at least 48 hours prior to being hospitalised, could result in a R1 000 co-payment per admission. A Member is not required to obtain Pre-authorisation for a hospital admission in the case of an emergency. However, in such instances, a Member must notify the Scheme's provider, Momentum Health (MH), of the admission within 48 hours thereafter.



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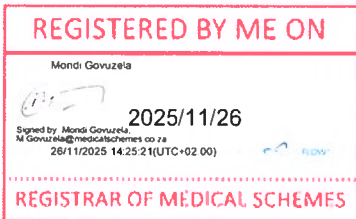
BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
Statutory Prescribed Minimum Benefits (PMBs)	100% of Cost	Services rendered by State Hospitals or DSP unlimited; subject to Pre-authorization and Managed Care Protocols.
Hospitalisation State hospitals Private hospitals (excluding rehabilitation)	 100% of UPFS or Cost whichever is the lower  100% of Agreed Rate	Benefits for admission to hospitals are subject to Managed Care Protocols and Pre-authorization with the Scheme's Managed Care Provider at least 2 working days prior to admission or within 48 hours in the case of emergencies
Medicines dispensed in hospital and upon discharge from hospital	100% of SEP & Agreed Dispensing Fee	To take out medicines (TTOs) are limited to a 7day supply.
Alternatives to Hospitalisation <ul style="list-style-type: none"> <li>· Step-down facilities</li> <li>· Hospice (ward fees and disposables)</li> <li>· Home Nursing</li> </ul>	100% of Agreed Rate or 100% of Cost in the case of PMBs	Subject to PMB regulations, Pre-authorization and Managed Care Protocols
Hospitalisation for Psychiatric Conditions/ Substance Abuse	100% of Agreed Rate	<b>R85 500 per beneficiary.</b>  PMB admissions will accrue to this limit, but are not subject to this limit

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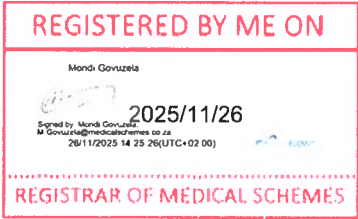
BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
General Practitioner Procedures and Consultations	140% of Scheme Rate	Unlimited
Specialist Procedures and Consultations	100% of the Agreed Rate at a Preferred Provider Specialist and 140% of Scheme Rate at a non-preferred provider. Co-payments may apply at a non-preferred provider	Unlimited
Confinements  	100% of Agreed Rate at a Preferred Provider and 140% of Scheme Rate at a non-preferred provider. Co-payments may apply at a non-preferred provider	Unlimited Subject to Pre- authorisation by 36 weeks of pregnancy
Blood transfusions and Technician Services	100% of Scheme Rate or Agreed Rate	Unlimited
Radiology and Pathology in hospital	100% of Scheme Rate or Agreed Rate	Unlimited
Renal dialysis	100% of Scheme Rate or Agreed Rate unless a	Subject to Pre- authorisation and Managed Care Protocols

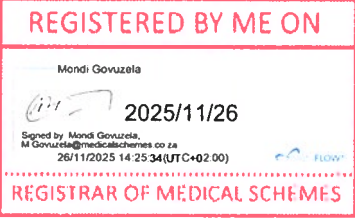
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BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
	PMB, in which case 100% of cost	
ER24 (Emergency Medical Services Only)	100% of Agreed Rate	Subject to ER24 Pre- authorisation and Protocols
Internal prostheses	100% of Agreed Rate per item as per surgical prosthesis schedule below*	Subject to pre- authorisation and managed care protocols.
Maxillo-Facial Surgery (excluding Specialised Dentistry)	100% of Scheme Rate	Subject to Pre- authorisation and Managed Care Protocols
Organ Transplants (Hospitalisation and Surgery)	100% of Agreed Rate at a Preferred Provider and 140% of Scheme Rate at a non-Preferred Provider. Co-payments may apply at a non-Preferred Provider	Subject to pre- authorisation and managed care protocols
Oncology Treatment (including all in & out-of-hospital treatment and medication & materials)	100% of Agreed Rate at a Preferred Provider and 140% of Scheme Rate at a non-Preferred Provider. Co-payments may apply at a non-Preferred Provider	<b>R770 000 per beneficiary.</b> Subject to Pre- authorisation and registration on the Oncology Management Programme and ICON protocols
Specialised Radiology (MRI and CT scans)	100% of Agreed	Subject to Pre-



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BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
	Rate, unless a PMB, in which case 100% of cost	authorisation. PMB scans – unlimited. Non-PMB scans - limited to 2 <b>per family</b> per year, subject to R500 co-payment.
Home Oxygen - daily continuous use of oxygen for a chronic ailment.	100% of Agreed Rate, unless a PMB, in which case 100% of cost	Subject to Pre- authorisation, Managed Care Protocols and pre-approval by the Scheme's Medical Advisor.
<p>HIV/AIDS</p> 	100% of Cost	Subject to registration on the HIV/AIDS Management Programme. Treatment within PMB Protocols at DSP is unlimited.
Outpatient surgical procedures (List of procedures below**)	100% of the Agreed Rate at a Preferred Provider Specialist and 150% of Scheme Rate at a non-Preferred Provider. Co-payments may apply at a non-Preferred Provider	Subject to Pre- authorisation and Managed Care Protocols
External surgical appliances prescribed as part of a hospital event e.g. crutches, moonboots, walkers etc.	100% of Scheme Rate	Subject to Pre- authorisation and Managed Care Protocols
Diabetic Appliance Benefit: Insulin Pump,	Paid at 100% of	Subject to Pre-

BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
Continuous Glucose Monitoring Devices & related Diabetic Consumables	the lower cost or MSR, subject to Reference pricing	authorisation and Managed Care Protocols.
Speech therapy, Physiotherapy, Audiology, Occupational Therapy as part of a hospital event or resulting from a hospital event for a period of 6 weeks post-discharge.	100% of Scheme Rate	Subject to Pre- authorisation and Managed Care Protocols
Out-of-hospital Psychiatric Consultations (PMB conditions only)  	100% of Agreed Rate at a Preferred Provider and 150% of Scheme Rate at a non-Preferred Provider Co-payments may apply at a non-Preferred Provider	Only PMB conditions will be paid from Insured benefits. Subject to registration on the Mental Wellness Programme, in which case an appropriate care plan based on clinical protocols will be issued.

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**\*SURGICAL PROSTHESIS SCHEDULE**

This schedule lists surgical prostheses and appliances (excluding dental implants) placed in the body as internal fixtures during an operation.

The items below are subject to the benefit limits indicated. **PMB conditions accrue to, but are not subject to, the limits below:**

<b>PROSTHESIS</b>	<b>AMOUNT</b>	<b>LIMITATION</b>
Partial hip replacement	R37 200	Only 1 joint, per beneficiary per year
Total hip replacement	R46 800	Only 1 joint, per beneficiary per year
Spinal fusion	R47 800	Per beneficiary per year
Cardiac stents	R46 800	Per beneficiary (maximum 3 per year)
Cardiac pacemakers	R104 900	Per beneficiary per year
Grafts	R29 600	Per graft per beneficiary per year
Cardiac valves	R72 200	Per valve per beneficiary per year
Artificial limb	R155 900	Per family per year
Artificial eyes	R29 400	Per family per year
Knee replacement	R36 400	Only 1 joint, per beneficiary per year
Shoulder replacement	R36 400	Per shoulder per beneficiary per year
All other claims for internal prosthesis, not specified above	R71 900	Per beneficiary per year

**\*\*OUT-OF-HOSPITAL SURGICAL PROCEDURES LIST**

The following procedures, if performed in a doctor's rooms, and subject to Pre-authorisation and Managed Care Protocols, are covered from the Insured Benefit. Anaesthetic costs, if applicable, are covered for local/regional anaesthetic and conscious sedation costs.

**GASTRO-ENTEROLOGY**

Gastroscopy and related procedures

Colonoscopy, Oesophagoscopy, Sigmoidoscopy and related procedures

R2 500 co-payment if these are performed in hospital without an approved clinical indication and Scheme approval.

Anaesthetic costs related to these scopes are limited to local or regional anaesthetic.

General anaesthetic costs are not covered

**OPHTHALMOLOGY**

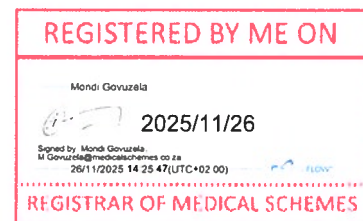
Treatment of retina and choroids by cryotherapy

Pan-retinal photocoagulation in one sitting

Laser capsulotomy

Laser trabeculoplasty

Laser apparatus hire fee



**Please note:** Costs related to Lasik eye surgery are excluded from the benefits.


**OTHER**

Circumcision

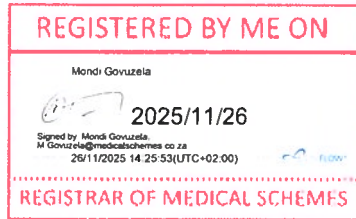
Dental surgery (fillings and extractions for children under 7 years of age)

**EMERGENCY ROOM TREATMENT**

Emergency Treatment in a trauma or casualty facility of a hospital, and all associated costs, where such treatment was either due to an emergency or resulted in an admission into hospital will be paid at 100% of the Agreed Rate and / or 150% of Scheme Rate, where applicable, from the In-hospital benefit, unless a PMB, in which case it will be paid at 100% of cost

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Where such treatment has prevented an admission into hospital and / or where such treatment could not be rendered in a doctor's consultation room, the trauma fee and all associated costs will be paid from the In-hospital benefits at 100% of the Agreed Rate and / or 150% of Scheme Rate where applicable and at 100% of cost in the event of a PMB.



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**TABLE 2: OUT-OF-HOSPITAL INSURED BENEFITS**

OUT-OF-HOSPITAL PREVENTATIVE PROCEDURES	PAID FROM INSURED BENEFITS AT 100% OF SCHEME RATE
<p>Flu vaccine injection</p> <p>Eye testing</p> <div data-bbox="280 685 639 904" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="font-size: small;">Mondi Govuzela</p> <p style="font-size: small;">2025/11/26</p> <p style="font-size: x-small;">Signed by Mondl Govuzela M Govuzela@medicalschemes.co.za 28/11/2025 14:25:59(LTO=0200)</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>Preventative Health Screenings, limited to:</p> <ul style="list-style-type: none"> <li>• Blood Pressure Measurements</li> <li>• Blood Glucose Screening (finger prick test)</li> <li>• Cholesterol Screening (finger prick test)</li> <li>• Body Mass Index</li> </ul> <p>Cholesterol tests</p> <p>Pap Smears</p> <p>Prostate Specific Antigen (PSA) testing</p>	<p>1 per beneficiary per year</p> <p>1 test per eye per beneficiary every 2 years at an Opticlear Optometrist. Co-payments may apply at a non-Preferred Provider Optometrist</p> <p>Only the consultation fee, inclusive of tonometry, will be paid from Insured Benefits. Lenses, frames, etc. will be paid from available MSA.</p> <p>These screening tests are to be undertaken at any Pharmacy Network Providers, are subject to Scheme Protocols and limited to R380 per beneficiary per year.</p> <p>One of the following tariff codes will be allowed:</p> <ul style="list-style-type: none"> <li>• 4025</li> <li>• 4026</li> <li>• 4027</li> <li>• 4028</li> <li>• 4170</li> </ul> <p>The following tariff code will be allowed:</p> <ul style="list-style-type: none"> <li>• 4566</li> <li>• 4599</li> </ul> <p>The following tariff code will be allowed:</p> <ul style="list-style-type: none"> <li>• 4519</li> </ul>

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OUT-OF-HOSPITAL PREVENTATIVE PROCEDURES	PAID FROM INSURED BENEFITS AT 100% OF SCHEME RATE
<p>Mammograms</p> <p>Beneficiary 40 years and older or clinically indicated (high risk members).</p> <p>Once every 2 years.</p>	<p>One of the following tariff codes will be allowed:</p> <ul style="list-style-type: none"> <li>• 3605</li> <li>• 34100</li> <li>• 34101</li> </ul>
<p>Pneumococcal Vaccine</p>	<p>1 per beneficiary per year matching the following criteria:</p> <p>i. Over 65 years, or</p> <p>patients diagnosed with the following:</p> <ul style="list-style-type: none"> <li>- Cancer</li> <li>- Asthma</li> <li>- COPD</li> <li>- Cardiac failure; and</li> <li>- HIV</li> </ul>
<p>Bone Density scan (DEXA)</p>	<p>One per female beneficiary (over 65 years) every two years.</p> <p>One per male beneficiary (over 70 years)</p> <ul style="list-style-type: none"> <li>• 3604</li> <li>• 39173</li> <li>• 150120</li> </ul>
<p>Colorectal Screening</p>	<p>50 years and older or family history</p> <p>Faecal Occult blood annually</p> <ul style="list-style-type: none"> <li>• 4351</li> <li>• 4352</li> </ul>
<p>HIV Finger-prick Screening Test</p> <p>Tariff code 4614</p>	<p>Limited to one per beneficiary every year.</p> <p>(if this test shows a positive reading, then all subsequent tests will be paid for from the PMB HIV benefit)</p>

<p align="center"><b>OUT-OF-HOSPITAL PREVENTATIVE PROCEDURES</b></p>	<p align="center"><b>PAID FROM INSURED BENEFITS AT 100% OF SCHEME RATE</b></p>
<p>HPV Vaccine</p> <div data-bbox="344 421 699 629" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p align="center" style="color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p align="center"><small>Mondi Govuzela</small></p> <p align="center"> <b>2025/11/26</b></p> <p align="center"><small>Signed by: Mondli Govuzela, M.Govuzela@medicalschemes.co.za 26/11/2025 14:26:22(UTC+02:00)</small></p> <p align="center" style="color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>One regimen of HPV Vaccination per lifetime. For beneficiaries (Male and Female) 9-26 years of age.</p> <p><i>Must be administered before onset of sexual activity.</i></p>

<p align="center"><b>OUT-OF-HOSPITAL MATERNITY BENEFITS</b></p>	<p align="center"><b>PAID FROM INSURED BENEFITS, SUBJECT TO REGISTRATION ON THE SCHEME'S MATERNITY PROGRAMME</b></p>
<p>GP Consultations</p> <p>Obstetrician / Gynaecologist Consultations</p> <p>2D Ultrasounds</p> <p>Routine blood tests for abnormalities</p>	<p>1 antenatal consultation per pregnancy at % of Scheme rate</p> <p>7 antenatal consultations per pregnancy at 200% of Scheme rate at a Preferred Provider and 155% of Scheme rate at a non-Preferred Provider. Co-payments may apply at a non-Preferred Provider</p> <p>2 scans per pregnancy at 100% of Scheme rate or agreed tariff,</p> <p>One of each of the following blood tests per beneficiary per pregnancy, with tariff codes as listed below</p> <ul style="list-style-type: none"> <li>• 4448</li> <li>• 3755</li> <li>• 3764 and 3765</li> <li>• 3709</li> <li>• 3932 and 4614</li> <li>• 4050</li> <li>• 3948 or 3949</li> </ul>

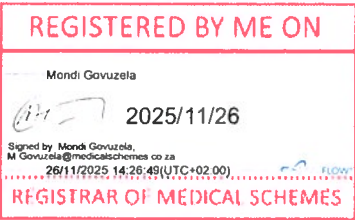
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<p align="center"><b>OUT-OF-HOSPITAL MATERNITY BENEFITS</b></p>	<p align="center"><b>PAID FROM INSURED BENEFITS, SUBJECT TO REGISTRATION ON THE SCHEME'S MATERNITY PROGRAMME</b></p>
<div data-bbox="331 409 689 627" style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <p align="center"><b>REGISTERED BY ME ON</b></p> <p align="center">Mondi Govuzela</p> <p align="center">2025/11/26</p> <p align="center">Signed by: Mondl Govuzela M Govuzela@medicalschemes.co.za 26/11/2025 14:26:29(UTC+02:00)</p> <p align="center"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div> <p>Antenatal Vitamins</p>	<ul style="list-style-type: none"> <li>• 4531 and 3942</li> <li>• 4188</li> </ul> <p>Limited to R145per month during pregnancy and 1 month post-delivery.</p> <p>Subject to pre-registration on the Maternity Programme.</p>

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**TABLE 3: CHRONIC CONDITION BENEFITS INCLUDING PMB DIAGNOSIS AND TREATMENT PAIRS (DTPS) AND CHRONIC DISEASE LIST (CDL) CONDITIONS**

The benefits in Table 3 are for the treatment of chronic conditions and are subject to an annual limit of **R171 600** for a member family and R83 300 for a beneficiary, unless in respect of Prescribed Minimum Benefits.

CHRONIC CONDITIONS	BENEFIT AMOUNT	ANNUAL LIMIT
Drug treatment for any of the following:		
All chronic conditions covered, subject to registration on the Scheme's Medicine Risk Management programme and approval of treatment protocols.	100% of SEP plus Agreed Dispensing fee. (Subject to Medicine Reference Price List and use of a Momentum Pharmacy Network)	Accrues to the chronic condition limits of R83 300 per beneficiary or R171 600 per family
PMB Conditions  	Unlimited, subject to Care Plan Protocols and Formulary	The Scheme's PMB DTP & CDL programme offers benefits in accordance with approved Care Plans in respect of the diagnosis, treatment and care for such conditions. If medicines are voluntarily obtained from a provider other than the Scheme's DSP, co-payments could be applied.

**26 CDL conditions:**

Addison's disease, Asthma, Bipolar Mood disorder, Bronchiectasis, Cardiac failure, Cardiomyopathy disease, Chronic Renal Failure, Coronary Artery disease, Chronic Obstructive Pulmonary disorder, Crohn's disease, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis,

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Parkinson’s disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis, Antiretroviral therapy, Diabetes Insipidus, Diabetes Mellitus Type 1 & 2.

**Additional Chronic Conditions:**

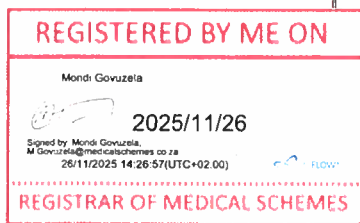
Allergic Rhinitis, Alzheimer’s disease, Cystic Fibrosis, Depression, GORD (Gastro Oesophageal Reflux Disease), Gout, Myasthenia Gravis, Osteoarthritis, Osteoporosis, Peripheral Arteriosclerotic disease, Psoriasis, Scleroderma, Systemic Sclerosis, Wilson’s disease.

**NOTE:** Any conditions that are clinically related to the listed conditions and subject to same treatment regimens can also be considered. This will be subject to clinical protocols and guidelines.


**TABLE 4: BENEFITS PAYABLE FROM MEMBERS’ MEDICAL SPENDING ACCOUNTS**

The benefits in Table 4 below shall be paid from the Members’ **Medical Spending Accounts (MSA)**, as described in Rule 17.2, and are subject to the funds available in the MSA, except in respect of PMBs which will be paid from the Insured Benefits.

<b>GENERAL PRACTITIONERS, SPECIALISTS AND OTHER CONSULTATIONS OUT-OF-HOSPITAL</b>	<b>BENEFIT</b>	<b>ANNUAL LIMIT</b>
General practitioners - consultations and out-of-hospital visits	150% of Scheme Rate	Subject to MSA balance
Hello Doctor General practitioner tele-health consultations	100% of Agreed Rate	Subject to MSA. Once MSA is depleted, 2 Hello Doctor consultations per family will be paid from Insured Benefits. This does not include any associated claims prescribed or referred by the HelloDoctor provider.
Specialists	100% of the Agreed Rate at a Preferred Provider	Subject to MSA balance

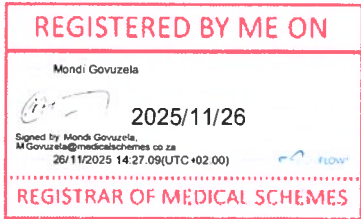


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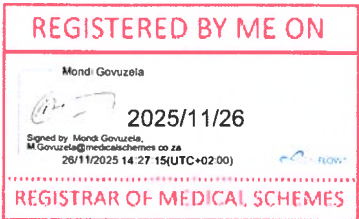
GENERAL PRACTITIONERS, SPECIALISTS AND OTHER CONSULTATIONS OUT-OF- HOSPITAL	BENEFIT	ANNUAL LIMIT
	Specialist and 150% of Scheme Rate at a non-Preferred Provider Specialist. Co-payments may apply at a non-Preferred Provider.	
Physiotherapy services	100% of Scheme Rate	Subject to MSA balance
Auxiliary services - Speech therapy and audiology, occupational therapy, podiatry, homeopathy, naturopathy, chiropractors, etc(excluding X-rays and appliances)	100% of Scheme Rate	Subject to MSA balance
Clinical Psychology (excluding educational counselling)  Non-PMB services	150% of Scheme Rate	Subject to MSA
Psychiatric consultations  Non-PMB services	100% of Agreed Rate at a Preferred Provider and 150% of Scheme Rate at a non-Preferred Provider. Co-payments may apply at a non-Preferred Provider	Subject to MSA balance

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<b>DENTISTRY</b>	<b>BENEFIT</b>	<b>ANNUAL LIMIT</b>
Conservative Dentistry – fillings, extractions, X-rays and prophylaxis	100% of Scheme Rate	Subject to MSA balance
Specialised Dentistry – orthodontic, periodontic, crowns, bridgework, dentures, dental implants and osseo-integration	150% of Scheme Rate	Subject to MSA balance
Impacted Wisdom Teeth Extraction ( tariff codes & tooth numbers) 8941, 8943, 8945 x 2 tooth numbers 18, 28, 38, 48	In Hospital :100% of Scheme Rate Out of Hospital: 150% of Scheme Rate	No limit Pre-authorisation required and clinical protocols apply

<b>MEDICATION</b>	<b>BENEFIT</b>	<b>ANNUAL LIMIT</b>
Acute Medicines prescribed by medical practitioners	100% of SEP & Agreed Dispensing Fee. Excludes administration fee	Subject to MSA balance
Pharmacy Advised Therapy (over the counter medication)  Homeopathic and Naturopathic medicines	100% of SEP & Agreed Dispensing Fee. Excludes administration fee	Subject to MSA balance and limited to R555 per beneficiary per day with an Annual Limit of R1 110 per Member or R2 220 per family
<b>OPTICAL</b>	<b>BENEFIT</b>	<b>ANNUAL LIMIT</b>
Optometric tests (including all visual tests)  	100% of Agreed Rate at the Preferred Provider Optometrist. Co-payment may apply at a non-Preferred Provider.	1 eye test per beneficiary every second year from insured benefit. The Opticlear Network of Optometrists is the Preferred Provider.

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<p>Spectacles: additional eye test, lenses (including contact lenses), frames and "readers"</p> 	<p>100% of Agreed rate at the Preferred Provider Optometrist. Co-payments may apply at a non-Preferred Provider</p>	<p>Subject to MSA balance. The Opticlear Network of Optometrists is the Preferred Provider. If an additional optometric test is done within the two-year cycle, this additional eye test will be paid from MSA</p>
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RADIOLOGY AND PATHOLOGY	BENEFIT	ANNUAL LIMIT
Radiology out-of-hospital (excluding specialised radiology)	100% of Agreed Rate	Subject to MSA balance
Pathology out-of-hospital	100% of Agreed Rate	Subject to MSA balance

EXTERNAL APPLIANCES	BENEFIT	ANNUAL LIMIT
Orthopaedic boots, surgical collars, wheelchairs, nebulisers and oxygen equipment, etc.	100% of Cost, out-of-hospital	Subject to MSA balance
Stoma Therapy products	100% of Scheme Rate	Subject to Pre-authorisation and Managed Care Protocols

ALTERNATIVE SERVICES	BENEFIT	ANNUAL LIMIT
Step Down Facilities	100% of Scheme Rate	Subject to MSA balance

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