

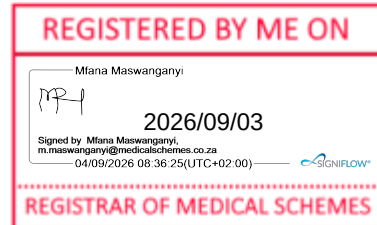
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)

ANNEXURE G

PRESCRIBED MINIMUM BENEFITS (“PMBs”)

1. Definitions

1.1 “Prescribed Minimum Benefits” / “PMBs”



The benefits contemplated in Section 29(1)(o) of the Act and consist of the provision of the diagnosis, treatment and care costs of —

1.1.1 the Diagnosis and Treatment Pairs listed in Annexure A of the Regulations, subject to any limitations specified therein; and

1.1.2 any emergency medical condition. (Reg. 7)

1.2 “Prescribed Minimum Benefit Condition”

A condition contemplated in the Diagnosis and Treatment Pairs listed in Annexure A of the Regulations or any emergency medical condition. (Reg. 7)

1.3 “Designated Service Providers” / “DSP”

A healthcare provider or group of providers, selected by the Scheme as preferred provider to provide to its Beneficiaries diagnosis, treatment and care in respect of one or more Prescribed Minimum Benefit Conditions. (Reg. 7)

The healthcare providers designated by the Scheme for the delivery of Prescribed Minimum Benefits (“PMBs”) to its Beneficiaries are listed in the table below, specified on the GEMS website and notified to Members from time to time:

PMB Services	Tanzanite One	Beryl	Ruby	Emerald	Emerald Value	Onyx
In-Hospital Hospitals	State GEMS Hospital Network	State	State GEMS Hospital Network	State	State GEMS Hospital Network	State
In-Hospital Doctors	State GEMS Network Providers	State GEMS Network Providers	State GEMS Network Providers	State GEMS Network Providers	State GEMS Network Providers	State GEMS Network Providers
Out-of-Hospital	State GEMS Network Providers	State GEMS Network Providers	State GEMS Network Providers	State GEMS Network Providers	State GEMS Network Providers	State GEMS Network Providers
Chronic Medicine Pharmacy	State GEMS Chronic Medicine Courier Pharmacy GEMS Chronic Medicine Pharmacy Network	State GEMS Chronic Medicine Courier Pharmacy GEMS Chronic Medicine Pharmacy Network	State GEMS Chronic Medicine Courier Pharmacy GEMS Chronic Medicine Pharmacy Network	State GEMS Chronic Medicine Courier Pharmacy GEMS Chronic Medicine Pharmacy Network	State GEMS Chronic Medicine Courier Pharmacy GEMS Chronic Medicine Pharmacy Network	State GEMS Chronic Medicine Courier Pharmacy GEMS Chronic Medicine Pharmacy Network
Emergency Medical Services	GEMS Emergency Medical Services Network	GEMS Emergency Medical Services Network	GEMS Emergency Medical Services Network	GEMS Emergency Medical Services Network	GEMS Emergency Medical Services Network	GEMS Emergency Medical Services Network
Alcoholism, Drug Dependency and Infertility	State	State	State	State	State	State

The aforementioned healthcare providers shall for the purposes of the GEMS Rules be referred to as “**Designated Service Providers**”.

2. Prescribed Minimum Benefits obtained from Designated Service Providers

100% of the contracted rate in respect of diagnosis, treatment and care costs of Prescribed Minimum Benefit Conditions, if those services are obtained from a DSP.

3. Prescribed Minimum Benefits voluntarily obtained from other providers

If a Beneficiary voluntarily obtains diagnosis, treatment and care in respect of a Prescribed Minimum Benefit Condition from a healthcare provider other than a DSP, the benefit payable in respect of such service shall be the Scheme Rate as defined in Rule 4.38, where a DSP exists. Where a DSP does not exist, the benefit payable in respect of such service shall be 100% of the cost.

4. Prescribed Minimum Benefits involuntarily obtained from other providers

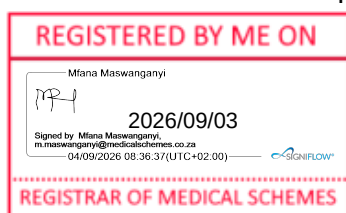
4.1. If a Beneficiary involuntarily obtains diagnosis, treatment and care in respect of a Prescribed Minimum Benefit Condition from a healthcare provider other than a DSP, the Scheme shall pay 100% of the cost in relation to those Prescribed Minimum Benefit Conditions.

4.2. For the purposes of paragraph 4.1 above, a Beneficiary shall be deemed to have involuntarily obtained a service from a healthcare provider, other than a DSP, if:

4.2.1. The service was not available from the DSP or would not be provided without unreasonable delay;

4.2.2. Immediate medical or surgical treatment for a Prescribed Minimum Benefit Condition was required under circumstances or at locations which reasonably precluded the Beneficiary from obtaining such treatment from a DSP; or

4.2.3. There was no DSP within reasonable proximity to the Beneficiary's ordinary place of business or personal residence.



- 4.3. Except in the case of an emergency medical condition, a Member shall notify the Scheme prior to him/her or any of his/her Dependants involuntarily obtaining a service from a healthcare provider other than a DSP in terms of this paragraph 4.3, to enable the Scheme to confirm that the circumstances contemplated in paragraph 4.2 above are applicable.
- 4.4. If a Member fails to notify the Scheme in accordance with paragraph 4.3 above, the benefit payable in respect of such service shall be the Scheme Rate as defined in Rule 4.38.

5. Medication

- 5.1. Where a PMB includes medication, the Scheme shall pay 100% of the cost of that medication if that medication is obtained from a DSP or is involuntarily obtained from a healthcare provider other than a DSP, *and*

5.1.1. the medication is included on the applicable formulary in use by the Scheme; or

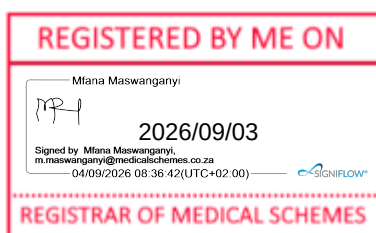
5.1.2. the formulary does not include a drug that is clinically appropriate and effective for the treatment of that Prescribed Minimum Benefit Condition.

- 5.2. Where a PMB includes medication, a co-payment of 30% of the cost of the medicine and its supply shall apply if –

5.2.1. that medication is voluntarily obtained from a healthcare provider other than a DSP; and/or

5.2.2. the formulary includes a drug that is clinically appropriate and effective for the treatment of a Prescribed Minimum Benefit Condition suffered by a Beneficiary, and that Beneficiary knowingly declines the formulary drug and opts to use another drug instead,

and in the event of 5.2.1. and 5.2.2. above being applicable, the cumulative co-payment which becomes payable shall be 30%.



6. Prescribed Minimum Benefits obtained from a public hospital

Notwithstanding anything to the contrary contained in these rules, the Scheme shall pay 100% of the costs of PMBs obtained in a public hospital, without limitation.

7. Diagnostic tests for an unconfirmed PMB diagnosis

Where diagnostic tests and examinations are performed but do not result in confirmation of a PMB diagnosis, except for an emergency medical condition, such diagnostic tests or examinations are not considered to be a PMB.

8. Co-payments

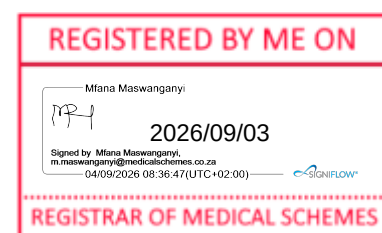
Co-payments in respect of the costs for PMBs may not be paid out of Personal Medical Savings Accounts.

9. Chronic Conditions

Any benefit option covers the full cost for services rendered in respect of the PMBs, which includes the diagnosis, medical management and medication to the extent that it is provided for in terms of a therapeutic algorithm as prescribed for the specified chronic conditions.

The list of chronic conditions which are PMBs include:

DIAGNOSIS	
1.	Addison's Disease
2.	Asthma
3.	Bi-polar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy Disease
7.	Chronic Renal Disease



8.	Coronary Artery Disease
9.	Chronic Obstructive Pulmonary Disorder
10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Mellitus Type 1
13.	Diabetes Mellitus Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS
19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Schizophrenia
25.	Ulcerative Colitis
26.	Rheumatoid Arthritis
27.	Systemic Lupus Erythematosus

