

ANNEXURE G

ORTHOPAEDIC, SURGICAL AND MEDICAL APPLIANCES

1. Orthopaedic, surgical and medical appliances will be paid at 100 % of the cost as part of Major Medical Benefits, subject to pre-authorisation by the Principal Officer or his/her delegate.
2. Certain appliances will be subject to the conditions and limits specified in clause 4 and 5.
3. In the case of benefit options where state hospital benefits are applicable, the limits and conditions are only applicable if the appliance is provided by a private supplier in a case where the state facility is unable to provide the appliance; unless it is for PMB then such appliance will be covered at 100% of cost in the above scenario.
4. The following conditions and limits shall be applicable to the appliances indicated in clause 5:
 - 4.1 The limits indicated shall be applicable for all first applications and if approved shall be paid at 100 % of the cost.
 - 4.1.1 In the case of a second application for the same appliance (if approved) payment shall be limited to 50% of the limit specified in clause 5.
 - 4.1.2 In the case of a third application for the same appliance, the member shall be liable for the total cost of the appliance.
 - 4.1.3 Where a member has access to a Personal Medical Savings Account (PMSA) the costs referred to in clause 4.1.1 and 4.1.2 may be paid from the member's PMSA subject to the stipulations contained in clause 7 of Annexure B 1.
 - 4.1.4 Where a member does not have access to a PMSA the costs referred to in clause 4.1.1 and 4.1.2 shall be for the member's own account and shall not be paid from the limits available for other benefits.

5. Limits applicable to certain appliances subject to PMB's:

TYPE OF APPLIANCE	LIMIT PER APPLIANCE FOR FIRST APPLICATION
1. Wheelchairs (shall only be supplied for beneficiaries with the following conditions: 1.1 Paraplegia; 1.2 Quadriplegia; 1.3 Advanced Multiple Sclerosis; 1.4 Spina Bifida, following severe CVA; and 1.5 Bilateral leg amputation.)	R3 000
2. Hand prosthesis	R9 000
3. Arm prosthesis	R24 000
4. Above knee prosthesis	R44 000
5. Below knee prosthesis	R33 000
6. Silicone sleeve replacements for all artificial limbs.	R8 800
7. Back brace following surgical procedures.	R7 200
8. Walking Aids	R1 500
9. Hearing Aids: 9.1 Mild to moderate hearing loss;	R7 500
9.2 Severe to profound hearing loss.	R11 000 (digital power unit)

6. Appliances not listed above will be paid at 100 % of the cost only if specifically approved by the Principal Officer or his/her delegate.