

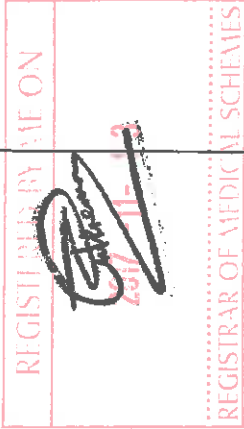


**ANNEXURE C 2018**

**SAPPHIRE**

**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	CONDITIONS/REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)	100% of cost, but subject to PMB legislation.	Unlimited.	<ul style="list-style-type: none"> <li>As provided for in Annexure G of the Rules.</li> <li>This rule supercedes all other benefit provisions in this Annexure.</li> <li>Services rendered by DSP.</li> </ul>
B	IN-HOSPITAL BENEFITS	100% of Scheme Rate.	Subject to overall annual hospital limit of R 208 237 per family per annum and such sub-limits as provided for.	<ul style="list-style-type: none"> <li>Service rendered by DSP.</li> <li>Chronic Medicine provided by Chronic DSP.</li> <li>As provided for in Annexure G of the Rules.</li> </ul>
B1	Public Hospitals and GEMS-	100% of Scheme	Subject to annual	<ul style="list-style-type: none"> <li>Authorisation shall be obtained</li> </ul>

Approved Registered Unattached Theatres and Day Clinics:	Rate.	hospital limit.	from the Scheme's managed care service provider at least 48 hours before a beneficiary is admitted to a hospital or day clinic (except in the event of an emergency medical condition) failing which a co-payment of R1 000 per admission shall apply.
<ol style="list-style-type: none"> <li>Accommodation in a general ward, high care ward and intensive care unit</li> <li>Theatre fees</li> <li>Medicines, materials and hospital equipment (includes bone cement for prostheses)</li> <li>Neonatal care</li> </ol>			<ul style="list-style-type: none"> <li>In the event of an admission for an emergency medical condition the Scheme shall be notified of such admission within one working day after the admission failing which the co-payment shall apply.</li> <li>All in-hospital treatment and services are subject to pre-authorisation, managed care protocols and processes.</li> <li>TTO limited to 7 days.</li> </ul>





B2	<p><b>Public Hospitals and Designated Private Hospitals:</b></p> <p><b>Maternity Benefits</b></p> <p><b>Post discharge complications of a new born</b></p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>No limit per maternity confinement event, but subject to PMBs.</p> <p>Hospitalisation in designated private hospitals for post discharge complications of a newborn limited to 6 weeks, subject to PMBs.</p>	<ul style="list-style-type: none"> <li>• Subject to registration on the Scheme's Maternity Management Programme prior to admission and managed care protocols and process.</li> <li>• Authorisation shall be obtained from the Scheme's managed care provider at least 48 hours before a beneficiary is admitted to a hospital (except in the event of an emergency medical condition) failing which a co-payment of R1 000 per admission shall apply.</li> <li>• In the event of an admission for an emergency medical condition the Scheme shall be notified of such admission within one working day after the admission failing which the co-payment shall apply.</li> <li>• Elective Caesarian Sections may</li> </ul>
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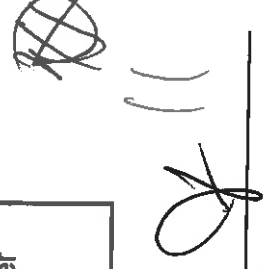
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	<p style="text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2017 -11</p> <p style="text-align: center;"></p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p>			<p>be subjected to second opinion and managed care protocols.</p> <ul style="list-style-type: none"> <li>Benefit includes midwife services.</li> <li>Subject to PMBs.</li> </ul>
<p><b>B3</b></p>	<p><b>Family Practitioner Services</b></p> <p>Consultations and visits</p>	<p>100% of Scheme Rate.</p>	<p>Subject to annual hospital limit.</p> <p>Reimbursement according to the Scheme approved tariff file.</p>	<ul style="list-style-type: none"> <li>Subject to hospital pre-authorisation and use of facility as per (B1).</li> <li>Reimbursement rate applicable to both caesarian delivery and non-caesarian delivery.</li> </ul>
<p><b>B4</b></p>	<p><b>Specialist Services</b></p> <p>Consultations and visits</p>	<p>100% of Scheme Rate for non-network providers.</p> <p>130% of Scheme Rate for established Network Specialists.</p>	<p>Subject to annual hospital limit.</p> <p>Reimbursement according to Scheme approved tariff file.</p>	<ul style="list-style-type: none"> <li>Subject to hospital pre-authorisation and use of facility as per (B1).</li> </ul>
<p><b>B5</b></p>	<p><b>Surgical Procedures</b></p>	<p>100% of Scheme Rate.</p>	<p>Subject to annual hospital limit</p> <p>Maxillo-Facial</p>	<ul style="list-style-type: none"> <li>Subject to pre-authorisation, case management and use of facility as</li> </ul>

  
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			<p>surgery subject to an annual sub-limit of R20 823 per family. Refer to Annexure 'E'.</p>	<p>per (B1).</p> <ul style="list-style-type: none"> <li>Excludes Osseo-integrated Implants, implant related procedures and Orthognatic Surgery.</li> </ul>
<p><b>B6</b></p>	<p><b>Dentistry</b> Conservative and restorative dentistry subject to managed care protocols and processes.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;"><i>[Signature]</i> 11-13</p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of Scheme Rate.</p>	<p>Subject to annual hospital limit and out-of-hospital dentistry limit. Limited to PMBs. Refer to Annexure 'E'.</p>	<ul style="list-style-type: none"> <li>Only applicable to beneficiaries under the age of 6 years, severe trauma and impacted third molars.</li> <li>Subject to pre-authorisation, list of approved services and use of Day Theatres and DSP hospitals.</li> <li>Excludes Osseo-integrated implants, all implant-related procedures, Orthognatic Surgery and specialised dentistry.</li> <li>Services classified as conservative and restorative per tariff code.</li> </ul>

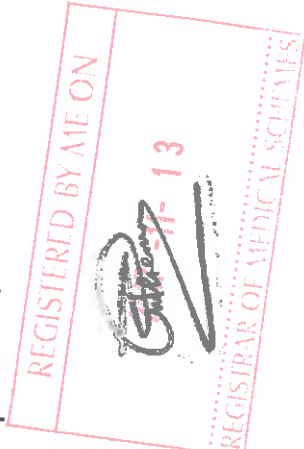


B7	<b>Basic Radiology</b>	100% of Scheme Rate.	Subject to annual hospital limit.	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes and the use of facility as per (B1).</li> <li>• Includes 2x2D ultrasound scans per pregnancy.</li> </ul>
B8	<b>Advanced Radiology</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to specific pre-authorisation, managed care protocols and processes, use of facility as per (B1) and list of approved services.</li> </ul>
B9	<b>Pathology</b>	100% of Scheme Rate.	Subject to annual hospital limit.	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes and use of facility as per (B1).</li> </ul>
B10	<b>Blood Transfusions</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and use of facility as per (B1).</li> <li>• Includes cost of blood, blood equivalents, blood products and the transport thereof.</li> </ul>

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<p>implanted), including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices.</p>		<p>and annual hospital limit.</p> <p>Shared sub-limits with out-of-hospital prosthetics and appliances:</p> <ul style="list-style-type: none"> <li>• R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per annum;</li> <li>• R500 for crutches per beneficiary per annum;</li> <li>• R5 500 for</li> </ul>	<ul style="list-style-type: none"> <li>• Once the limit is depleted, the benefit is unlimited for PMBs.</li> <li>• Bone cement paid from In-Hospital benefit subject to pre-authorisation.</li> <li>• Foot orthotics and prosthetics subject to formulary and managed care protocols and processes.</li> <li>• Subject to internal and external devices being related to admission diagnosis and procedure.</li> </ul> 
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			<p>wheelchairs per beneficiary per annum; and</p> <ul style="list-style-type: none"> <li>• R4 500 per hearing aid per beneficiary per annum.</li> </ul> <p>Subject to PMBs.</p>	
<b>B15</b>	<b>Emergency Services (Casualty Department)</b>	100% of cost, but subject to PMB legislation. Refer to Annexure G.	Limited to PMBs (emergency medical condition as defined in the rules).	<ul style="list-style-type: none"> <li>• Subject to use of facility as per (B1) or other registered emergency facility.</li> <li>• Subject to authorisation and managed care protocols and processes.</li> </ul>
<b>B16</b>	<b>Renal Dialysis</b> In -hospital Includes materials and related pathology tests.	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> <li>• Subject to use of facility as per (B1) and clinical guidelines used</li> </ul>


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				in public facilities.
<b>B17</b>	<b>Oncology (Chemo and Radiotherapy)</b>	100% of cost, but subject to PMB legislation.	In and out-of-hospital and includes medicine and materials.  	<ul style="list-style-type: none"> <li>• Subject to pre-authorization and managed care protocols and processes.</li> <li>• Subject to Medicine Price List (MPL).</li> <li>• Subject to use of facility as per (B1) and clinical guidelines used in public facilities.</li> <li>• Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumors unless pre-authorized.</li> </ul>
<b>B18</b>	<b>Mental Health</b>	100% of cost, but subject to PMB legislation.	Accommodation, theatre fees, medicine, hospital equipment,	<ul style="list-style-type: none"> <li>• Subject to pre-authorization and managed care protocols and processes.</li> </ul>

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	professional fees of Family Practitioners, Psychiatrists and Psychologists. REGISTERED BY ME ON 2017 - 11  <small>DR. S. SATHYANARAYANAN, M.B.B.S., M.D., M.P.S., M.S., M.A.C.S., M.A.S.P.S.</small>			<ul style="list-style-type: none"> <li>• Subject to use of facility as per (B1).</li> <li>• Psychologist services are subject to the exclusion of educational and industrial psychologist services.</li> </ul>
<b>B19</b>	<b>Alternatives to Hospitalisation</b> Sub-acute Hospitals and Private Nursing.  Hospice	100% of Scheme Rate.  100% of cost, but subject to PMB legislation.	Subject to annual hospital limit and sub-limit of R20 823 per family per annum.  Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> <li>• Includes home nursing.</li> <li>• Excludes frail care.</li> </ul>
<b>B20</b>	<b>Medical Technologists</b> Includes materials	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to event pre-authorisation and use of facility as per (B1).</li> </ul>
<b>B21</b>	<b>Breast Reductions</b>		No benefit, unless PMB.	

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B22	<b>Allied Health Services:</b> Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counselors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.	100% of cost, but subject to PMB legislation. 	Limited to PMBs.	<ul style="list-style-type: none"> <li>Subject to referral by DSP/Network family practitioner, managed care protocols and use of facility as per (B1).</li> <li>Subject to services being related to admission diagnosis</li> </ul>
B23	<b>Alcohol and Drug Dependencies</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>Subject to pre-authorisation, managed care protocols and processes and use of DSP.</li> </ul>
C	<b>OUT-OF-HOSPITAL BENEFITS</b>			
C1	<b>Family Practitioner Services</b> 1. DSP/ Network providers	1. 100% of Scheme Rate.	1. Unlimited.	1. Benefit covers consultations and approved minor procedures at DSP/ Network providers, and subject to medical necessity and managed care protocols and




<p>2. Voluntary use of Out-of-Network providers</p> <p>3. Emergency medical conditions at DSP and involuntary use of non-DSP provider</p>	<p>2. 80% of Scheme Rate (20% member co-payment).</p> <p>3. 100% of cost, but subject to PMB legislation. Refer to Annexure G.</p> <p>4. Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of</p>	<p>2. Limited to three (3) visits per family per annum and R1 029 per event.</p> <p>3. Unlimited for PMB's, but subject to PMB legislation.</p>	<p>processes.</p> <p>2. Member must pay the claim and submit the claim with proof of payment for reimbursement.</p> <p>3. Treatment for emergency medical condition (as defined in the rules and Annexure G) at DSP or registered emergency medical facility.</p> <p>4. Subject to managed care protocols and processes. Refer to network family practitioner guide</p>
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		in-hospital.	
C2	<p><b>Screening Services:</b> Serum Cholesterol, Bone Density Scan, Pap Smear, Prostate Specific Antigen, Glaucoma screening, Serum Glucose, Occult Blood test, Thyrotropin (TSH) for Neonatal Hypothyroidism and Mammogram and other screening according to evidence based standard practice. Annually unless indicated otherwise.</p>	100% of Scheme Rate.	<p>Payable from risk.</p> <ul style="list-style-type: none"> <li>Pap smears include liquid based cytology.</li> <li>All subject to managed care protocols and processes.</li> <li>Neonatal Hypothyroidism screening test-TSH (Thyrotropin)- tariff 4507 only.</li> <li>Includes screening services provided in pharmacies.</li> </ul>
C3	<p><b>Preventative Care Services</b> Influenza Vaccination, HPV vaccination and Pneumococcal Vaccination. Annually unless indicated</p>	100% of Scheme Rate.	<p>Payable from risk</p> <ul style="list-style-type: none"> <li>Annual Influenza Vaccinations for beneficiaries at risk in accordance with managed care protocols</li> <li>Pneumococcal vaccines every five years for beneficiaries at risk in</li> </ul>

  
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	<p>otherwise.</p> 			<p>accordance with managed care protocols.</p> <ul style="list-style-type: none"> <li>• HPV vaccination for female beneficiaries.</li> <li>• All subject to managed care protocols and processes.</li> <li>• Includes preventative care services provided in pharmacies</li> </ul>
<p><b>C4 Specialist Services</b></p>		<p>100% of Scheme Rate for non-network providers.  130% of Scheme Rate for established Network Specialists.  Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in-</p>	<p>Subject to PMBs, Ante-natal visits subject to Maternity Programme Protocols.  (2 x 2D ultrasound scans for pregnancy subject to Basic Radiology C6).</p>	<ul style="list-style-type: none"> <li>• Subject to DSP/ Network family practitioner referral and managed care treatment plans, protocols and processes.</li> <li>• Pre-authorisation required for each visit, procedure or referral.</li> </ul>


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		<p>hospital.</p> <p>Reimbursement at 200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms.</p>		
<p><b>C4</b></p> <p><b>Dental Services</b></p> <ol style="list-style-type: none"> <li>1. Examinations</li> <li>2. Preventative treatment</li> <li>3. Conditions with pain and sepsis</li> <li>4. Fillings</li> <li>5. Clinically indicated dental services including extractions and emergency root canal procedures</li> </ol>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>1 and 2: Two treatment episodes per beneficiary per annum.</p> <p>3, 4, 5 and 6: Two events per beneficiary per annum</p> <p>subject to PMBs.</p>	<p>1 and 2: Subject to list of approved services, managed care protocols and processes and use of DSP.</p> <p>3, 4, 5, 6, and 7: Subject to list of approved services, managed care protocols and processes and use of DSP.</p> <p>Panoramic x-rays included.</p>	<p>1 and 2: Subject to list of approved services, managed care protocols and processes and use of DSP.</p> <p>3, 4, 5, 6, and 7: Subject to list of approved services, managed care protocols and processes and use of DSP.</p> <p>Panoramic x-rays included.</p>

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<p><b>C5</b></p>	<p><b>Prescribed Medication and Injection Material</b></p> <p>1. Acute Medical Conditions</p> <div style="text-align: center;">  </div>	<p>1. 100% of Scheme Rate</p>	<p>1. Unlimited, save for the limit of R 527 per family per annum for homeopathic medicine.</p>	<p>Prescribed by and administered by a professional legally entitled to do so.</p> <p>1. Subject to managed care protocols, formulary and processes and prescription by a DSP/ Network practitioner. Can be obtained from DSP/ Network dispensing practitioner or DSP/network pharmacy.</p> <p>Medication prescribed by a Specialist is only covered if the patient was referred to the specialist by a DSP/ Network practitioner and the visit pre-authorised. A 30% co-payment shall apply to voluntary use of out-of-formulary medicine and voluntary use of a Non-network pharmacy or non-DSP dispensing GP. The dispensing fee is as per the contracted network pharmacy rate. Benefit includes prescribed</p>
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	<p>2. Chronic Medical Conditions Limited to CDL and DTP PMB chronic conditions.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red;">REGISTERED BY AIE ON</p> <p style="text-align: center; color: red;">2017-11-13</p> <p style="text-align: center; color: red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>2. 100% of cost, but subject to PMB legislation.</p>	<p>2. Unlimited, but subject to PMB legislation.</p>	<p>maternity vitamin supplements.</p> <p>2. Subject to application, approval, formulary, Medicine Price List, managed healthcare protocols and processes and prescription by DSP practitioner. Medication prescribed by a Specialist is only covered if the patient was referred to the specialist by a DSP practitioner and the visit pre-authorised. Available from Chronic medicine pharmacy DSP. A 30% co-payment shall apply to voluntary use of out-of-formulary medicine and voluntary use of a Non-DSP.</p> <p>3. Subject to managed care protocols, formulary and processes and obtained from DSP</p>
<p>3. Self Medication Over-the-counter (OTC) medicine</p>	<p>3. 100% of Scheme Rate</p>	<p>3. Limited to R61 per event and five events and</p>	<p>3. Subject to managed care protocols, formulary and processes and obtained from DSP</p>	





			R312 per family per annum.	for minor ailments. Only MCC-registered schedule 0, 1 and 2 medicines payable from the OTC benefit.
C6	<b>Basic Radiology</b>  	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>• Subject to referral by DSP family practitioner and list of approved services.</li> <li>• Examinations requested by specialist are covered subject to the list of approved services, if patient was referred by DSP family practitioner, and the specialist visit pre-authorised.</li> <li>• Pre-authorisation required for certain examinations as per the managed care Radiology Request Form.</li> <li>• 2x2D ultrasound scans per pregnancy provided for by Maternity Programme (C19).</li> </ul>

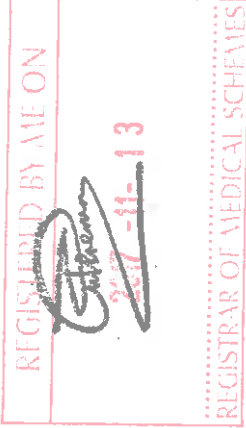
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C7	Advanced Radiology	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>Subject to specific pre-authorisation managed care protocols and processes and use of facility as per (B1).</li> </ul>
C8	Pathology 	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>Subject to referral by DSP family practitioner or other accredited service provider and subject to a list of approved tests.</li> <li>Pre-authorisation is required for certain tests as stipulated on the managed care Pathology Request Form.</li> <li>Tests requested by specialist are covered subject to the list of approved services, if patient was referred by DSP practitioner, and the specialist visit was pre-authorised.</li> </ul>
C9	Optical Services	100% of Scheme	Limited to R4 051 per family for every	<ul style="list-style-type: none"> <li>Subject to the use of Optometry</li> </ul>


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<p>Eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medication.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">REGISTERED BY ME ON</p>  <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Rate.</p>	<p>two financial years, calculated from 01 January of the year within which any Optical Service was first rendered to any Beneficiary following the end of such previous two-year period (if any) ended on 31 December ("Financial Cycle").</p> <p>Limited to:</p> <ul style="list-style-type: none"> <li>One eye examination per Beneficiary per 24-month period, calculated from the month within</li> </ul>	<p>Network.</p> <ul style="list-style-type: none"> <li>Acute medication to be prescribed by DSP Family Practitioner, subject to the Medicine Formulary.</li> <li>Optical benefit is not pro-rated irrespective of date of Beneficiary registration.</li> <li>Excludes variable tint and photochromic lenses.</li> <li>Includes tinted lenses, up to a tint of 35%, for members with albinism and proven photophobia, subject to pre-authorisation.</li> <li>Refer to Annexure E of the GEMS Rules for Optometry Exclusions.</li> </ul>
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		<p>which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and</p> <ul style="list-style-type: none"> <li>• One frame (subject to the approved list of frames) and one pair of either single vision lenses or bifocal lenses, or 4 x boxes of disposable contact lenses, or 1 set of permanent contact lenses,</li> </ul>	
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		<p>per Beneficiary per 24 month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Optical Appliance Cycle").</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p> <p>Post cataract surgery, Optical PMB entitlement shall be limited to</p>	
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			the cost of a bifocal lens, not exceeding R1 061 for both lens and frame, with a sublimit of R210 for the frame.	
<b>C10</b>	<b>Allied Health Services:</b> Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Physiotherapists, Social Workers, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>Subject to referral by DSP family practitioner and pre-authorisation.</li> </ul> 
<b>C12</b>	<b>Physiotherapy</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>Subject to referral by DSP family practitioner and pre-authorisation.</li> </ul>
<b>C13</b>	<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b>	100% of Scheme Rate	10 post-surgery physiotherapy visits (shared with in-	<ul style="list-style-type: none"> <li>Subject to pre-authorisation and managed care protocols and processes.</li> </ul>

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			hospital visits) up to a limit of R5 021 per beneficiary per event utilised within 60 days of surgery.	
<b>C14</b>	<b>Audiology, Occupational Therapy and Speech Therapy</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to referral by DSP family practitioner and managed care protocols.</li> </ul>
<b>C15</b>	<b>Medical and Surgical Appliances and Prostheses:</b> Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulizers, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses. Applicable in and out-of-hospital.	100% of Scheme Rate, subject to PMBs.	<p>All of the following are subject to PMBs:</p> <ul style="list-style-type: none"> <li>Limited to R6 245 per family with the following sub-limits (Shared sublimit with in-hospital prosthetics):</li> <li>• R4 407 per beneficiary for foot orthotics</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to prescription by a DSP practitioner, and managed care protocols and processes.</li> <li>• Foot orthotics and prosthetics subject to formulary and managed care protocols and processes.</li> </ul>

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and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per annum;

- R500 for crutches per beneficiary per annum;
- R5 500 for wheelchairs per beneficiary per annum; and
- R4 500 per hearing aid per beneficiary per annum.

Bilateral hearing



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			aids every 36 months.	
<b>C16</b>	<b>Renal Dialysis</b> Out-of-hospital Includes materials and related pathology tests 	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> <li>• Subject to use of Renal Dialysis Network DSP, failing which a co-payment of 15% per event shall apply in accordance with network rules.</li> </ul>
<b>C17</b>	<b>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to the Scheme's managed care protocols and processes.</li> <li>• Pre-exposure prophylaxis included for high risk Beneficiaries subject to the Scheme's managed care protocols and processes.</li> </ul>
<b>C18</b>	<b>Mental Health</b> Consultations, assessments, treatment and/or counseling by	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes and use of DSP/Network Family</li> </ul>

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	<p>Family Practitioner, Psychiatrist, Psychologist and Psychometrist.</p>			<p>Practitioner and Specialist Network.</p> <ul style="list-style-type: none"> <li>Psychologist services are subject to the exclusion of educational and industrial psychologist services.</li> </ul>
C19	<p>Infertility</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Limited to PMBs.</p>	<ul style="list-style-type: none"> <li>Subject to pre-authorization, managed care protocols and processes and use of DSP.</li> </ul>
C20	<p>Maternity Ante and post-natal care</p> <div data-bbox="957 1422 1212 1859" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>REGISTERED BY AIE ON</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">-11- 13</p> <p>REGISTRAR OF MEDICAL SCI</p> </div>	<p>100% of Scheme Rate</p>	<p>Subject to Maternity Programme Protocols.</p>	<ul style="list-style-type: none"> <li>Subject to referral from DSP/network family practitioner and managed care protocols.</li> <li>Includes benefits defined in managed care protocols paid from risk and 2x2D ultrasound scans per pregnancy.</li> <li>Subject to registration on Maternity Programme and managed care protocols and</li> </ul>

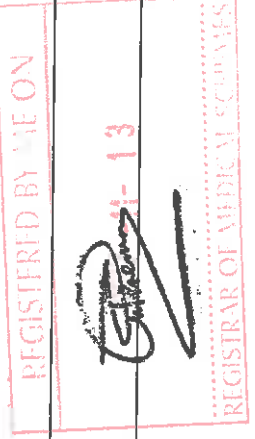
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				processes.
				<ul style="list-style-type: none"> <li>• Subject to PMBs.</li> </ul>
C21	Emergency Assistance (Road and Air)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• Subject to use of emergency services DSP and managed care protocols and processes.</li> </ul>
C22	Circumcision	100% of cost.	Global Fee of R1 421 per beneficiary which includes all post-op care within a month of procedure.	<ul style="list-style-type: none"> <li>• Subject to pre-authorization, managed care protocols and processes and use of the DSP.</li> <li>• Out-of-hospital only.</li> <li>• Limit applies to all related costs (consult, medication etc.)</li> </ul>
C23	Orthopedic Disease Management Programme	Negotiated Rate		<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes</li> </ul>

Legend:

Scheme Rate

See Rule 4.36



<b>CDL</b>	Chronic Disease List
<b>Chronic DSP</b>	Chronic Designated Service Provider. Subject to Annexure G.
<b>DTP</b>	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.
<b>PDF</b>	Professional Dispensing Fee
<b>PMB</b>	Prescribed Minimum Benefit
<b>SEP</b>	Single Exit Price
<b>TTO</b>	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, provided that such protocols are in accordance with internationally accepted evidence based treatment guidelines and protocols, will be excluded.



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