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ANNEXURE C 2025

RUBY

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.	• 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
				▪ 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 processes, as

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				specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	**IN-HOSPITAL BENEFITS**		No overall limit. Sub-limits as provided for.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B1	**Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities**	100% of Scheme Rate.	Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Hospital authorisation for admission to a Private facility must be obtained

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	1. Accommodation in a general ward, high care ward and intensive care unit. 2. Theatre fees. 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)). 4. Neonatal care.			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 one (1) working day after the admission, failing which, a

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				co-payment of R1 000 per admission shall apply. • Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols and processes. • 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.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B2	**Maternity** Hospital, home birth or registered birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	• 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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				• 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. • Includes non-invasive prenatal testing for high-risk

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				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.	Unlimited. Reimbursement according to Scheme-approved tariff file.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B4	**Specialist Services** Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Unlimited. Reimbursement according to Scheme-approved tariff file.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B5	**Surgical Procedures**	100% of Scheme Rate. 200% of Scheme Rate for procedures	Unlimited. Refer to Annexure E (Exclusions and	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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		specified by managed care, performed in practitioners' rooms instead of in hospital.	Limitations) of GEMS Rules.	• Subject to hospital pre-authorisation and managed care protocols and processes. • Includes: ○ Hospital procedures performed in practitioners' rooms, as approved by the Scheme; ○ Maxillofacial Surgery; and ○ Surgical removal of impacted teeth (In-Hospital and Out-of-Hospital).

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B6	**Dentistry** Conservative, Restorative and Specialised Dentistry. Surgical Procedures.	100% of Scheme Rate.	Professional fees, subject to shared limits with C6: Dental Services. Hospital cost included in hospital benefit (B1). Dental Sealants: Excluded under B6: Dentistry and C6: Dental Services, but included under C20: Preventative Care Services for Beneficiaries under 18 years of age. Refer to Annexure E (Exclusions and	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, list of approved services, and use of Day Theatres. • General Anaesthesia and Conscious Sedation: Only applicable to Beneficiaries:- o up to and including the age of six (6) years; or o with severe trauma, subject to pre-authorisation and managed care protocols and processes.

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			Limitations) of GEMS Rules.	• Implant crowns, bridges, and dentures, subject to pre-authorisation. • Dental services classified as conservative, restorative and specialised per tariff code.
B7	**Basic Radiology**	100% of Scheme Rate.	Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.
B8	**Advanced Radiology**	100% of Scheme Rate, subject to PMBs.	Shared limit with C9: Advanced Radiology of R29 694 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

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				• Subject to Advanced Radiology authorisation (in addition to hospital pre-authorisation) for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
B9	**Pathology**	100% of Scheme Rate.	Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis.

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B10	**Blood Services**	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes cost of blood, blood equivalents, blood products and the transport thereof. • Includes erythropoietin.
B11	**Physiotherapy**	100% of Scheme Rate, subject to PMBs.	Limited to R6 673 per Beneficiary per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, and services being related to admission diagnosis.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B12	**Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy**	100% of Scheme Rate.	Limited to ten (10) post-surgery physiotherapy visits (shared with C16: 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.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and managed care protocols and processes.
B13	**Organ and Tissue Transplants** Includes materials.	100% of Scheme Rate, subject to PMBs.	Limit of R824 901 per Beneficiary per annum. Sub-limit of R28 001 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to	• 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.

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			managed care protocols.).	• 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	**Prostheses** This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying	100% of Scheme Rate, subject to PMBs.	Subject to: • Shared limit with C17: Medical and Surgical Appliances and Prostheses of	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

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	temporary or permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.		R56 131 per family per annum for Medical and Surgical Appliances and Prostheses generally, plus R56 131 per family per annum for Joint Revisions only; and • Shared sub-limits with C17: Medical and Surgical Appliances and Prostheses of: o R6 164 per Beneficiary per annum for foot orthotics and	• 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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			prosthetics, with a sub-limit of R1 761 per Beneficiary per annum for orthotic shoes, foot/shoe/ankle inserts and levelers; o R701 for crutches per Beneficiary per annum; o One (1) wheelchair of up to R7 716 per Beneficiary every twenty-four (24) months of month of receipt of wheelchair;	• Once the limit is depleted, the benefit is unlimited for PMBs.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R11 223 per hearing aid per Beneficiary every thirty-six (36) months of month of receipt of hearing aid(s); o One (1) CPAP device of up to R13 328 per Beneficiary every thirty-six (36) months of month of receipt of device;	

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			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 R467 per Family per annum; and o One (1) knee and one (1) back brace of up to R3 499 per brace per Beneficiary per annum.	

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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).	• 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 managed care protocols and processes. • Cost to be defrayed from C3: Family Practitioner Services, for non-PMB and unauthorised events.
B16	**Renal Dialysis** In-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R353 521 per Beneficiary per annum for chronic dialysis.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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			Acute dialysis included in B1.	• Subject to hospital pre-authorisation, 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. • 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.	Limit of R445 453 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Sub-limit of R336 702 per family for biological and similar specialised medicines.	• 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, or a registered alternative. • Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials. • Erythropoietin included in B10: Blood Services.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				• 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 with paragraph 9.1.13.6 of Annexure E (Exclusions and Limitations) of GEMS Rules.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B18	**Mental Health** Accommodation, theatre fees, medicine, hospital equipment and professional fees of Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: • Limit of R24 746 per family per annum; • Shared sub-limit with C22: 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 Psychologist	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and managed care protocols and processes. • Subject to the use of facility as per B1, or a registered alternative. • Maximum of three (3) days hospitalisation by a Family Practitioner.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			consultation per day.	
B19	**Alternatives to Hospitalisation** 1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing. 2. Hospice	1. 100% of Scheme Rate, but subject to PMBs. 2. 100% of cost, but subject to PMB legislation.	1. Unlimited, but subject to PMB legislation. 2. Unlimited, but subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • 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.

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B20	**Medical Technologists**	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and case management. • Includes materials.
B21	**Breast Reductions**	No benefit.	No benefit, unless PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B22	**Allied Health Services:** Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes,

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				and services being related to admission diagnosis.
B23	**Other Professional Health Services** Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, and services being related to admission diagnosis.
B24	**Alcohol and Drug Dependencies**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• 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

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				(Prescribed Minimum Benefits) of GEMS Rules.
C	OUT-OF-HOSPITAL BENEFITS			
C1	**Personal Medical Savings Account (PMSA)**	100% of Scheme Rate.	Fixed at 20% of the total gross contribution made in respect of a Member during the financial year.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Excludes PMB claims. • Benefit is pro-rated from the date of admission of Beneficiary to end of financial year. • Claims paid in accordance with the benefits listed in C3 to C28, and Annexure F (Personal Medical Savings Accounts) of the GEMS Rules.

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				• In-Hospital and Out-of-Hospital claim payment shortfalls of R105 or more are paid from accrued PMSA limit.
C2	**Block Benefit**	100% of Scheme Rate.	R3 009 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Claims are paid against this benefit once the PMSA limit has been reached. • Benefit is pro-rated from the date of admission of Beneficiary to end of financial year.

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C3	**Family Practitioner Services** Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.	Limited to PMSA and Block Benefit, subject to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Benefit includes consultations, visits and approved minor procedures at Family Practitioners, subject to medical necessity and managed care protocols and processes. • Limit is pro-rated from date of admission of Member to end of financial year.
C4	**Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on**	100% of Scheme Rate.	Payable from Risk. One (1) additional Family Practitioner consultation at a	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	Disease Management Programme		DSP/Network provider, once PMSA and Block Benefit is exhausted.	• The additional Family Practitioner consultation at a DSP/Network provider is subject to pre-authorisation and managed care protocols and processes.
C5	**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	Limited to PMSA and Block Benefit, subject to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Limit is pro-rated from date of admission of Member to end of financial year. • Subject to Family Practitioner referral, and managed care protocols and processes.

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		practitioners' rooms instead of in hospital. 200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms.		
C6	**Dental Services** Conservative and Restorative Dentistry (include Plastic Dentures); Special Dentistry (includes Metal Base Partial Dentures); and Surgical Procedures.	100% of Scheme Rate.	Shared limit with B6: Dentistry of R4 489 per Beneficiary per annum, provided that: ○ Panoramic X-rays are limited to one (1) per Beneficiary every three (3) years; ○ Bitewing X-rays are limited to six (6) per	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Conscious Sedation: Only applicable to Beneficiaries:- ○ up to and including the age of nine (9) years; or ○ with severe trauma,

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			Beneficiary per annum; ○ Periapical X-rays are limited to ten (10) per Beneficiary per annum; and ○ Cone Beam Computed Tomography (CBCT) scans are limited to one (1) per Beneficiary per lifetime for surgical procedures. Dental Sealants: Excluded under B6: Dentistry and C6: Dental Services, but	subject to pre-authorisation and managed care protocols and processes. • In respect of Conservative and Restorative Dentistry: o Panoramic, Bitewing and Periapical X-rays included. • In respect of Special Dentistry: o No pre-authorisation required for metal-base dentures. • Implant crowns, bridges, and dentures, subject to pre-authorisation.

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	REGISTERED BY ME ON Mfana Maswanganyi 2024/12/10 Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za 12/12/2024 09:20:21(UTC+02:00) SIGNIFLOW REGISTRAR OF MEDICAL SCHEMES		included under C20: Preventative Care Services for Beneficiaries under 18 years of age. Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.	• Dental services classified as conservative, restorative and specialised per tariff code.
C7	**Prescribed Medication and Injection Material**			• 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 the Medicine Price List (MPL) and

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				Medicine Exclusion List (MEL). • Subject to Annexure E (Exclusions and Limitations) of GEMS Rules.
	1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Subject to PMSA and a limit of R738 per family per annum for homeopathic medicine.	1. Subject to the following: • Managed care protocols, formulary and processes. • Prescription by a healthcare professional, legally entitled to do so. • A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine, where Formulary exists.

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				• Benefit includes prescribed maternity vitamin supplements.
	2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules.	2. 100% of Scheme Rate, but subject to PMB legislation.	2. Unlimited, but subject to PMB legislation and the following, which exceed PMB level of care: • Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to: ○ Limit of R28 324 per Beneficiary per annum for consumables (excluding devices,	2. Subject to the following: • 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 DTP, PMB CDL and Annexure D of the GEMS Rules, subject to use of Chronic Medicine Pharmacy DSP, as provided for in

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			which are provided for under C17: Medical and Surgical Appliances and Prostheses); and ○ Limited to type one (1) diabetics aged below nineteen (19) years.	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.
	3. Self-Medication: Over-the-Counter (OTC) Medicine.	3. 100% of Scheme Rate.	3. Subject to PMSA and limited to R251 per Beneficiary per event.	3. Subject to the following: • Managed care protocols, Formulary and processes. • Only SAHPRA-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit.

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	4. Prescribed medication from hospital stay (TTO)	4. 100% of Scheme Rate.	4. Subject to PMSA. Payable from Risk, once PMSA is depleted.	4. Subject to the following: • TTO limited to seven (7) days.
C8	**Basic Radiology** X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Subject to PMSA.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes 2 x 2D ultrasound scans per pregnancy provided for by C24: 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.

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C9	**Advanced Radiology**	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R29 694 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Advanced Radiology pre-authorisation, managed care protocols and processes. • Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
C10	**Pathology and Medical Technology**	100% of Scheme Rate.	Limited to PMSA and Block Benefit, subject to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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				• Subject to managed care protocols and processes. • Includes liquid-based cytology and Hr-HPV DNA pap smears.
C11	**Optical Services** 1. Eye examinations; 2. Frames, lenses and contact lenses (permanent and disposable); and 3. Refractive eye surgery.	100% of Scheme Rate.	Limited to PMSA and Block Benefit, subject to PMBs. Limited to one (1) eye examination per Beneficiary per Financial Year, starting on 01 January and ending on 31 December of the same year. Either spectacles or contact lenses shall be	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Optical Managed Care protocols and processes. • Optical benefit is not pro-rated, irrespective of date of Beneficiary registration. • Includes tinted lenses, up to a tint of 35%, for albinism

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			funded in a Financial Year, not both. Frame sub-limit of R1 636 per Beneficiary shall apply. 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.	and proven photophobia, subject to pre-authorisation. • Excludes variable tint and photochromic lenses. • Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.
C12	**Allied Health Services** Limited to Chiropractors, Homeopaths, Phytotherapists,	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	Acupuncturists and Chinese Medicine Practitioners.			
C13	**Other Professional Health Services** Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C14	**Physiotherapy**	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C15	**Audiology, Occupational Therapy and Speech Therapy**	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C16	**Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy**	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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			Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R7 044 per Beneficiary per event, utilised within sixty (60) days of surgery.	• Subject to hospital pre-authorisation, managed care protocols and processes.
C17	**Medical and Surgical Appliances and Prostheses** Includes Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics, External Prostheses, Compression Stockings,	100% of Scheme Rate, subject to PMBs.	All medical and surgical appliances and prostheses (save for Continuous Glucose Monitors (CGM) and Insulin Pumps): Subject to: • Shared limit with B14: Prostheses of R56 131 per family per annum for	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Diabetic accessories and appliances, other than Glucometers, Continuous Glucose Monitors (CGM) and Insulin Pumps, to be pre-authorised and claimed

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	Continuous Glucose Monitors (CGM) and Insulin Pumps. Applicable to In- and Out-of-Hospital.		Medical and Surgical Appliances and Prostheses generally; and • Sub-limit for C17: Medical and Surgical Appliances and Prosthesis of R21 901 per family per annum, with further, shared sub-limits with B14: Prostheses of: o R6 164 per Beneficiary per annum for foot orthotics and prosthetics, with a	from the chronic medication benefit (C7.2). • Foot orthotics and prosthetics, subject to Formulary, managed care protocols and processes. • The Scheme has the right to obtain competitive quotes.

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			sub-limit of R1 761 per Beneficiary per annum for orthotic shoes, foot/shoe/ankle inserts and levelers; o R701 for crutches per Beneficiary per annum; o One (1) wheelchair of up to R7 716 per Beneficiary every twenty-four (24) months of month of receipt of wheelchair; o One (1) unilateral hearing aid, or one	

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			(1) pair of bilateral hearing aids, of up to R11 223 per hearing aid per Beneficiary every thirty-six (36) months of month of receipt of hearing aid(s); 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	

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			stockings of up to R584 per pair per Beneficiary per annum; o One (1) Pulse Oximeter of up to R467 per Family per annum; and o One (1) knee and one (1) back brace of up to R3 499 per brace per Beneficiary per annum. Continuous Glucose Monitors (CGM) and	

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			Insulin Pumps: Subject to: • Limit of R59 531 per family per annum for devices (excluding consumables, which are provided for in the chronic medication benefit (C7.2)); • Sub-limit of one (1) device per Beneficiary every sixty (60) months of month of receipt of device; • Limited to type one (1) diabetics aged	

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			below nineteen (19) years.	
C18	**Renal Dialysis** Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Renal Dialysis pre-authorisation, managed care protocols and processes. • Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30% per event shall apply in accordance with Network rules. • Includes materials and related pathology tests.

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C19	**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 evidence-based standard practice.	100% of Scheme Rate.	Payable from Risk. All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.	• 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 under the age of one (1) year. • Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years.

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	REGISTERED BY ME ON Mfana Maswanganyi 2024/12/10 Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za 12/12/2024 10:19:49(UTC+02:00) SIGNIFLOW REGISTRAR OF MEDICAL SCHEMES			• Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.
C20	**Preventative Care Services** Includes: 1. All Vaccinations; 2. Dental Sealants; and 3. Dental Polishing.	100% of Scheme Rate.	Paid from Risk. Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum. Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five (5) years for Beneficiaries at risk in	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes preventative care services, i.e. vaccinations, provided in pharmacies.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			accordance with managed care protocols. HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime. Other Vaccinations: Limited to R950 per Beneficiary per annum. Dental Sealants: Limited to Beneficiaries under 18 years of age, and subject to use of a Network provider. Dental Polishing: Limited to Beneficiaries	

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			between the ages of three (3) and nine (9) years (both inclusive). Service may be rendered by a Network or Non-Network provider.	
C21	**HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes one (1) consultation for diagnosis and initial counselling. • Pre-exposure prophylaxis included for high-risk

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				Beneficiaries, subject to managed care protocols and processes.
C22	**Mental Health** Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.	100% of cost, but subject to PMB legislation.	Limited to PMSA. Shared sub-limit with B18: Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists. Limited to one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • If Out-of-Hospital treatment is offered as an alternative to hospitalisation, In-Hospital benefits (B1) shall apply.

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C23	**Infertility**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• 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.
C24	**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.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to registration on Maternity Programme, and

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				managed care protocols and processes. • If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C24: Maternity) shall apply. • Includes: o Benefits defined in managed care protocols. o 2 x 2D ultrasound scans per pregnancy. 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.

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				o Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C25	**Female Contraceptives** Oral, insertables, injectables and dermal.	100% of Scheme Rate.	Limited to PMSA.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols, formulary and processes.
C26	**Emergency Assistance (Road and Air)**	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of Emergency Medical Services DSP, and managed care protocols and processes.

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C27	**Circumcision**	100% Scheme Rate.	Global fee of R1 994 per Beneficiary.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation of facility and services, and managed care protocols and processes. • Limit applies to: o All related costs, e.g. consultations, medication etc.; and o All post-op care within a month of procedure. • In-Hospital benefits shall apply for circumcisions performed in hospitals, Day

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				Clinics or practitioners' rooms.
C28	**Chronic Back and Neck Rehabilitation Programme**	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	• 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. • Out-of-Hospital benefits (excluding this benefit C28: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				Neck Rehabilitation Programme.

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

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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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