

ANNEXURE C 2025

BERYL

SUBJECT TO THE PROVISIONS OF THE SCHEME RULES, MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING BENEFITS:

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> As provided for in Annexure G of the GEMS Rules. Prescribed Minimum Benefits ("PMBs") are not subject to the monetary benefit limits stated in this Annexure and shall be paid in full, where the diagnosis, treatment and care of a Prescribed Minimum Benefit Condition were obtained from:

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> ▪ a Designated Service Provider (“DSP”) for that condition; ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: ▪ Authorisation, managed care protocols, formulary and



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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and</p> <ul style="list-style-type: none"> ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	IN-HOSPITAL BENEFITS	100% of Scheme Rate, subject to PMBs.	Subject to overall hospital limit of R1 460 702 per family per annum and such sub-limits as provided for.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").



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	<p>Clinics and Psychiatric Facilities:</p> <ol style="list-style-type: none"> 1. Accommodation in a general ward, high care ward and intensive care unit (ICU); 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); 4. Confinements and midwives; and 5. Neonatal care. 	<div style="border: 1px solid red; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/10</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply. • In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within


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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> • All In-Hospital treatment and services are subject to hospital authorisation (for Private facilities only, and inclusive of non-PMB one-day admissions), managed care protocols and processes. • TTO limited to seven (7) days, subject to medication being related to admission diagnosis.


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B2	<p>Maternity</p> <p>Hospital, home birth or accredited birthing unit.</p> <div data-bbox="490 517 864 743" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <hr style="border: 0; border-top: 1px solid red;"/> <p style="text-align: center;">2024/12/10</p> <hr style="border: 0; border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply.


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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> • In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply. • Elective Caesarean Sections may be subjected to second opinion and managed care protocols and processes. • Benefit includes midwife services.



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				<ul style="list-style-type: none"> Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
B3	Family Practitioner Services Consultations and visits.	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Reimbursement according to Scheme-approved tariff file. Childbirth by a Family Practitioner.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and use of facility as per B1.
B4	Specialist Services Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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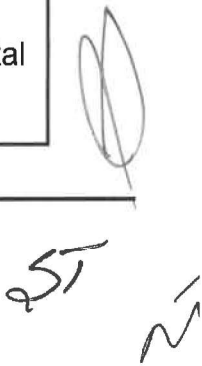


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			Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> Subject to hospital pre-authorisation and use of facility as per B1.
B5	Surgical Procedures <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/10</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate. 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Maxillofacial surgery and surgical removal of impacted teeth, subject to an annual sub-limit of R29 213 per family. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1, or practitioners' rooms. Includes: <ul style="list-style-type: none"> Hospital procedures performed in practitioners' rooms,


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B6	<p>Dentistry</p> <p>Conservative and Restorative Dentistry.</p> <p>Surgical Procedures.</p>	100% of Scheme Rate.	<p>Subject to annual hospital limit specified under B: In-Hospital Benefits, and Out-of-Hospital dentistry limits specified under C5: Dental Services.</p> <p>Dental Sealants: Excluded under B6: Dentistry and C5: Dental</p>	<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). ● Subject to hospital pre-authorization, managed care protocols and processes, list of approved services, Dental



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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Services, but included under C3: Preventative Care Services for Beneficiaries under 18 years of age.</p> <p>Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.</p>	<p>DSP/Network, and use of facility as per B1.</p> <ul style="list-style-type: none"> • General Anaesthesia and Conscious Sedation: Only applicable to Beneficiaries:- <ul style="list-style-type: none"> ○ up to and including the age of six (6) years; or ○ with severe trauma, subject to pre-authorisation and managed care protocols and processes. • Dental services classified as conservative, restorative and specialised per tariff code.
B7	Basic Radiology	100% of Scheme Rate.	Subject to annual hospital limit specified	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed

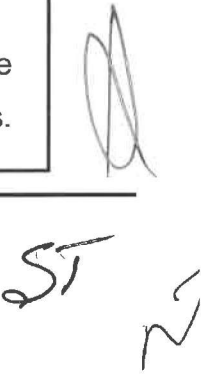


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			under B: In-Hospital Benefits.	Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Subject to managed care protocols and processes, and use of facility as per B1.
B8	Advanced Radiology <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/10</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMB.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R28 226 per Beneficiary per annum shared between B8: Advanced Radiology and C8: Advanced Radiology.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Advanced Radiology pre- authorisation (in addition to hospital pre- authorisation), managed care protocols and processes, list of


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				approved services, and use of facility as per B1.
B9	Pathology <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/10</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, pathology tests being related to admission diagnosis, and use of facility as per B1.
B10	Blood Services	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.



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				<ul style="list-style-type: none"> Includes cost of blood, blood equivalents, blood products and the transport thereof. Includes erythropoietin.
B11	Physiotherapy <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/10</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R6 344 per Beneficiary per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorization, managed care protocols and processes, services being related to admission diagnosis, and use of facility as per B1.
B12	Post Hip, Knee and Shoulder Replacement or	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed

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	<p>Revision Surgery Physiotherapy</p> <div data-bbox="705 453 1077 679" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2024/12/10</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>visits (shared with C15: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R7 044 per Beneficiary per event, utilised within sixty (60) days of surgery.</p>	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1.
B13	Organ and Tissue Transplants	100% of Scheme Rate, subject to PMBs.	<p>Limit of R824 901 per Beneficiary per annum.</p> <p>Sub-limit of R28 001 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1.



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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> • Limit includes all costs associated with the transplant, including materials and immunosuppressants. • Authorised erythropoietin is included in limits listed in B10: Blood Services. • Organ harvesting is limited to the Republic of South Africa, except in the case of cornea grafts.
B14	<p>Prostheses</p> <p>This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary and</p>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limits of R43 823 per family 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes,

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	<p>permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.</p>	<div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>per annum for Prostheses generally, plus R43 823 per family per annum for Joint Revisions only; and</p> <ul style="list-style-type: none"> • Shared sub-limits with C16: Medical and Surgical Appliances and Prostheses of: <ul style="list-style-type: none"> ○ R6 164 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 761 per Beneficiary per annum for orthotic 	<p>and use of facility as per B1.</p> <ul style="list-style-type: none"> • Scheme may obtain competitive quotes or arrange supply of prosthesis. • Bone cement paid from B1, subject to hospital pre-authorisation. • Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes. • Subject to the prostheses and/or device(s) being related to the admission diagnosis and procedure.



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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div data-bbox="712 683 1079 909" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>months of month of receipt of hearing aid(s);</p> <ul style="list-style-type: none"> o One (1) CPAP device of up to R13 328 per Beneficiary every thirty-six (36) months of month of receipt of device; o Three (3) pairs of compression stockings of up to R584 per pair per Beneficiary per annum; o One (1) Pulse Oximeter of up to 	

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			R467 per family per annum; and <ul style="list-style-type: none"> o One (1) knee and one (1) back brace of up to R3 499 per brace per Beneficiary per annum. 	
B15	Emergency Services (Casualty Department)	100% of cost, but subject to PMB legislation.	Limited to PMBs (Emergency Medical Condition, as defined in Section 4 of the main body and Annexure G of the GEMS Rules).	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of facility as per B1, or other registered emergency facility. • Subject to hospital authorisation and

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				managed care protocols and processes.
B16	Renal Dialysis In-Hospital	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R292 135 per family per annum for chronic dialysis. Acute dialysis included in B1.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1. Includes related materials, and related pathology and radiology tests, but subject to managed care protocols and processes. Erythropoietin included in B10: Blood Services.

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				<ul style="list-style-type: none"> Once the limit is depleted, the benefit is unlimited for PMBs.
B17	Oncology (Chemo and Radiotherapy) In- and Out-of-Hospital	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R292 135 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Oncology pre-authorisation and managed care protocols and processes. Subject to Medicine Price List (MPL). Subject to use of facility as per B1. Includes cost of pathology, related basic/advanced radiology,

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	<div data-bbox="703 715 1075 944" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>medical technologists, oncology medicines and materials.</p> <ul style="list-style-type: none"> • Erythropoietin included in B10: Blood Services. • Once the limit is depleted, the benefit is unlimited for PMBs. • Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced or metastatic solid organ malignant tumours, unless pre-authorised in accordance


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				with paragraph 9.1.13.6 of Annexure E Exclusions and Limitations) of GEMS Rules.
B18	<p>Mental Health</p> <p>Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and Psychologists.</p>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limit of R23 523 per Beneficiary per annum, less the Beneficiary's usage of the sub-limit of R13 272 per family per annum under C19: Mental Health; • Further, shared sub-limit with C19: 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorization and managed care protocols and processes. • Subject to use of facility as per B1. • Maximum of three (3) days hospitalisation by a Family Practitioner.

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			<p>Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists; and</p> <ul style="list-style-type: none"> • Limit of one (1) individual psychologist consultation and one (1) group psychologist consultation per day. 	
B19	Alternatives to Hospitalisation			<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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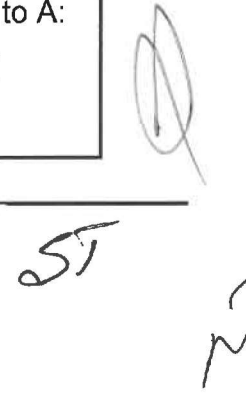
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	1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing. 2. Hospice	1. 100% of Scheme Rate, subject to PMBs. 2. 100% of cost, but subject to PMB legislation.	1. Subject to annual hospital limit specified under B: In- Hospital Benefits. 2. Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • Subject to pre- authorisation of alternative facility and services, and managed care protocols and processes. • Includes home nursing, but subject to managed care protocols and processes. • Excludes Frail Care and recuperative holidays. • Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.
B20	Medical Technologists	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed

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	<div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		Benefits, and sub-limit of R29 213 per family per annum.	<p>Minimum Benefits (“PMBs”).</p> <ul style="list-style-type: none"> • Subject to hospital pre-authorization, case management, and use of facility as per B1. • Includes materials.
B21	Breast Reductions	No benefit.	No benefit, unless PMB.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).
B22	<p>Allied Health Services:</p> <p>Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.</p>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; and • Sub-limit of R4 255 per family, and 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to referral by a Family Practitioner or Specialist, managed care

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	<div data-bbox="712 456 1084 683" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>R2 830 per Beneficiary, per annum;</p> <p>all of which limits are shared between B22: Allied Health Services and B23: Other Professional Health Services.</p>	<p>protocols and processes, and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).</p>
<p>B23</p>	<p>Other Professional Health Services</p> <p>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Shared limits as per B22: Allied Health Services; and</p> <p>Further sub-limit of R2 046 per family per annum for Social Workers and Registered Counsellors.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to referral by a Family Practitioner or Specialist, managed care protocols and processes, and use of facility as per B1 (subject to the

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				service(s) being related to the admission diagnosis).
B24	Alcohol and Drug Dependencies	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre- authorisation of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of GEMS Rules.
C	OUT-OF-HOSPITAL BENEFITS			
C1	Family Practitioner Services			<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed

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	<p>Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.</p> <p>1. DSP/Network providers.</p>	<p>1. 100% of Scheme Rate.</p>	<p>1. Unlimited.</p>	<p>Minimum Benefits ("PMBs").</p> <p>1. Benefit includes consultations, visits and approved minor procedures at DSP/Network providers, subject to medical necessity and managed care protocols and processes.</p> <p>Consultations: Sixteenth (16th) and subsequent consultations per Beneficiary per annum,</p>

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	<p>2. Voluntary use of non-DSP / Out-of-Network providers.</p> <p>3. Emergency Medical Conditions at DSP/Network providers or registered emergency facility, or involuntary use of non-DSP / Out-of-Network providers for PMBs.</p>	<p>2. 70% of Scheme Rate (30% Member co-payment).</p> <p>3. 100% of cost, but subject to PMB legislation.</p> <p>Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p> <p>4. Reimbursement at 200% of Scheme Rate for procedures</p>	<p>2. Limited to three (3) visits per family per annum and R1 445 per event.</p> <p>3. Unlimited for PMBs, but subject to PMB legislation.</p>	<p>subject to pre-authorization.</p> <p>2. Member must pay the claim and submit the claim with proof of payment for reimbursement.</p> <p>3. Treatment for Emergency Medical Condition (as defined in Section 4 of the main body and Annexure G of the GEMS Rules) at DSP/Network provider or registered emergency medical facility.</p> <p>4. Subject to managed care protocols and processes.</p>

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		specified by managed care, done in practitioners' rooms instead of in hospital.		Refer to Family Practitioner Guide.
C2	Screening Services Including: Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism, Mammogram, and other screenings according to	100% of Scheme Rate.	Paid from Risk. All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). All subject to managed care protocols and processes. Pap Smears include liquid-based cytology and Hr-HPV DNA tests. Infant Hearing Screening for Child Dependants

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	evidence-based standard practice. <div data-bbox="703 523 1075 753" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			under the age of one (1) year. <ul style="list-style-type: none"> • Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years. • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.
C3	Preventative Care Services Includes: All Vaccinations; and	100% of Scheme Rate.	Paid from Risk. Influenza Vaccinations: Limited to one (1)	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").



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	Dental Sealants.	<div data-bbox="707 564 1077 794" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>course per Beneficiary per annum.</p> <p>Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five (5) years for Beneficiaries at risk in accordance with managed care protocols.</p> <p>HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime.</p> <p>Other Vaccinations: Limited to R950 per Beneficiary per annum.</p>	<ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Includes preventative care services provided in pharmacies.




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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Dental Sealants: Limited to Beneficiaries under 18 years of age, and subject to use of a Network provider.	
C4	Specialist Services Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists. 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital. 200% of Scheme Rate for cataract procedures,	Limited to five (5) consultations or R5 255 per family, and three (3) consultations or R3 505 per Beneficiary, per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to: <ul style="list-style-type: none"> ○ DSP/Network Family Practitioner referral; ○ Pre-authorisation for each visit, procedure or referral; ○ List of approved services for radiology and pathology;


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		performed by Ophthalmologists in their rooms.		<ul style="list-style-type: none"> ○ Treatment plans; and ○ Managed care protocols and processes.
C5	Dental Services 1. Examinations. 2. Preventative Treatment.	100% of Scheme Rate, subject to PMBs.	1 and 2: Two (2) treatment events per Beneficiary per annum. Dental Sealants: Excluded under B6: Dentistry and C5: Dental Services, but included under C3: Preventative Care Services for	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). 1 and 2: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>3. Conditions with pain and sepsis.</p> <p>4. Fillings.</p> <p>5. Clinically indicated dental services, including extractions.</p> <p>6. Intra-oral radiography.</p> <p>7. Extra-oral radiography.</p>	<p style="text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/12/10</p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p>	<p>Beneficiaries under 18 years of age.</p> <p>3: Two (2) events per Beneficiary per annum, subject to PMBs.</p> <p>4: Unlimited at Dental DSP/Network.</p> <p>5, 6 and 7: One (1) event per Beneficiary per annum, provided that:</p> <ul style="list-style-type: none"> o Panoramic x-rays are limit of one (1) per Beneficiary every three (3) years; 	<p>3, 4, 5, 6, 7, 8, 9 and 10: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network.</p> <p>In respect of Conservative and Restorative Dentistry:</p> <ul style="list-style-type: none"> o Panoramic and Bitewing x-rays included. <p>Dental services classified as conservative, restorative and specialised per tariff code.</p> <p>4 and 5: Conscious Sedation: Only applicable to Beneficiaries:-</p>

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p data-bbox="454 986 824 1070">8. Clinically indicated root canal treatments.</p> <p data-bbox="454 1257 864 1294">9. Emergency non-DSP visit.</p>	<div data-bbox="707 507 1079 737" style="border: 1px solid red; padding: 5px; text-align: center;"> <p data-bbox="734 520 1052 552">REGISTERED BY ME ON</p> <p data-bbox="837 619 949 643">2024/12/10</p> <p data-bbox="719 699 1068 722">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> <li data-bbox="1272 284 1615 475">○ Bitewing x-rays are limited to four (4) per Beneficiary per annum; and <li data-bbox="1272 499 1615 906">○ Cone Beam Computed Tomography (CBCT) scans are limited to one (1) per Beneficiary per lifetime for surgical procedures. <p data-bbox="1272 986 1615 1182">8: Limited to one (1) root canal treatment per Beneficiary per annum, subject to PMBs.</p> <p data-bbox="1272 1257 1615 1342">9: Emergency Out-of-Network visit, limited to</p>	<ul style="list-style-type: none"> <li data-bbox="1637 284 2063 368">○ up to and including the age of nine (9) years; or <li data-bbox="1637 392 2063 584">○ with severe trauma, subject to pre-authorisation, managed care protocols and processes.



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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>10. Plastic Dentures.</p> <p>11. Periodontal Programme</p>	<p>12: 100% of cost, but subject to PMB legislation.</p>	<p>one (1) event per Beneficiary per annum.</p> <p>10: In accordance with the approved Scheme Tariff.</p> <p>11: Paid from Risk, but limited to Periodontal Programme benefits.</p> <p>12: Limited to PMBs.</p>	<p>11: Subject to registration on Periodontal Programme, pre-authorisation, managed care protocols and processes, and use of Dental DSP/Network. If not registered on Periodontal Programme, no Periodontal benefit.</p> <p>12: Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p>

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			Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.	
C6	<p>Prescribed Medication and Injection Material</p> <div data-bbox="712 863 1081 1091" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/12/10</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so. • Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL). • Subject to Annexure E (Exclusions and Limitations) of GEMS Rules.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	1. Acute Medical Conditions. <div data-bbox="705 758 1079 986" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 0;">2024/12/10</p> <hr style="border-top: 1px dashed red; margin: 0;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	1. 100% of Scheme Rate.	1. Unlimited, save for the limit of R738 per family per annum for homeopathic medicine. Prescription by a dispensing Family Practitioner, dispensed by a DSP/Network Pharmacy: Limited to three (3) scripts of up to R253 each per Beneficiary per annum.	1. Subject to the following: <ul style="list-style-type: none"> • Managed care protocols, formulary and processes. • Prescription by a healthcare professional, legally entitled to do so. • Dispensed by a DSP/Network dispensing Family Practitioner or DSP/Network Pharmacy. • A 30% co-payment shall apply for: <ul style="list-style-type: none"> ○ voluntary use of Out-of-Formulary medicine; and ○ voluntary use of a non-DSP / Out-of-Network dispensing Family Practitioner or non-DSP



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	<p style="text-align: center;"> <div style="border: 1px solid red; padding: 5px; margin: 0 auto; width: fit-content;"> REGISTERED BY ME ON 2024/12/10 <hr style="border-top: 1px dashed red;"/> REGISTRAR OF MEDICAL SCHEMES </div> </p> <p>2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules</p>	<p>2. 100% of Scheme Rate, subject to PMBs.</p>	<p>2. Unlimited for PMB chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, but subject to PMB legislation and the following, which exceed PMB level of care:</p>	<p style="text-align: right;">/ Out-of-Network pharmacy.</p> <ul style="list-style-type: none"> • The dispensing fee is as per the contracted Network Pharmacy Rate. • Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> • Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a healthcare professional, legally entitled to do so. • Medicine for chronic conditions listed in PMB

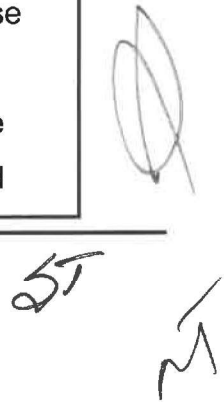


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	<div data-bbox="712 571 1081 802" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> • Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to: <ul style="list-style-type: none"> ○ Limit of R28 324 per Beneficiary per annum for consumables (excluding devices, which are provided for under C16: Medical and Surgical Appliances and Prostheses); and ○ Limited to type one (1) diabetics aged below nineteen (19) years. 	<ul style="list-style-type: none"> • DTP, PMB CDL and Annexure D of the GEMS Rules, subject to use of Chronic Medicine Pharmacy DSP, as provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules. • A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of a non-Chronic Medicine Pharmacy DSP. • Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, shall be paid from

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	<div data-bbox="703 563 1075 791" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Limit of R5 567 per Beneficiary per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules.</p> <p>No benefit for non-PMB chronic conditions not listed in Annexure D of the GEMS Rules.</p>	<p>limit for non-PMB chronic conditions listed in Annexure D of GEMS Rules; and once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation. However, consumables for Continuous Glucose Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged below nineteen (19) years shall not be paid from the aforementioned limit, but from the consumable limit for Continuous Glucose Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged</p>



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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	3. Self-Medication: Over-the-Counter (OTC) Medicine. <div data-bbox="705 730 1077 962" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <hr style="border: 0; border-top: 1px solid red; margin: 2px 0;"/> <p style="text-align: center; margin: 0;">2024/12/10</p> <hr style="border: 0; border-top: 1px dashed red; margin: 2px 0;"/> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	3. 100% of Scheme Rate.	3. Limited to R120 per Beneficiary per event and R334 per Beneficiary per annum.	below nineteen (19) years only. 3. Subject to the following: <ul style="list-style-type: none"> • Managed care protocols, Formulary and processes. • For minor ailments, dispensed by a Network Pharmacy or Network Family Practitioner. • A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine or voluntary use of a non-Network Pharmacy or non-Network Family Practitioner. • Only SAHPRA-registered Schedule 0, 1 and 2

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	4. Female Contraceptives: Oral, insertables, injectables and dermal.	4. 100% of Scheme Rate.	4. Limited to R3 757 per Beneficiary per annum.	medicines payable from the OTC benefit. 4. Subject to managed care protocols, Formulary and processes.
C7	Basic Radiology X-rays and soft tissue ultrasound scans. <div data-bbox="705 911 1077 1137" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <hr style="border: 0; border-top: 1px solid red; margin: 2px 0;"/> <p style="text-align: center; margin: 0;">2024/12/10</p> <hr style="border: 0; border-top: 1px dashed red; margin: 2px 0;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to referral by a Family Practitioner or Specialist, and list of approved services specified in the GEMS Radiology Request Form, and managed care protocols and processes.

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	<div data-bbox="703 448 1075 676" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> 2 x 2D ultrasound scans per pregnancy provided for by C21: Maternity. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.
C8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R28 226 per Beneficiary per annum shared between B8: Advanced Radiology and C8: Advanced Radiology.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Advanced Radiology pre- authorisation, managed care protocols and processes, and use of facility as per B1.



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				<ul style="list-style-type: none"> Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
C9	Pathology and Medical Technology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to list of approved services, specified in the GEMS Pathology Clinical Request Form. Pathology pre-authorisation is required for certain tests, as stipulated on the managed

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				care Pathology Clinical Request Form.
C10	<p>Optical Services</p> <p>Eye examinations, frames, lenses and contact lenses (permanent or disposable).</p>	100% of Scheme Rate.	<p>Limited to R1 924 per Beneficiary for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected Beneficiary following the end of such previous two (2) year period (if any) ended on 31 December ("Financial Cycle").</p> <p>Limited to:</p> <ul style="list-style-type: none"> One (1) eye examination per 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of GEMS Optical Network. Subject to Optical Managed Care protocols and processes. Optical benefit is not prorated, irrespective of date of Beneficiary registration. Includes tinted lenses, up to a tint of 35%, for albinism and proven

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div data-bbox="712 448 1081 676" style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/10</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Post-cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 744 for both lens and frame, with a sublimit of R293 for the frame.</p>	
C11	<p>Allied Health Services Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limit of R4 255 per family, and R2 830 per Beneficiary, per annum, shared between C11: Allied Health Services, C12: Other Professional Health Services, C13: Physiotherapy, and C14: Audiology, Occupational Therapy and Speech Therapy.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C12	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services; and Sub-limit of R2 128 per family per annum for Social Workers and Registered Counsellors.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
C13	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
C14	Audiology, Occupational Therapy and Speech Therapy	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<ul style="list-style-type: none"> Subject to managed care protocols and processes.
C15	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R7 044 per Beneficiary per event, utilised within 60 days of surgery.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and managed care protocols and processes.
C16	Medical and Surgical Appliances and Prostheses: Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulisers,	100% of Scheme Rate, subject to PMBs.	All medical and surgical appliances and prostheses (save for Continuous Glucose Monitors (CGM) and	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics External Prostheses, Compression Stockings, Continuous Glucose Monitors (CGM) and Insulin Pumps.</p> <p>Applicable In- and Out-of-Hospital.</p>	<div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <hr style="border-top: 1px dashed red;"/> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Insulin Pumps): Subject to:</p> <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; and • Sub-limit of R14 606 per family per annum, with further, shared sub-limits with B14: Prostheses of: • R6 164 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 761 per Beneficiary per 	<ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Diabetic accessories and appliances, other than Glucometers, Continuous Glucose Monitors (CGM) and Insulin Pumps, to be pre-authorized and claimed from the chronic medication benefit (C6.2). • Foot orthotics and prosthetics, subject to Formulary and managed care protocols and processes. • The Scheme has the right to obtain competitive quotes.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>annum for orthotic shoes, foot/shoes/ankle inserts and levelers;</p> <ul style="list-style-type: none"> • R701 for crutches per Beneficiary per annum; • One (1) wheelchair of up to R7 716 per Beneficiary every twenty-four (24) months of month of receipt of wheelchair; • One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R11 223 per hearing 	

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div data-bbox="705 624 1077 850" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> • One (1) Pulse Oximeter of up to R467 per family per annum; and • One (1) knee and one (1) back brace of up to R3 499 per brace per Beneficiary per annum. <p>Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to:</p> <ul style="list-style-type: none"> • Limit of R59 531 per family per annum for devices (excluding consumables, which are provided for in 	

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>the chronic medication benefit (C6.2));</p> <ul style="list-style-type: none"> • Sub-limit of one (1) device per Beneficiary every sixty (60) months of month of receipt of device; and • Limited to type one (1) diabetics aged below nineteen (19) years. 	
C17	Renal Dialysis Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
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C18	HIV Infection, Acquired Immune Deficiency	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>Syndrome and Related Illness</p> <div data-bbox="707 544 1077 775" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <hr style="border: 0; border-top: 1px dashed red; margin: 2px 0;"/> <p style="text-align: center; margin: 0;">2024/12/10</p> <hr style="border: 0; border-top: 1px dashed red; margin: 2px 0;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.
C19	<p>Mental Health</p> <p>Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limit of R13 272 per family per annum, less the sum total of the Beneficiaries' usage 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Subject to use of a DSP/Network Family



NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div data-bbox="712 826 1079 1054" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>of the sub-limit of R23 523 per Beneficiary per annum under B18: Mental Health;</p> <ul style="list-style-type: none"> • Further, shared sub-limit with B18: Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual Psychologist consultation and one (1) group 	<p>Practitioner or DSP/Network Specialist.</p> <ul style="list-style-type: none"> • If a non-DSP / Out-of-Network Family Practitioner or non-DSP / Out-of-Network Specialist is used, a 30% co-payment shall apply. • If Out-of-Hospital treatment is offered as alternative to hospitalisation, In-Hospital benefits (B1) shall apply.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Psychologist consultation per day.	
C20	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation of facility and service(s), managed care protocols and processes, and use of a DSP (i.e. State or Network) facility; failing which, the Scheme shall not be liable to fund the first R15 000 of the other facility's bill.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C21	Maternity Programme Ante- and post-natal care.	100% of Scheme Rate, subject to Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C21: Maternity Programme) shall apply. • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
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C22	Emergency Assistance (Road and Air)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of Emergency Medical



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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				Services DSP, and managed care protocols and processes.
C23	Circumcision	100% Scheme Rate.	Global fee of R1 994 per Beneficiary per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to pre- authorisation of facility and services, managed care protocols and processes, and use of DSP/Network Family Practitioner. • Limit applies to: <ul style="list-style-type: none"> ○ All related costs, e.g. consultations, medication etc.; and

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<ul style="list-style-type: none"> ○ All post-op care within a month of procedure. ● In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or practitioners' rooms.
C24	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). ● Subject to registration on Chronic Back and Neck Rehabilitation Programme, and managed care protocols and processes.


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Legend:	
Scheme Rate	See Rule 4.36 of the GEMS Rules.
CDL	Chronic Disease List
Chronic DSP	Chronic Designated Service Provider. Subject to Annexure G of the GEMS Rules.
DTP	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.
PDF	Professional Dispensing Fee

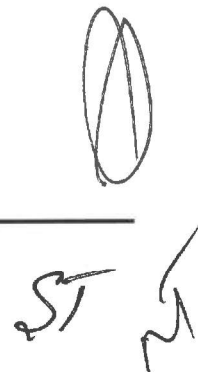


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PMB	Prescribed Minimum Benefit
SEP	Single Exit Price
TTO	Treatment Taken Out

Healthcare services or claims that do not meet the Scheme's (including its managed healthcare programmes') clinical protocol or billing requirements in accordance with Regulation 5 to the Medical Scheme Act 131 of 1998, shall be excluded, provided that such protocols are in accordance with internationally accepted evidence-based treatment guidelines and protocols.

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