

REGISTERED BY ME ON

2024/06/14

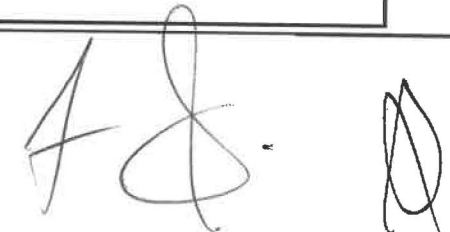
REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C 2024

ONYX

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

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none">As provided for in Annexure G of the 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:<ul style="list-style-type: none">a Designated Service Provider ("DSP") for that condition;



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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ Authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and ▪ The Act.

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				<ul style="list-style-type: none"> This Rule supersedes all other benefit provisions in this Annexure.
B	IN-HOSPITAL BENEFITS		No overall limit. Sub-limits as provided for.	
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities 1. Accommodation in a general ward, high care ward and intensive care unit; 2. Theatre fees; 3. Medicines, materials and hospital equipment	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical

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REGISTRAR OF MEDICAL SCHEMES

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	<p>(includes bone cement for prostheses); and</p> <p>4. Neonatal care.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>Condition), failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> • In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply. • Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols.

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B2	<p>Maternity</p> <p>Hospital, home birth or registered birthing unit.</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Unlimited, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. 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

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B3	<p>Family Practitioner Services Consultations and visits.</p>	<p>100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners.</p>	<p>Unlimited. Reimbursement according to the Scheme-approved tariff file.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p>
B4	<p>Specialist Services Consultations and visits.</p>	<p>100% of Scheme Rate for non-Network Specialists.</p>	<p>Unlimited.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p>

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		130% of Scheme Rate for Network Specialists.	Reimbursement as per Scheme-approved tariff file.	
B5	<p>Surgical Procedures</p> <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of Scheme Rate.</p> <p>200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.</p>	<p>Unlimited.</p> <p>Refer to Annexure E of the GEMS Rules.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorization, managed care protocols and processes. • Includes: <ul style="list-style-type: none"> ○ Hospital procedures performed in practitioners' rooms, as approved by the Scheme; ○ Maxillofacial Surgery; and ○ Surgical removal of impacted teeth (In-

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				Hospital and Out-of-Hospital).
B6	<p>Dentistry</p> <p>Conservative, Restorative and Specialized Dentistry.</p> <p>Surgical Procedures.</p> <div data-bbox="456 695 826 922" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	<p>Professional fees, subject to shared limits with C3: Dental Services.</p> <p>Hospital cost included in hospital benefit (B1).</p> <p>Dental Sealants:</p> <p>Excluded under B6: Dentistry and C3: Dental Services, but included under C10: Preventative Care Services for Beneficiaries under 18 years of age.</p> <p>Refer to Annexure E (Exclusions and</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorization, managed care protocols and processes, list of approved services, and use of Day Theatres. • General Anaesthesia and Conscious Sedation: Only applicable to Beneficiaries:- <ul style="list-style-type: none"> ○ up to and including the age of six (6) years; or ○ with severe trauma,

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B7	Basic Radiology X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
B8	Advanced Radiology <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Shared limit with C5: Advanced Radiology of R35 490 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). 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.

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				<ul style="list-style-type: none"> Subject to managed care protocols and processes.
B9	Pathology <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis.
B10	Blood Services	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Includes cost of blood, blood equivalents, blood products and the transport thereof.

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				<ul style="list-style-type: none"> Includes erythropoietin.
B11	Physiotherapy <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Limited to R6 380 per Beneficiary per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to pre-authorisation, managed care protocols and processes, and services being related to admission diagnosis.
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C1.9: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R6 734 per Beneficiary per event,	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to pre-authorisation, and managed care protocols and processes.

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			utilised within sixty (60) days of surgery.	
B13	Organ and Tissue Transplants <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Limit of R788 624 per Beneficiary per annum. Sub-limit of R26 770 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to hospital pre- authorisation, managed care protocols and processes, and use of facility as per B1. • Limit includes all costs associated with the transplant, including materials and immunosuppressants. • Authorised erythropoietin is included in limits listed in B10: Blood Services.

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				<ul style="list-style-type: none"> Organ harvesting is limited to the Republic of South Africa, except for cornea tissue.
B14	<p>Prostheses</p> <p>This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> Shared limit with C7: Medical and Surgical Appliances and Prostheses of R72 489 per family per annum for Medical and Surgical Appliances and Prostheses generally, plus R72 489 per family per annum for Joint Revisions only; and Shared sub-limits with C7: Medical 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Scheme may obtain competitive quotes or arrange supply of prosthesis. Bone cement paid from B1, subject to hospital pre-authorization. Foot orthotics and prosthetics, subject to formulary, managed care protocols and processes.

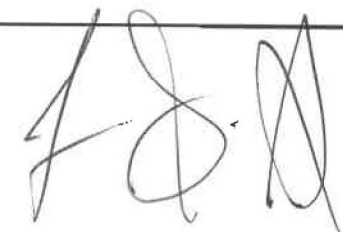
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 REGISTRAR OF MEDICAL SCHEMES

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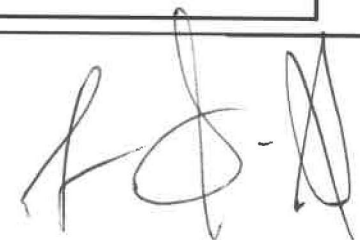
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			Beneficiary per annum.	
B15	Emergency Services (Casualty Department) <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs (Emergency Medical Condition, as defined in Section 4 of the main body and Annexure G of the GEMS Rules.).	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of facility as per B1, or other registered emergency facility. • Subject to hospital authorisation, managed care protocols and processes. • Cost to be defrayed from C1.1: Family Practitioner (FP) Services, for non-PMB and unauthorised events.
B16	Renal Dialysis In-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R337 974 per Beneficiary per annum for chronic dialysis.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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B17	Oncology (Chemo and Radiotherapy) In- and Out-of-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R621 051 per family per annum. Sub-limit of R419 769 per family for biological	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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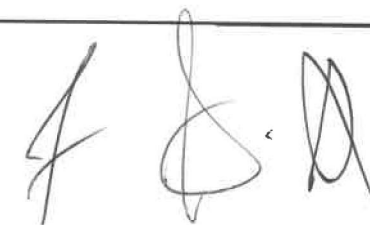


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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced or metastatic solid organ malignant tumours, unless pre-authorized in accordance with paragraph 9.1.13.6 of Annexure E (Exclusions and Limitations) of GEMS Rules.
B18	<p>Mental Health</p> <p>Accommodation, theatre fees, medicine, hospital equipment, and professional fees of Family Practitioners, Psychiatrists, and Psychologists.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> Limit of R49 681 per family per annum; Shared sub-limit with C1.10: Mental Health of R2 752 per family per 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorization, managed care protocols and processes.

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B19	<p>Alternatives to Hospitalisation</p> <p>1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing.</p>	<p>1. 100% of Scheme Rate, subject to PMBs.</p>	<p>1. Unlimited, subject to PMB legislation.</p>	<ul style="list-style-type: none"> • 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.

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	2. Hospice. <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	2. 100% of cost, but subject to PMB legislation.	2. Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • Includes home nursing, but subject to managed care protocols and processes. • Excludes Frail Care and recuperative holidays. • Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.
B20	Medical Technologists	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to hospital pre-authorization and case management. • Includes materials.
B21	Breast Reductions	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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				<ul style="list-style-type: none"> Subject to pre-authorisation, managed care protocols and processes.
B22	<p>Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.</p> <div data-bbox="465 850 840 1078" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2024/06/14</p> <hr style="border-top: 1px dashed red; margin: 5px 0 0 0;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> 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. Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorisation, managed care protocols and processes.



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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B23	<p>Other Professional Health Services</p> <p>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.</p> <div data-bbox="477 644 848 873" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	<p>Shared limit as per C1: Day-to-Day Block Benefit; and</p> <p>Sub-limit of R1 579 per family per annum for Social Workers and Registered Counsellors, shared between B23: Other Professional Health Services and C1.7: Other Professional Health Services.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre- authorisation, managed care protocols and processes. • Subject to managed care protocols and processes, and services being related to admission diagnosis.
B24	<p>Alcohol and Drug Dependencies</p>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre- authorisation of DSP facility, managed

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p>
C	OUT-OF-HOSPITAL BENEFITS			
C1	<p>Day-to-Day Block Benefit</p> <ol style="list-style-type: none"> 1. Family Practitioner Services; 2. Specialist Services; 3. Basic Radiology; 4. Pathology; 5. Allied Health Services; 6. Other Professional Health Services; 7. Physiotherapy; 	<p>100% of Scheme Rate.</p>	<p>Limit of R24 831 per family, and R12 415 per Beneficiary, per annum, shared between B22: Allied Health Services, B23: Other Professional Health Services, C1.1 and C1.3 – C1.12.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Benefit is pro-rated from date of admission of Beneficiary to end of financial year.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	8. Occupational Therapy; 9. Speech Therapy; 10. Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy; 11. Mental Health; 12. Maternity (where not covered under C2: Maternity Programme); and 13. Female Contraceptives.	<div style="border: 1px solid red; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		
C1.1	Family Practitioner (FP) Services Consultations, visits and all other Family Practitioner services not specifically	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Benefit covers consultations, visits and approved minor procedures at Family Practitioners, subject to

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	<p>provided for otherwise in this Annexure</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.</p>		<p>medical necessity and managed care protocols and processes.</p> <ul style="list-style-type: none"> Limit is pro-rated from date of admission of Member to end of financial year.
C1.2	<p>Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Payable from Risk. One (1) additional Family Practitioner consultation at DSP/Network provider, once Block Benefit is exhausted.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). The additional Family Practitioner consultation at a DSP/Network provider is subject to pre-authorisation, managed care protocols and processes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C1.3	<p>Specialist Services</p> <p>Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.</p> <div data-bbox="465 611 837 837" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of Scheme Rate for non-Network Specialists.</p> <p>130% of Scheme Rate for Network Specialists.</p> <p>200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.</p> <p>Reimbursement at 200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.</p>	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p>	<ul style="list-style-type: none"> • 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.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C1.4	<p>Basic Radiology</p> <p>X-rays and soft tissue ultrasound scans.</p> <div data-bbox="472 564 846 794" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Includes 2 x 2D ultrasound scans per pregnancy provided for by C2: 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.
C1.5	<p>Pathology and Medical Technology</p>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes.

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				<ul style="list-style-type: none"> Includes liquid-based cytology and Hr-HPV DNA pap smears.
C1.6	<p>Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.</p> <div data-bbox="465 842 837 1070" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2024/06/14</p> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Includes medicines prescribed by the Allied Health professionals listed in this C1.6: Allied Health Services. Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorisation, managed care protocols and processes.

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C1.7	<p>Other Professional Health Services</p> <p>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.</p> <div data-bbox="461 644 835 873" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	<p>Shared limit as per C1: Day-to-Day Block Benefit; and</p> <p>Sub-limit of R1 579 per family per annum for Social Workers and Registered Counsellors, shared between B23: Other Professional Health Services and C1.7: Other Professional Health Services.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Includes medicines prescribed by the health professionals listed under this C1.7: Other Professional Health Services. • Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre- authorisation, managed care protocols and processes.
C1.8	<p>Physiotherapy, Occupational Therapy and Speech Therapy</p>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> Physiotherapy, Occupational Therapy and Speech Therapy performed In-Hospital, or in lieu of hospitalisation, shall be paid from B1, subject to managed care protocols and processes.
C1.9	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R6 734 per	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorization and managed care protocols and processes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Beneficiary per event, utilised within sixty (60) days of surgery.	
C1.10	<p>Mental Health</p> <p>Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.</p> <div data-bbox="472 834 846 1062" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> • Shared limit as per C1: Day-to-Day Block Benefit; • Shared sub-limit with B18: Mental Health of R2 752 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual Psychologist 	<ul style="list-style-type: none"> • 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 alternative to hospitalisation, In-Hospital benefits (B1) shall apply.

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>consultation and one (1) group Psychologist consultation per day.</p>	
C1.11	<p>Maternity Ante- and post-natal care</p>	100% of Scheme Rate.	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p> <p>Ante-natal visits, where not accessed under Maternity Programme.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C1.12	<p>Female Contraceptives: Oral, insertables, injectables and dermal.</p>	100% of Scheme Rate.	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p> <p>Sublimit of R4 500 per family per annum.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols, formulary and processes.

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C2	<p>Maternity Programme Ante- and post-natal care.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, but subject to Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, C1.11: Maternity shall apply. • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols. ○ 2 x 2D ultrasounds per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>scan shall be funded up to the cost of a 2D scan.</p> <ul style="list-style-type: none"> ○ Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C3	<p>Dental Services</p> <p>Conservative and Restorative Dentistry (includes plastic dentures);</p> <p>Special Dentistry (includes metal-base dentures): and</p> <p>Surgical Procedures.</p>	100% of Scheme Rate.	<p>Shared limit with B6: Dentistry of R11 769 per Beneficiary per annum, provided that:</p> <ul style="list-style-type: none"> ○ Panoramic X-rays are limited to one (1) per Beneficiary every three (3) years; ○ Bitewing X-rays are limited to six (6) per Beneficiary per annum; 	<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). ● Subject to managed care protocols and processes. ● Conscious Sedation: Only applicable to Beneficiaries:- <ul style="list-style-type: none"> ○ up to and including the age of nine (9) years; or ○ with severe trauma,

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> ○ 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. <p>Dental Sealants: Excluded under B6: Dentistry and C3: Dental Services, but included under C10: Preventative Care Services for</p>	<p>subject to pre-authorization, managed care protocols and processes.</p> <ul style="list-style-type: none"> ● In respect of Conservative and Restorative Dentistry: <ul style="list-style-type: none"> ○ Panoramic, Bitewing and Periapical X-rays included. ● In respect of Special Dentistry: <ul style="list-style-type: none"> ○ No pre-authorization required for metal-base dentures. ● Implant crowns, bridges, and dentures, subject to pre-authorization.

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Beneficiaries under 18 years of age.</p> <p>Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.</p>	<ul style="list-style-type: none"> Dental services classified as conservative, restorative and specialised per tariff code.
C4	Prescribed Medication and Injection Material			<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so. Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL). Subject to Annexure E (Exclusions and Limitations) of GEMS Rules.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>1. Acute Medical Conditions.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>2. Chronic Medical Conditions listed in DTP PMB, DTP CDL and Annexure D of the GEMS Rules</p>	<p>1. 100% of Scheme Rate.</p> <p>2. 100% of Scheme Rate, subject to PMBs.</p>	<p>1. Limit of R22 340 per family, and R7 976 per Beneficiary, per annum, and sub-limit of R706 per family per annum for homeopathic medicine.</p> <p>2. Unlimited for PMB chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the</p>	<p>1. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, formulary and processes. • Prescription by a healthcare professional, legally entitled to do so. • A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine, where Formulary exists. • Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> • Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>GEMS Rules, but subject to PMB legislation and the following, which exceed PMB level of care:</p> <ul style="list-style-type: none"> • Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to: <ul style="list-style-type: none"> ○ Limit of R27 078 per Beneficiary per annum for consumables (excluding devices, which are provided for under C7: Medical and Surgical Appliances and Prostheses); and 	<p>by a healthcare professional legally entitled to do so.</p> <ul style="list-style-type: none"> • 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. • A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of non-Chronic Medicine Pharmacy DSP, as provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules. • Chronic Medical Conditions listed in PMB DTP, PMB CDL

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> ○ Limited to type one (1) diabetics aged below eighteen (18) years. <p>Limit of R49 681 per family, and R24 238 per Beneficiary, per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules.</p> <p>No benefit for non-PMB chronic conditions not listed in Annexure D of the GEMS Rules.</p>	<p>and Annexure D of the GEMS Rules, shall be paid from limit for non-PMB chronic conditions listed in Annexure D of the GEMS Rules; and once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation. However, consumables for Continuous Glucose Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged below eighteen (18) years shall not be paid from the aforementioned limit, but from the consumable limit for Continuous Glucose Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged</p>

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	<div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>3. Self-Medication: Over-the-Counter (OTC) Medicine.</p>	<p>3. 100% of Scheme Rate.</p>	<p>3. Subject to acute medicine benefit limit (C4.1), event limit of R397 per Beneficiary, annual Beneficiary limit of R1 454, and a limit of R2 408 per family per annum.</p>	<p>below eighteen (18) years only.</p> <ul style="list-style-type: none"> • Includes benefit for life threatening allergies, payable from Risk, and subject to managed care protocols, formulary and processes. <p>3. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, Formulary and processes. • Only SAHPRA-registered schedule 0, 1 and 2 medicines payable from the OTC benefit.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	4. Prescribed medication from hospital stay (TTO). <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	4. 100% of Scheme Rate.	4. Shared limit with acute medication benefit limit (C4.1). Payable from Risk, once acute medication benefit limit (C4.1) is exhausted.	4. Subject to the following: <ul style="list-style-type: none"> • TTO limited to seven (7) days.
C5	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R35 490 per family per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Advanced Radiology pre-authorisation, managed care protocols and processes. • Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans,

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				PET scans, MRI scans and Radio-isotope studies.
C6	<p>Optical Services</p> <ol style="list-style-type: none"> 1. Eye examinations; 2. Frames, lenses and contact lenses (permanent and disposable); and 3. Refractive eye surgery. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	<p>Limited to R6 724 per family per financial year, starting on 01 January and ending on 31 December of the same year ("Family Financial Cycle").</p> <p>Further limited to R3 498 per Beneficiary for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected Beneficiary following the</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • All Optical services included in benefit. • Subject to the 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 and proven photophobia, subject to pre-authorisation.

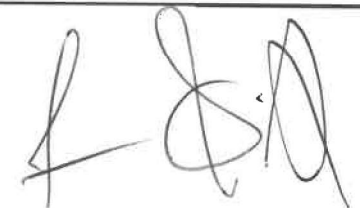
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>end of such previous two (2) year period (if any) ended on 31 December ("Beneficiary Financial Cycle"), subject to frames not exceeding R2 529.</p> <p>For Beneficiaries with Keratoconus, the family and Beneficiary limits specified hereinabove shall be subject to an additional optometry booster benefit of R2 630 per family per annum for scleral contact lenses.</p> <p>Limited to:</p>	<ul style="list-style-type: none"> • Excludes variable tint and photochromic lenses. • Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.

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C7	<p>Medical and Surgical Appliances and Prostheses</p> <p>Includes Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulisers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics, External Prostheses, Compression Stockings,</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>All medical and surgical appliances and prostheses (save for Continuous Glucose Monitors (CGM) and Insulin Pumps): Subject to:</p> <ul style="list-style-type: none"> Shared limit with B14: Prostheses of R72 489 per family per annum for 	<ul style="list-style-type: none"> 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

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	<p>Continuous Glucose Monitors (CGM) and Insulin Pumps.</p> <p>Applicable In- and Out-of-Hospital.</p> <div data-bbox="461 549 835 775" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Medical and Surgical Appliances and Prostheses generally; and</p> <ul style="list-style-type: none"> • Sub-limit of R24 234 per family per annum for C7: Medical and Surgical Appliances and Prosthesis, with further, shared sub-limits with B14: Prostheses of: <ul style="list-style-type: none"> ○ R5 893 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 684 	<p>the chronic medication benefit (C4.2).</p> <ul style="list-style-type: none"> • 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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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>per Beneficiary per annum for orthotic shoes, foot/shoe/ankle inserts and levelers;</p> <ul style="list-style-type: none"> o R670 for crutches per Beneficiary per annum; o One (1) wheelchair of up to R7 377 per Beneficiary every twenty-four (24) months of month of receipt of wheelchair; o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up 	

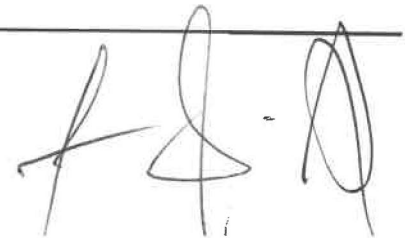
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>to R10 729 per hearing aid per Beneficiary every thirty-six (36) months of month of receipt of hearing aid(s);</p> <ul style="list-style-type: none"> o One (1) CPAP device of up to R12 742 per Beneficiary every thirty-six (36) months of month of receipt of device; o Three (3) pairs of compression stockings of up to R558 per pair per 	

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C8	<p>Renal Dialysis</p> <p>Out-of-Hospital</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Limited to PMBs.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> • 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.
C9	<p>Screening Services</p> <p>Including:</p> <p>Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing,</p>	100% of Scheme Rate.	<p>Payable from Risk.</p> <p>All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • All subject to managed care protocols and processes.

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	Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism, Mammogram, and other screenings according to evidence-based standard practice.	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> • 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. • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.



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C10	<p>Preventative Care Services</p> <p>Includes:</p> <ol style="list-style-type: none"> 1. All Vaccinations; 2. Dental Sealants; and 3. Dental Polishing. <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	<p>Paid from Risk.</p> <p>Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum.</p> <p>Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five (5) years for Beneficiaries at risk in accordance with managed care protocols.</p> <p>HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime.</p>	<ul style="list-style-type: none"> • 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.

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C11	HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes. • Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.
C12	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to pre-authorisation of facility and service(s), managed care protocols and processes, and use of a DSP (i.e. State or Network) facility;

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				failing which, the Scheme shall not be liable to fund the first R15 000 of the other facility's bill.
C13	Emergency Assistance (Road and Air) <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/06/14</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of Emergency Medical Services DSP, and managed care protocols and processes.
C14	Circumcision	100% Scheme Rate.	Global fee of R1 906 per Beneficiary per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation of facility and services, and managed care protocols and processes.

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C15	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to registration on Chronic Back and Neck Rehabilitation Programme,

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Legend:	
Scheme Rate	See Rule 4.36 of the GEMS Rules.
CDL	Chronic Disease List
Chronic DSP	Chronic Designated Service Provider. Subject to Annexure G of the GEMS Rules.

DTP	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.	
PDF	Professional Dispensing Fee	<div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>
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.

