

**ANNEXURE B.4 – PERSONAL MEDICAL SAVINGS  
ACCOUNT AND VESTED MEDICAL SAVINGS  
ACCOUNT**

**4.1 CONDITIONS FOR PERSONAL MEDICAL SAVINGS ACCOUNT PAYMENT**

**4.1.1** On admission to the Scheme a Personal Medical Savings Account, held by the Scheme, is established in the name of the Member concerned into which the contributions payable in respect of the PMSA component shall be credited on certain benefit options and benefits in respect thereof, shall be debited. The PMSA gross annual contributions and the benefit options applicable are as follows:

| <b>BENEFIT OPTION(S)</b> | <b>2025 PMSA GROSS ANNUAL CONTRIBUTIONS</b> |
|--------------------------|---|
| Beat2 and Beat2 Network  | 16%   |
| Beat3 and Beat3 Network  | 15%   |
| Beat3 Plus               | 25%   |
| Beat4                    | 14%   |
| Pace1                    | 19%   |
| Pace2                    | 14%   |
| Pace3                    | 14%   |
| Pace4                    | 3%  |

**4.1.2** The full annual amount that is paid into the PMSA at the beginning of the financial year has to be reached/used by the Member before the day-to-day benefits provided for by the Scheme comes into effect.

**4.1.3** The PMSA shall be used solely for medical expenses pertaining to the out-of-hospital benefits referred to in Annexures B.1 and B.2 of the registered Rules and shall be subject to the exclusions referred to in Annexure C of the registered Rules.

**4.1.4** The Member is responsible for managing the use of the PMSA, since he shall be entitled to claim for all health care services at 100% of the Scheme tariff, subject to

sufficient funds being available at the date on which a claim is processed. No benefits shall be granted on accounts reaching the Scheme after the last day of the 4<sup>th</sup> (fourth) month following the date on which the service was rendered.

- 4.1.5** The PMSA benefit shall not exceed the statutory limit of 25% of gross annual contributions. The decision to grant the funds in the PMSA annually to the Member as an interest free loan in advance up to the end of the financial year, shall vest in the discretion of the Scheme.
- 4.1.6** Funds deposited in a PMSA shall be available for the exclusive benefit of the Member and his Dependents and shall not be used to offset contributions, provided that the Scheme may use these funds to offset debt owed by the Member to the Scheme following that Member's termination of membership of the Scheme.
- 4.1.7** The funds in the Member's PMSA shall not be used to pay the cost pertaining to PMB services.
- 4.1.8** No cross subsidisation between Members shall apply in respect of the PMSA.
- 4.1.9** The full annual amount is paid into the PMSA at the beginning of the financial year, or pro-rata calculated from the date of enrolment up to the end of the financial year in which a Member joins the Scheme.
- 4.1.10** Any balance in the PMSA at the end of a financial year remains the property of the Member and accumulates to his credit. Interest income shall be allocated on a pro-rata basis at month-end and shall accrue to this balance.
- 4.1.11** Upon the death of the Member, the balance due to the Member will within the 5<sup>th</sup> (fifth) month thereafter be paid into his estate.
- 4.1.12** On transfer to another option of the Scheme, which does not provide for such an account, any balance in the PMSA will be refunded to the Member within 5 (five) months after such transfer and be subject to applicable laws.
- 4.1.13** Should a Member terminate membership of the Scheme and not be admitted as a member of another medical scheme or be admitted to membership of another

medical scheme which does not provide for a PMSA, the balance due to the Member must be refunded to the Member within 5 (five) months after termination of membership, and be subject to applicable laws.

**4.1.14** Should a Member be admitted to membership of another medical Scheme, which provides for a similar account, the balance due to the Member will be transferred to such Scheme within 5 (five) months after termination of membership.

**4.1.15** After termination: Any debit balance in the PMSA arising during or at the end of the financial year remains the Member's liability and is repayable to the Scheme upon membership termination. A debit balance arises when the monetary savings amount used exceeds the total monetary amount refunded by the Member to the Scheme on a monthly basis. On termination of membership, funds in the Member's PMSA may be used to offset any debt owed by the member including outstanding contributions.

**4.1.16** On active membership: Any debit balance in the PMSA arising during or at the end of the financial year remains the Member's liability and is repayable to the Scheme. A debit balance arises when the monetary savings amount used exceeds the total monetary amount refunded by the Member to the Scheme on a monthly basis, e.g. due to option changes during the financial year and/or the termination of a Dependant(s). The Scheme may also use the funds in the PMSA of the following year to settle the debt.

**4.1.17 Member choice on over-the-counter medicine benefit**

**4.1.17.1** The Member has two options to choose from in how to access benefits for over-the-counter (OTC) medicine on the Beat4, Pace1, Pace2 and Pace3 benefit options, which are:

**4.1.17.1.1** The OTC medicine benefit with a set limit amount from the PMSA; or

**4.1.17.1.2** The self-payment gap on OTC medicine benefit without a set limit amount from the PMSA.

**4.1.17.2** The Member must make a choice from the following options, of which the selected benefit will be applicable for the financial year concerned:

#### **4.1.17.2.1 Over-the-counter (OTC) medicine with a set limit**

100% of the Scheme tariff up to the limit of R1 161 per family, subject only to funds being available in the PMSA. The Mediscor Reference Price (MRP) will be applied on all medicines where applicable.

**OR**

#### **4.1.17.2.2 Over-the-counter (OTC) medicine without a set limit - self-payment gap**

**4.1.17.2.2.1** The Member will have access to the full annual PMSA to purchase OTC medicine. The purchase of OTC medicine, once the limit of R1 161 has been reached, will result in a self-payment gap amount.

**4.1.17.2.2.2** The threshold will be determined by the amount allocated to the annual PMSA at the 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.

**4.1.17.2.2.3** Once a self-payment gap has accumulated, the day-to-day health care services, as indicated in Rules 1.7 of Annexure B.1 and 2.7 of Annexure B.2 of these Rules of this Annexure, will 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.

**4.1.17.2.2.4** The cost or Scheme tariff for services, whichever is lower, shall be used in the calculation of the contribution towards the self-payment gap: Non-contributing services or items shall not be taken into account in this calculation.

**4.1.17.2.2.5** 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.

**4.1.17.2.2.6** The Member must continue to submit 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<sup>th</sup> (fourth) month following the month in which the relevant health service was rendered.

## **4.2 CONDITIONS FOR VESTED MEDICAL SAVINGS ACCOUNT PAYMENT**

**4.2.1** The Vested Medical Savings Account is applicable on the following benefit options on Annexures B.1 and B.2:

| <b>BENEFIT OPTION(S)</b> | <b>ANNEXURE(S)</b> |
|--------------------------|--------------------|
| Beat4                    | Annexure B.1       |
| Pace1                    | Annexure B.2       |
| Pace2                    | Annexure B.2       |
| Pace3                    | Annexure B.2       |

**4.2.2** The funds in the Vested Medical Savings Account shall be used solely for medical expenses referred to in Annexures B.1 and B.2 of these Rules, particularly expenses for acute medicine, over-the-counter medicine and rehabilitation after trauma benefits. Once all the funds in the PMSA and day-to-day overall limits have been depleted, then these funds may also be used for day-to-day medical expenses as indicated in Rules 1.7 of Annexure B.1 and 2.7 of Annexure B.2 of these Rules. Payments from the Vested Medical Savings Account shall not be used to fund the costs pertaining to PMB services, or the self-payment gap, or to offset contributions. Payments from the Vested Medical Savings Account may be subject to the exclusions referred to in Annexure C of these Rules.

- 4.2.3** No cross subsidisation between Members will apply in respect of the Vested Medical Savings Account.
- 4.2.4** A Member may claim, upon his request, for any co-payments or shortfalls for which he is liable, except in respect of PMB services and the self-payment gap, and shall be entitled to claim for all health care services as provided for under this Annexure B.4 at Scheme tariff, subject to the availability of sufficient funds at the date when a claim is processed. No benefits shall be granted on accounts reaching the Scheme after the last day of the 4<sup>th</sup> (fourth) month following the date on which the service was rendered.
- 4.2.5** Any balance plus interest at the end of a financial year remains the property of the Member and accumulates to his credit.
- 4.2.6** Upon the death of the Member, the balance due to the Member will, within the 5<sup>th</sup> (fifth) month thereafter, be paid into his estate.
- 4.2.7** On transfer to another option of the Scheme, which does not provide for a PMSA account, any balance in the Vested Medical Savings Account will be refunded to the Member, within 5 (five) months after such transfer and subject to applicable laws.
- 4.2.8** Should a Member terminate membership of the Scheme and not be admitted as a member of another medical scheme or be admitted to membership of another medical scheme which does not provide for a PMSA or Vested Medical Savings Account, the balance due to the Member must be refunded to the Member within 5 (five) months after termination of membership, and subject to applicable laws.
- 4.2.9** Should a member be admitted to membership of another medical Scheme, which provides for a PMSA or a similar account, the balance due to the Member must be transferred to such Scheme within 5 (five) months after termination of membership.
- 4.2.10** After termination: Any debit balance in the Vested Medical Savings Account arising during or at the end of the financial year remains the Member's liability and is repayable to the Scheme upon membership termination. A debit balance arises when the monetary savings amount used exceeds the total monetary amount refunded by the Member to the Scheme on a monthly basis. On termination of membership, funds

in the Member's Vested Medical Savings Account may be used to offset any debt owed by the member including outstanding contributions.

- 4.2.11** On active membership: A debit balance arises when the monetary savings amount used exceeds the total monetary amount refunded by the Member to the Scheme on a monthly basis, e.g. due to option changes during the financial year and/or the termination of a Dependant(s). The Member remains liable for the debit balance which is repayable to the Scheme. The Scheme may also use the funds in the PMSA of the following year to settle the debt.