ANGLO MEDICAL SCHEME

RULES

Effective 1 January 2027

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ANGLO MEDICAL SCHEME RULES

1 NAME

The name of the Scheme is the ANGLO MEDICAL SCHEME, hereinafter referred to as the "Scheme".

2 LEGAL PERSONA

The Scheme is a body corporate with full legal capacity, capable of suing and of being sued in its own name. The Scheme is also capable of doing anything that is necessary for, or incidental to, the exercise of its powers, or the performance of its functions, in terms of the Medical Schemes Act, 1998 (Act No 131 of 1998) and Regulations, as well as in terms of these Rules.

3 REGISTERED OFFICE

The registered office of the Scheme is 144 Oxford, 144 Oxford Road, Melrose, Rosebank, but the Board may transfer such office to any other location in the Republic of South Africa, should circumstances so dictate.

4 DEFINITIONS

In these Rules, a word or expression defined in the Medical Schemes Act, 1998 (Act No 131 of 1998) and Regulations, bears the meaning thus assigned to it and, unless inconsistent with the context –

(a) a word or expression in the masculine gender includes the feminine, and vice versa;

(b) a word in the singular number includes the plural, and vice versa;

(c) all references to persons includes natural and juristic persons; and

(d) the following words or expressions have the following meanings –

4.1 "ACSSA" – Anglo Corporate Services South Africa (PTY) LTD (Registration Number 2020/016658/07);

4.2 "Act" – the Medical Schemes Act, 1998 (Act No 131 of 1998);

4.3 "adult dependant" – a member's spouse or partner, or any other of his/her registered dependants recognised by the Board as being dependent on the member who are not child dependants; or

4.4 "auditor" – an auditor registered in terms of the Public Accountants' and Auditors' Act, 1991 (Act No 80 of 1991);

4.5 "beneficiary" – a member or a member's registered dependant;

4.6 "benefit option" – a particular set of benefits offered to a member and his/her registered dependants, as set out in Annexures B1, B2 and B3 to these Rules;

4.7 "billing guidelines" – the guidelines adopted by the Scheme from time to time (whether of general application or in respect of a particular healthcare provider discipline) to be applied to evaluate individual code submission reported in provider claims, as part of the claims adjudication process;

4.8 "Board" – the Board of Trustees constituted to manage the Scheme in terms of the Act and these Rules;

4.9 "business unit" – a designated division of a participating employer's business;

4.10 "child dependant" – a member's registered dependant who is not his/her spouse or partner and who is –

4.10.1 twenty-three years of age, or younger, on 1 January of the financial year for which contributions are raised and is reliant on the member for care and support;

4.10.2 a child dependant who attains the age of twenty four years who due to physical, mental or intellectual disability as per the clinical criteria approved by the Board is eligible remain a child dependant;

4.10.3 a younger sibling of an orphaned child dependant who has been deemed to be a member in terms of Rule 6.3.4.2, provided that such younger sibling is twenty-three years of age, or younger;

4.11 "condition-specific waiting period" – a period during which a beneficiary is not entitled to claim benefits in respect of a condition for which medical advice, diagnosis, care or treatment was recommended or received within the twelve month period ending on the date on which an application for membership was made;

4.12 "continuation member" – a retiree who retains his/her membership of the Scheme in terms of Rule 6.2, or a registered dependant who becomes a member of the Scheme in terms of Rule 6.3;

4.13 "contribution" – the membership fee, exclusive of interest, paid by a member in respect of himself/herself and each of his/her registered dependants;

4.14 "cost" – the net amount payable to a member or supplier in terms of the Act in respect of a relevant health service;

4.15 "deceased member" – a deceased person who, at the time of his/her death, was a member of the Scheme by virtue of him/her being an employee or retiree of a participating employer, or a registered dependant who had been deemed to be a member in terms of Rule 6.3;

4.16 "dependant" –

4.16.1 a member's spouse or partner;

4.16.2 a member's dependent natural child, stepchild or legally adopted or fostered child;

4.16.3 a member's immediate first-degree family relation (his/her blood parent or child) in respect of whom he/she is liable for family care and support; or

4.16.4 any other person who is recognised by the Board as being dependent on the member;

who is not a member or registered dependant of another medical scheme.

4.17 "dependent" – in relation to a dependant other than a member's spouse or partner, is a person who is reliant upon the member for family care and support;

4.18 "designated service provider" – a healthcare provider selected by the Scheme as the preferred provider for the diagnosis, treatment and care of a Prescribed Minimum Benefit condition;

4.19 "*domicilium citandi et executandi*" –
a member's chosen physical address and electronic address at which notices in terms of Rules 11 and 13, as well as legal process, or any action arising therefrom, may be validly delivered and served;

4.20 "emergency medical condition" – the sudden and, at the time, unexpected onset of a medical condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions, or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy;

4.21 "employee" – a person in the full time permanent employ of a participating employer;

4.22 "employer trustee" – a member of the Board who is appointed by AASA in terms of these Rules;

4.23 "general waiting period" – a period during which a beneficiary is not entitled to claim any benefits;

4.24 “medical practitioner” or “practitioner” – a medical practitioner registered as such in terms of the Health Professions Act, 1974 (Act No 56 of 1974);

4.25 "member" – any person who is admitted as a member of the Scheme in terms of these Rules;

4.26 "member trustee" – a member of the Board who is elected by members of the Scheme.

4.27 “member family” – a member and all his/her registered dependant/s;

4.27A "Mondi" – Mondi Limited (Registration Number 1967/013038/06);

4.27B "Mpact" – Mpact Limited (Registration Number 2004/025229/06);

4.28 “National Health Reference Price List” or “Reference Price List” – list of fees in respect of relevant health services, published by the Minister of Health or any other appointee as designated by the Minister from time to time.

4.29 "participating employer" –

4.29.1 a company incorporated and registered in terms of the laws of South Africa ("South African company"), which is either a subsidiary or an associated company of ACSSA; or

4.29.2 any South African company –

which is recognised by the Board as a participating employer, and which has contracted with the Scheme for the admission of its employees and/or retirees and/or registered dependants of its deceased employees or retirees, as members of the Scheme. [For the purposes of this definition, "subsidiary" shall mean a subsidiary as defined in the Companies Act, 1973 (Act No 61 of 1973) and "associated company" shall mean any South African company, which is not a subsidiary of ACSSA, but in which ACSSA, or any of its subsidiaries, beneficially owns not less than 20% and not more than 50% of the entire issued equity share capital, or other equity interests, and over which ACSSA, or any of its subsidiaries, exercises significant interest];

4.30 "partner" – a person with whom a member has a committed and serious relationship, akin to a marriage, based on objective criteria of mutual

dependency and a shared household, irrespective of the gender of either party;

4.31 “personal medical savings account” (PMSA) – a savings account allocated to a member;

4.32 "Prescribed Minimum Benefit" – a benefit in respect of the Prescribed Minimum Benefit conditions which are specified in Annexures B1, B2 and B3 to these Rules;

4.33 "Prescribed Minimum Benefit condition" – a condition contemplated in the Diagnosis and Treatment Pairs listed in Annexure A to the Regulations, or any emergency medical condition;

4.34 "principal officer" – the principal officer of the Scheme, appointed in terms of these Rules;

4.35 "prior rules" – the rules of the Scheme which were issued on 1 October 1994 and which have been amended from time to time;

4.36 "registered dependant" – a dependant of a member registered as such in terms of these Rules;

4.37 "Registrar" – the Registrar or Deputy Registrar/s of Medical Schemes appointed in terms of section 18 of the Act;

4.38 "Regulations" – the regulations promulgated in terms of the Act;

4.39 “relevant health service” – any health care treatment of any person by a person registered in terms of any law, which treatment has as its object –

4.39.1 the physical or mental examination of that person;

4.39.2 the diagnosis, treatment or prevention of any physical or mental defect, illness or deficiency;

4.39.3 the giving of advice in relation to any such defect, illness or deficiency;

4.39.4 the giving of advice in relation to, or treatment of, any condition arising out of a pregnancy, including the termination thereof;

4.39.5 the prescribing or supplying of any medicine, appliance or apparatus in relation to any such defect, illness or deficiency or a pregnancy, including the termination thereof; or

4.39.6 nursing or midwifery,

and includes an ambulance service, and the supply of accommodation in an institution established or registered in terms of any law as a hospital, maternity home, or nursing home or similar institution where nursing is practised, or any other institution where surgical or other medical activities are performed, and such accommodation is necessitated by any physical or mental defect, illness or deficiency, or by a pregnancy.

4.40 "retiree" – an employee who retires from the service of a participating employer in accordance with the participating employer's retirement

policy, or an employee whose employment is terminated by a participating employer on account of age, ill health or other disability;

4.41 "Rules" – the rules of the Scheme, including the Annexures thereto, as amended from time to time;

4.42 "scheduled election" – an election of member trustees;

4.43 "spouse" – a person to whom a member is married in terms of any law or custom;

4.44 “supplier” – the supplier or registered healthcare provider of a relevant health product or service;

4.45 “meeting” – means a gathering of members attended in any of the following forms:

4.45.1 physical in person attendance at a specified physical location;

4.45.2 remote virtual attendance, irrespective of the location of the attendee, using any technological or telephonic system or platform that enables real-time video and/or audio interactions by those attending remotely, including (without limitation) teleconferencing and videoconferencing facilities and/or software; or

4.45.3 a combination of the methods of attendance specified in 4.44.1 and 4.44.2,

in either case that enables members to achieve and effectively discharge the described purpose of the meeting.