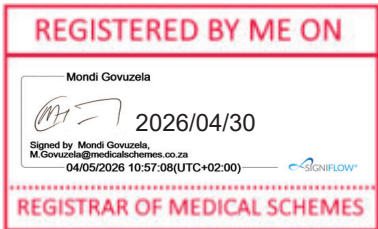


ANNEXURE C 2026

TANZANITE ONE

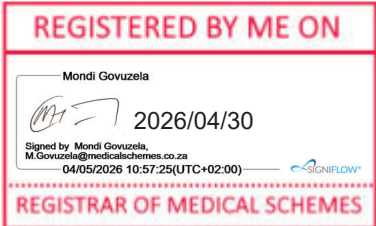
SUBJECT TO THE PROVISIONS OF THE SCHEME RULES, MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING BENEFITS:

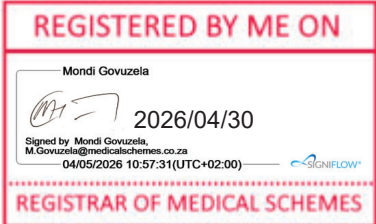
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS (“PMBs”)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	- As provided for in Annexure G (Prescribed Minimum Benefits) of GEMS Rules. - Prescribed 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:

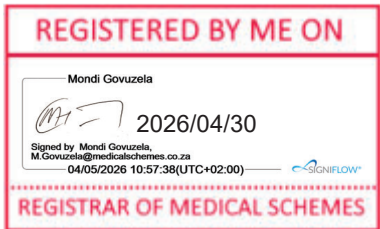
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				▪ a Designated Service Provider (“DSP”) for that condition; ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: ▪ Authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C:

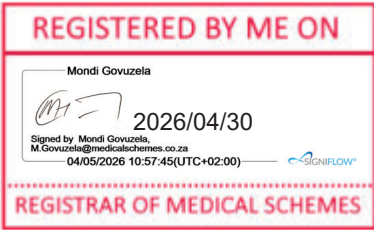
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				Out-of-Hospital Benefits; and ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	IN-HOSPITAL BENEFITS	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to use of a DSP facility.
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities: 1. Accommodation in a general ward, high care	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to use of a DSP facility; failing which, the Scheme shall not be liable to

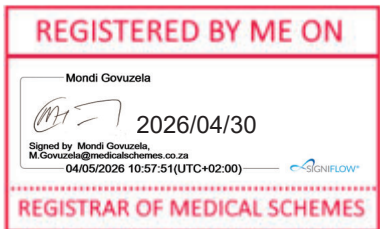
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	ward and intensive care unit; 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); and 4. Neonatal care.			fund the first R15 000 of the other facility's bill. - Hospital 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 one (1) working day after the

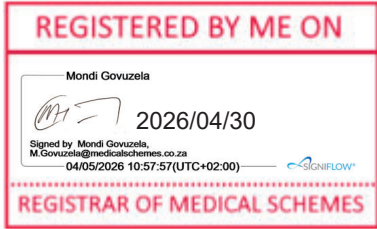
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				admission, failing which, a co-payment of R1 000 per admission shall apply. - All In-Hospital treatment and services are subject to hospital authorisation (for Private facilities only), managed care protocols and processes. - TTO limited to seven (7) days, subject to medication being related to admission diagnosis.
B2	Maternity Hospital, home birth or accredited birthing unit.	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to managed care protocols and processes.

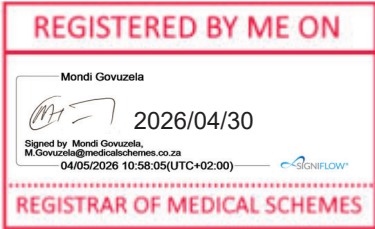
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				- Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event 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 one (1) working day after the admission, failing which, a co-

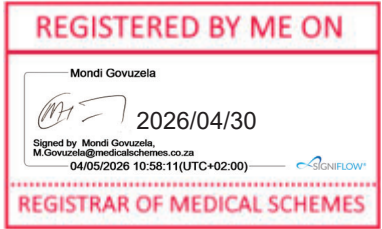
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				payment of R1 000 per admission shall apply. • Elective Caesarean Sections may be subjected to second opinion and managed care protocols and processes. • Benefit includes midwife services. • Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
B3	Family Practitioner Services Consultations and visits.	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Private hospital pre-authorisation and use of DSP facility.

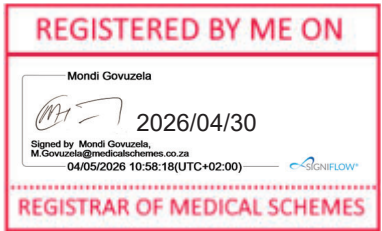
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B4	Specialist Services Consultations and visits.	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to Private hospital pre-authorisation and use of DSP facility.
B5	Surgical Procedures 	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to pre-authorisation, managed care protocols and processes, and use of DSP facility, or practitioners' rooms. - Includes: - hospital procedures performed in practitioners' rooms, as approved by the Scheme.

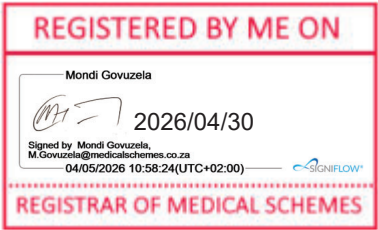
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B6	Dentistry Conservative and Restorative Dentistry. Surgical Procedures.	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to Private hospital pre-authorisation, managed care protocols and processes, Dental DSP, and use of a DSP facility.
B7	Basic Radiology 	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to managed care protocols and processes, and use of DSP facility.
B8	Advanced Radiology	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to Advanced Radiology pre-authorisation

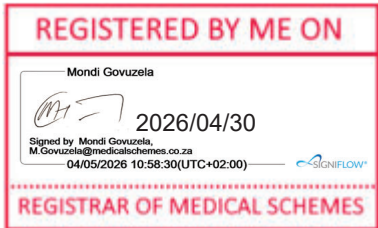
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Benefits) of the GEMS Rules.	(in addition to Private hospital pre-authorisation), managed care protocols and processes, and use of DSP facility.
B9	Pathology 	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- 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 DSP facility.
B10	Blood Services	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to use of DSP facility. - Subject to managed care protocols and processes.

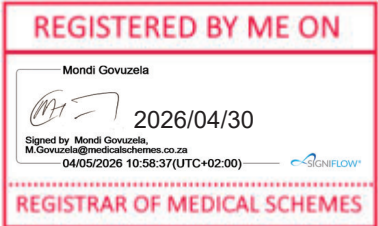
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				- Includes cost of blood, blood equivalents, blood products and the transport thereof. - Includes erythropoietin.
B11	Physiotherapy 	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to Private hospital pre-authorisation, managed care protocols and processes, and services being related to admission diagnosis.
B12	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to Private hospital pre-authorisation, managed

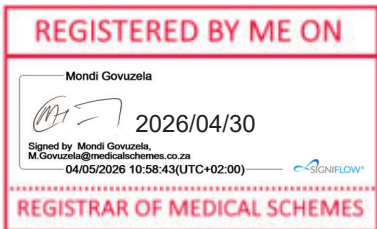
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				care protocols and processes, and use of DSP facility.
B13	Organ and Tissue Transplants 	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to Private hospital pre-authorisation, managed care protocols and processes, and use of DSP facility. - Limit includes all costs associated with the transplant, including materials and immunosuppressants. - Erythropoietin included in B10: Blood Services.
B14	Prostheses This benefit covers temporary and permanent prostheses	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

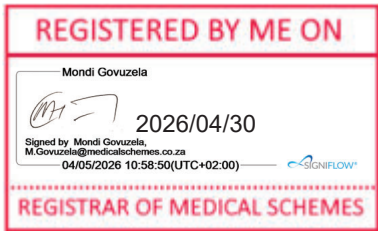
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	and internal devices (surgically implanted), and accompanying temporary and permanent devices used to assist the guidance, alignment or delivery of these prostheses and internal devices. 		Benefits) of the GEMS Rules.	• Subject to managed care protocols and processes, and use of DSP facility. • Scheme may obtain competitive quotes or arrange supply of prosthesis. • Bone cement paid from B1, subject to Private 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.

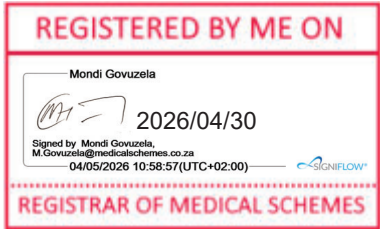
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B15	Emergency Services (Casualty Department) 	100% of cost, but subject to PMB legislation.	Limited to PMBs (Emergency Medical Condition, as defined in Section 4 of the main body and Annexure G (Prescribed Minimum Benefits) of the GEMS Rules).	- All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). - Subject to use of DSP facility, or other registered emergency facility. - Subject to Private hospital authorisation and managed care protocols and processes.
B16	Renal Dialysis In-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). - Subject to Private hospital pre-authorisation, managed care protocols and processes, and use of DSP facility. - Includes related materials, and related pathology and radiology tests, but subject to

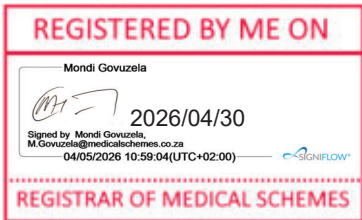
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				managed care protocols and processes. Erythropoietin included in B10: Blood Services.
B17	Oncology (Chemo and Radiotherapy) In- and Out-of-Hospital 	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to Oncology pre-authorisation and managed care protocols and processes. - Subject to Drug Reference Price (DRP). - Subject to use of DSP facility. - Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials.

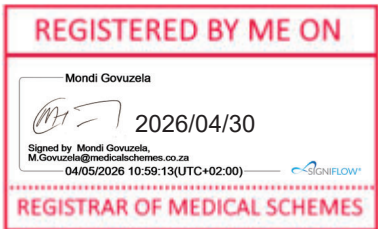
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				- Erythropoietin included in B10: Blood Services. - Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced or metastatic solid organ malignant tumours, unless pre-authorised in accordance with paragraph 9.1.13.6 of Annexure E (Exclusions and Limitations) of the GEMS Rules.
B18	Mental Health Accommodation, theatre fees, medicine, hospital equipment, professional fees	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	of Family Practitioners, Psychiatrists and Psychologists.		Benefits) of the GEMS Rules.	- Subject to Private hospital pre-authorisation and managed care protocols and processes. - Subject to use of DSP facility.
B19	Alternatives to Hospitalisation - Sub-acute Hospitals, Physical Rehabilitation, Private Nursing and Intravenous (IV) Therapy. - Hospice. 	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- 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.

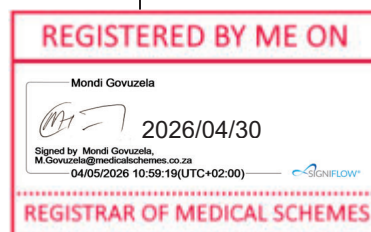
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.
B20	Medical Technologists 	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to Private hospital pre-authorisation, case management, and use of DSP facility. - Includes materials.
B21	Breast Reductions	No benefit.	No benefit, unless PMB.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B22	Allied Health Services Limited to Chiropractors, Homeopaths, Phytotherapists,	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

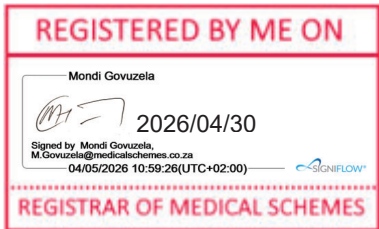
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	Acupuncturists and Chinese Medicine Practitioners.		Benefits) of the GEMS Rules.	Subject to managed care protocols and processes, and use of DSP facility (subject to the service(s) being related to the admission diagnosis).
B23	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to managed care protocols and processes, and use of DSP facility (subject to the service(s) being related to the admission diagnosis).
B24	Alcohol and Drug Dependencies 	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to pre-authorisation of DSP facility, managed care protocols and processes, and

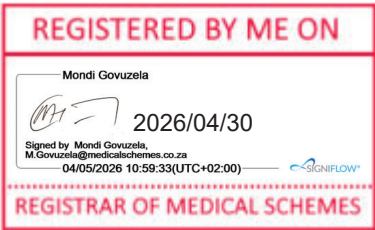
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.
C	OUT-OF-HOSPITAL BENEFITS			
C1	Family Practitioner Services Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners. 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.	Unlimited, subject to use of Nominated Network Family Practitioners. Visits to Family Practitioners, other than Nominated Network Family Practitioners, are limit to three (3) visits per Beneficiary per annum.	- 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.

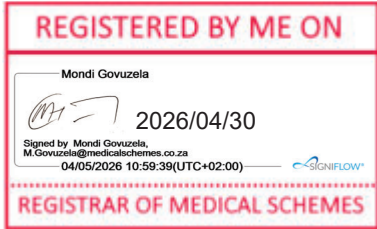
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				• Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to use of a Nominated Network Family Practitioner. • Consultations: Ninth (9th) and subsequent consultations per Beneficiary per annum, subject to pre-authorization. • Once the visit limit specified in the “Limits” column is depleted, a 30% co-payment shall be applied to the applicable rate specified in the “%Benefit/Tariff” column in respect of all subsequent visits to Family Practitioners, other than Nominated Network Family Practitioners,

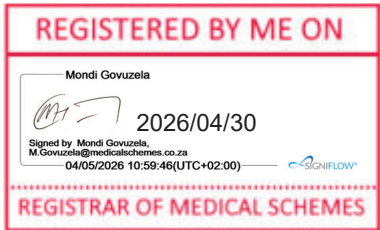
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				irrespective of whether such other Family Practitioners are on the GEMS Family Practitioner Network or not.
C2	Screening Services Including: Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism and 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.	- 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 Dependents under the age of one (1) year. - Childhood Hearing Screening for Child Dependents up to and including the age of seven (7) years.

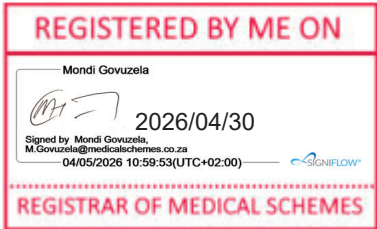


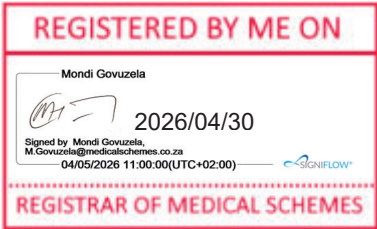
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	evidence-based standard practice.			- Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. - Includes screening services provided in pharmacies.
C3	Preventative Care Services Includes: 1. All Vaccinations; and 2. Dental Sealants. 	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 accordance with managed care protocols.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to managed care protocols and processes. - Includes preventative care services provided in pharmacies.

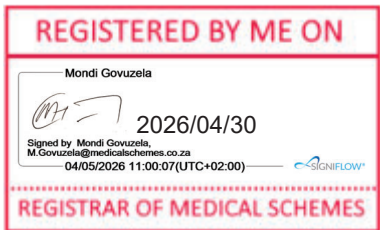
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime. Other Vaccinations: Limited to R950 per Beneficiary per annum. Dental Sealants: Limited to Beneficiaries under 18 years of age, and subject to use of a Network provider.	
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.	Unlimited.	- All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). - Subject to Network Family Practitioner Nomination and Specialist Referral Rules.

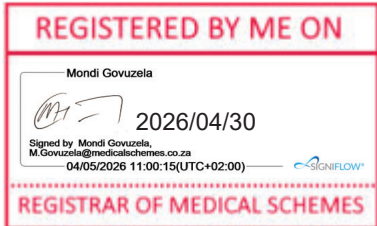
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
		200% of Scheme Rate for procedures specified by managed care, performed in Specialists' rooms instead of in hospital. 200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.		- Subject to referral by a Nominated Network Family Practitioner; alternatively, pre-authorisation required. - If no referral by a Nominated Network Family Practitioner, or no pre-authorisation, a 30% co-payment shall be applied to the applicable rate specified in the “%Benefit/Tariff” column.
C5	Dental Services 1. Examinations. 2. Preventative treatment.	100% of Scheme Rate, subject to PMBs.	1 and 2: Two (2) treatment episodes per Beneficiary per annum.	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.

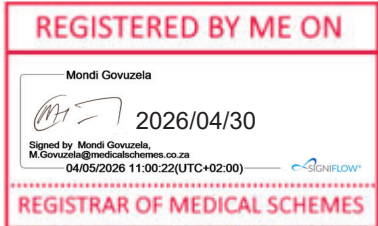
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	 3. Conditions with pain and sepsis. 4. Fillings. 5. Clinically indicated dental services, including extractions. 6. Intra-oral radiography. 7. Extra-oral radiography.		Dental Sealants: Excluded under B6: Dentistry and C5: Dental Services, but included under C3: Preventative Care Services for Beneficiaries under 18 years of age. 3, 4, 5, 6 and 7: Two (2) events per Beneficiary per annum, which includes one (1) emergency Out-of-Network visit per Beneficiary per annum, provided that: ○ Panoramic X-rays are limited to one (1)	3, 4, 5, 6, 7, 8, and 9: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network. In respect of Conservative and Restorative Dentistry: ○ Panoramic and Bitewing X-rays included.

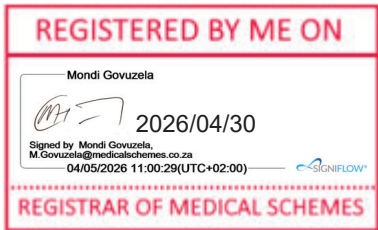
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	 8. Clinically indicated root canal treatments.		per Beneficiary every three (3) years; ○ Bitewing X-rays are limited to four (4) per Beneficiary per annum; and ○ Cone Beam Computed Tomography (CBCT) scans are limited to one (1) per Beneficiary per lifetime for surgical procedures. 8: Limited to one (1) root canal treatment per Beneficiary per annum, which includes one (1)	Dental services classified as conservative, restorative and specialised per tariff code. 4 and 5: Conscious Sedation: Only applicable to Beneficiaries:- ○ up to and including the age of nine (9) years; or ○ with severe trauma, subject to pre-authorisation and managed care protocols and processes.

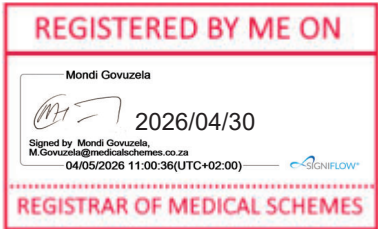
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	9. Plastic Dentures. 10. Periodontal Programme 		emergency Out-of-Network visit per Beneficiary per annum, subject to PMBs. 9: In accordance with the approved Scheme Tariff. 10: Paid from Risk, but limited to Periodontal Programme benefits.	10: 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.

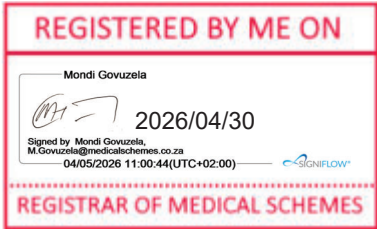
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	11. Specialised Dentistry. 	11: 100% of cost, but subject to PMB legislation.	11: Limited to PMBs. Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.	11: Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.
C6	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 Drug Reference Price (DRP) and Medicine Exclusion List (MEL).

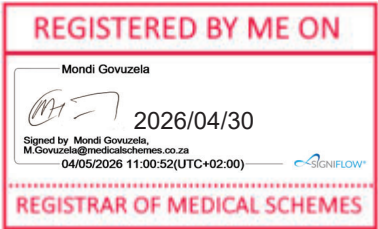
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	1. Acute Medical Conditions. 	1. 100% of Scheme Rate.	1. Unlimited, save for the limit of R738 per family per annum for homeopathic medicine. Prescription by a dispensing Family Practitioner, dispensed by a DSP/Network Pharmacy: Limited to three (3) scripts of up to R253 each per Beneficiary per annum.	• Subject to Annexure E (Exclusions and Limitations) of the GEMS Rules. 1. Subject to the following: • 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: ○ voluntary use of Out-of-Formulary medicine; and ○ voluntary use of a non-DSP / Out-of-Network dispensing Family Practitioner or non-

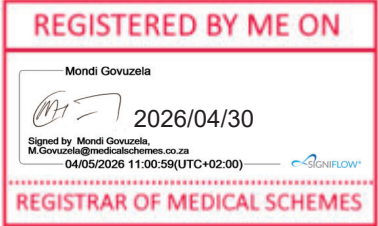
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	 2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules	2. 100% of Scheme Rate, subject to PMBs.	2. Unlimited for PMB chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, but subject to PMB legislation and the following, which exceed PMB level of care:	DSP / Out-of-Network pharmacy. - The dispensing fee is as per the contracted Network Pharmacy Rate. - Benefit includes prescribed maternity vitamin supplements. 2. Subject to the following: - Prior application and approval, Formulary, Drug Reference Price (DRP), 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

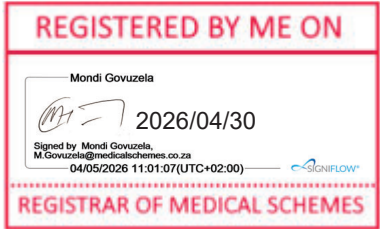
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			- Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to: - Limit of R28 324 per Beneficiary per annum for consumables (excluding devices, which are provided for under C16: Medical and Surgical Appliances and Prostheses); and - Limited to type one (1) diabetics aged below nineteen (19) years.	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 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

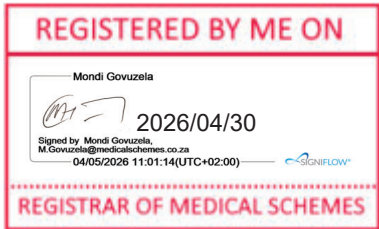
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	 3. Self-Medication: Over-the-Counter (OTC) Medicine.	3. 100% of Scheme Rate.	Limit of R4 429 per Beneficiary per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules. No benefit for non-PMB chronic conditions not listed in Annexure D of the GEMS Rules. 3. Limited to R120 per Beneficiary per event and R334 per Beneficiary per annum.	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 below nineteen (19) years only. 3. Subject to the following: Managed care protocols, Formulary and processes.

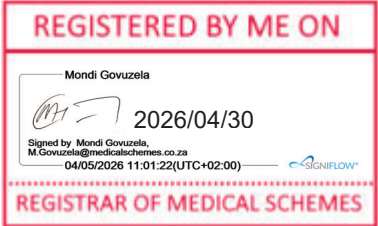
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	 4. Female Contraceptives: Oral, insertables, injectables and dermal.	4. 100% of Scheme Rate.	4. Limited to R3 757 per Beneficiary per annum.	- For minor ailments, dispensed by a Network Pharmacy or Network Family Practitioner. - 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 medicines payable from the OTC benefit. 4. Subject to the following: - Managed care protocols, Formulary and processes.
C7	Basic Radiology X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Unlimited.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

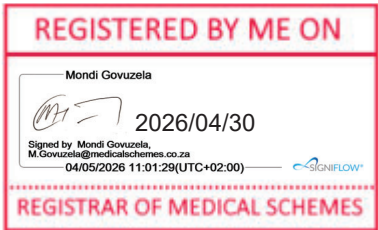
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				• Subject to referral by a Family Practitioner or Specialist, list of approved services specified in the GEMS Radiology Request Form, and managed care protocols and processes. • 2 x 2D ultrasound scans per pregnancy, provided for by C21: Maternity Programme. 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: • Limit of R15 183 per Family per annum; and	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

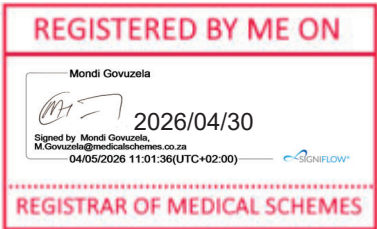
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Sub-limit of one (1) Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) scan per Beneficiary per annum.	- Subject to Network Family Practitioner Nomination and Specialist Referral Rules. - Subject to Advanced Radiology pre-authorisation, managed care protocols and processes, and use of a State or Network facility. - 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.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

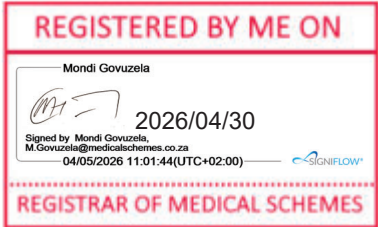
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				• Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to list of approved services, specified in the GEMS Pathology Clinical Request Form. • Pathology pre-authorisation is required for certain tests, as stipulated on the managed care Pathology Clinical Request Form.
C10	Optical Services Eye examinations, frames, lenses and contact lenses (permanent or disposable).	100% of Scheme Rate.	Limited to R1 519 per Beneficiary for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to use of GEMS Optical Network.

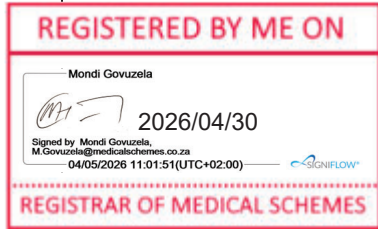
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			rendered to the affected Beneficiary following the end of such previous two (2) year period (if any) ended on 31 December (“Financial Cycle”). Limited to: One (1) eye examination per Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary (“Eye	- 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 Beneficiaries with albinism 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.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Examination Cycle”); and One (1) frame (subject to the approved list of frames) and one (1) pair of either single vision lenses or bifocal lenses, or 4 x boxes of disposable contact lenses, or one (1) set of permanent contact lenses, per Beneficiary per twenty-four (24) month period, calculated from the month within which same was last	

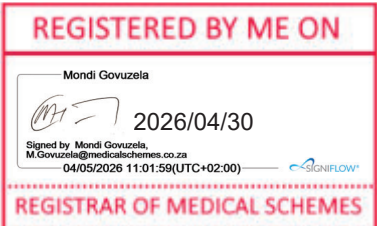
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			rendered to the affected Beneficiary ("Optical Appliance Cycle"). Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both. Post-cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 744 for both lens and frame, with a sublimit of R293 for the frame.	

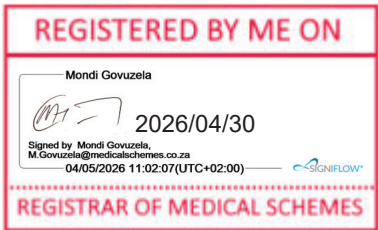
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C11	Allied Health Services Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners. 	100% of Scheme Rate, subject to PMBs.	Limit of R2 025 per Family, and R1 266 per Beneficiary, per annum, shared between C11: Allied Health Services, C12: Other Professional Health Services, C13: Physiotherapy, and C14: Audiology, Occupational Therapy and Speech Therapy.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to managed care protocols and processes.
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.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to managed care protocols and processes.

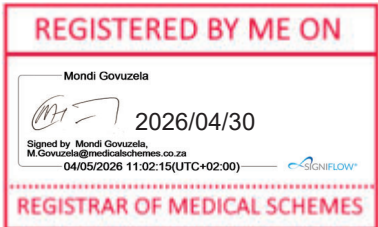
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C13	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to managed care protocols and processes.
C14	Audiology, Occupational Therapy and Speech Therapy	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to managed care protocols and processes.
C15	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy 	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). - Subject to Private hospital pre-authorisation and managed care protocols and processes.

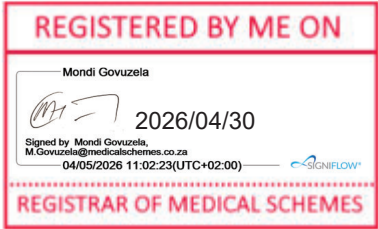
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C16	Medical and Surgical Appliances and Prostheses Includes: 1. Hearing Aids; 2. Wheelchairs; 3. Mobility Scooters; 4. Oxygen Cylinders; 5. Pulse Oximeters; 6. Nebulizers; 7. Positive Airway Pressure (PAP) Devices, i.e. Continuous Positive Airway Pressure (CPAP), Auto-adjusting Positive Airway Pressure (APAP), Bilevel Positive Airway Pressure (BIPAP) and Variable Positive Airway Pressure (VPAP) Devices;	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: • Limit of R8 761 per Family per annum; and • Sub-limits of: ○ R6 164 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 761 per Beneficiary per annum for orthotic	• 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 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.

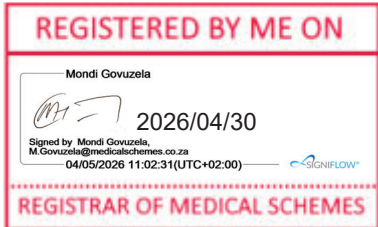
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	8. Glucometers; 9. Colostomy Kits; 10. Diabetic Equipment; 11. Foot Orthotics; 12. External Prostheses; 13. Compression Stockings; 14. Continuous Glucose Monitors (CGM); and 15. Insulin Pumps.		shoes, foot/shoe/ankle inserts and levelers; - o R701 for crutches per Beneficiary per annum; - o One (1) wheelchair of up to R7 716 per Beneficiary every thirty-six (36) months of month of receipt of wheelchair; - o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R6 314 per hearing aid per	REGISTERED BY ME ON 2026/04/30 REGISTRAR OF MEDICAL SCHEMES

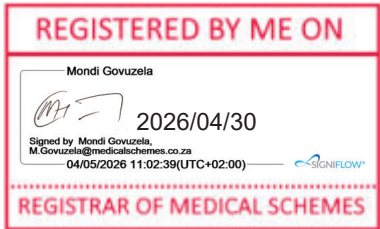
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Beneficiary every thirty-six (36) months of month of receipt of hearing aid(s); - One (1) CPAP, APAP, BIPAP or VPAP device (including accessories) of up to R8 761 per Beneficiary every thirty-six (36) months of month of receipt of device; - Three (3) pairs of compression stockings of up to R584 per pair per	

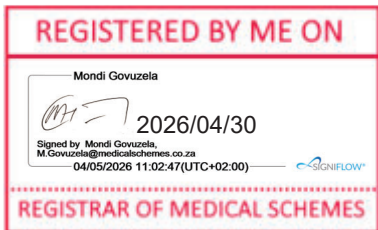
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Beneficiary per annum; - One (1) Pulse Oximeter of up to R467 per family per annum; and - One (1) knee and one (1) back brace of up to R3 499 per brace per Beneficiary per annum. Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to: - Limit of R59 531 per family per annum for devices (excluding	

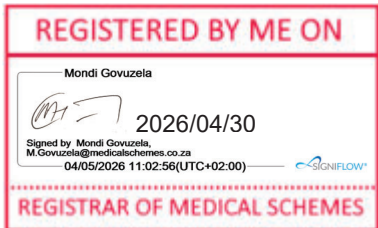
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			consumables, which are provided for in the chronic medication benefit (C6.2)); • Sub-limit of one (1) device per Beneficiary every sixty (60) months of month of receipt of device; and • Limited to type one (1) diabetics aged below nineteen (19) years.	
C17	Renal Dialysis Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

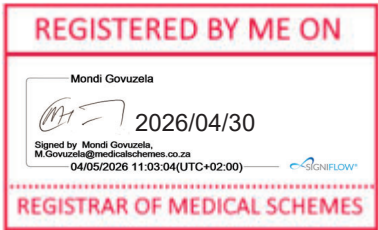
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Benefits) of the GEMS Rules.	• Subject to Renal Dialysis pre-authorisation and managed care protocols and processes. • Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30% per event shall apply in accordance with Network rules. • Includes materials and related pathology tests.
C18	HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to

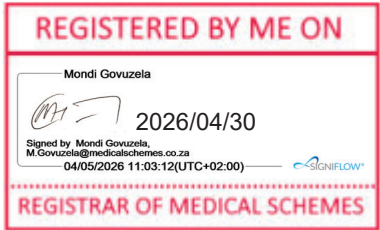
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				managed care protocols and processes.
C19	Mental Health Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists. 	100% of Scheme Rate, subject to PMBs.	Subject to: - Limit of R6 326 per Beneficiary per annum; - Sub-limit 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 managed care protocols and processes. - Subject to Network Family Practitioner Nomination and Specialist Referral Rules. - Services by Family Practitioners: Subject to nomination and use of a Network Family Practitioner; failing which, a 30% co-payment shall apply. - Services by Psychiatrists and Psychologists: Subject to referral by a Nominated

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			consultation per day.	Network Family Practitioner, or pre-authorisation; failing which, a 30% co-payment shall apply. If Out-of-Hospital treatment is offered as an alternative to hospitalisation, In-Hospital benefits (B1) shall apply.
C20	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	- 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

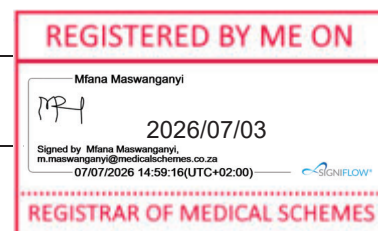
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				first R15 000 of the other facility's bill.
C21	Maternity Programme Ante- and post-natal care. 	100% of Scheme Rate, but subject to Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	- All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). - Subject to registration on Maternity Programme, and managed care protocols and processes. - If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C21: Maternity Programme) shall apply. - Includes: - Benefits defined in managed care protocols.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				○ 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. ○ Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C22	Emergency Assistance (Road and Air)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation. Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.	● 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.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C23	Circumcision 	100% of Scheme Rate.	Limited to global fee of R1 994 per Beneficiary per annum. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	- 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 / Nominated Network Family Practitioner. - Limit applies to: - All related costs, e.g. consultations, medication etc.; and - All post-op care within a month of procedure. - In-Hospital benefits shall apply for circumcisions performed in practitioners’ rooms.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C24	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 C24: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.

Legend:	
Scheme Rate	See Rule 4.38 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



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.