

### **Maxima Executive co-payments:**

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| Arthroscopic procedures – hip, wrist, knee, shoulder, ankle, other arthroscopic procedures, colonoscopy, upper GI endoscopy                                                                                                                                                            | R3 170  |
| Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures, rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year), surgical extraction of impacted wisdom teeth | R5 100  |
| Spinal surgery                                                                                                                                                                                                                                                                         | R7 130  |
| Single hip and knee replacements - voluntary use of non-CP*                                                                                                                                                                                                                            | R33 490 |
| Other joint replacements                                                                                                                                                                                                                                                               | R5 440  |

### **Prosthesis limits:**

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| External                                                                                                                                                                                                                                                                                                    | R19 300                                                         |
| Aorta Stent Grafts                                                                                                                                                                                                                                                                                          | R65 500                                                         |
| Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs), bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws, total ankle replacement | See combined benefit limit for all unlisted internal prosthesis |
| Cardiac pacemakers                                                                                                                                                                                                                                                                                          | R54 500                                                         |
| Cardiac stents                                                                                                                                                                                                                                                                                              | R56 100                                                         |
| Detachable platinum coils                                                                                                                                                                                                                                                                                   | R56 700                                                         |
| Cardiac valves                                                                                                                                                                                                                                                                                              | R49 800                                                         |
| Elbow, hip, knee and shoulder replacement                                                                                                                                                                                                                                                                   | R38 900                                                         |
| Intraocular lenses – non-cataract (per lens)                                                                                                                                                                                                                                                                | R3 500                                                          |
| Combined benefit limit for all unlisted internal prosthesis                                                                                                                                                                                                                                                 | R32 700                                                         |