



ANNEXURE C 2018

BERYL


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"> As provided for in Annexure G of the Rules. This rule supersedes all other benefit provisions in this Annexure.
B	IN-HOSPITAL BENEFITS	100% of Scheme Rate.	Subject to overall hospital limit of R 1 041 200 per family per annum and such sub-limits as provided for.	<ul style="list-style-type: none"> Services rendered by DSP. Chronic Medicine Provided by Chronic DSP. As provided for in Annexure G of the Rules.
B1	Public Hospitals and GEMS-Approved Private Hospitals,	100% of Scheme Rate,	Subject to annual	<ul style="list-style-type: none"> Authorisation shall be obtained from the Scheme's


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<p>Registered Unattached Theatres, Day Clinics and Psychiatric Facilities:</p> <ol style="list-style-type: none"> Accommodation in a general ward, high care ward and intensive care unit (ICU) Theatre fees Medicines, materials and hospital equipment (includes bone cement for prostheses) Confinements and midwives Neonatal care 	<p>subject to PMBs.</p>	<p>hospital limit. Subject to PMB's.</p>	<p>designated agent 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.</p> <ul style="list-style-type: none"> 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 a co-payment of R1 000 per admission shall apply.
<p>REGISTERED BY ME ON</p> <p><i>[Signature]</i> 13</p> <p>REGISTRAR OF MEDICAL SCHEMES</p>	<ul style="list-style-type: none"> All in-hospital treatment and services are subject to pre-authorisation, managed care protocols and processes 		

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B2	<p>Maternity Benefits Hospital, home birth or accredited birthing unit</p> 	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • TTO limited to 7 days. • Subject to registration on the Scheme's Maternity Management Programme prior to admission and managed care protocols and processes. • Authorisation shall be obtained from the Scheme's designated agent 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. • In the event of an admission for an emergency medical condition the Scheme shall
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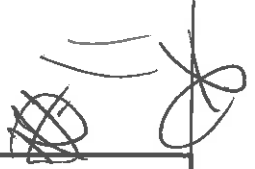
				<p>be notified of such admission within one working day after the admission failing which a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> • Includes complications for mother and neonate. • Elective Caesarian Sections may be subjected to second opinion and managed care protocols and processes. • Benefit includes midwife services.
<p>B3</p>	<p>Family Practitioner Services Consultations and visits</p>	<p>100% of Scheme Rate.</p>	<p>Subject to annual hospital limit Reimbursement according to Scheme approved tariff file.</p>	<ul style="list-style-type: none"> • Subject to hospital pre-authorisation and use of facility as per (B1). • Reimbursement rate applicable to both caesarian delivery and non-caesarian



			Child birth by a FP	delivery.
B4	Specialist Services Consultations and visits	100% of Scheme Rate for non-network specialists. 130% of Scheme Rate for Network Specialists.	Subject to annual hospital limit. Reimbursement according to Scheme approved tariff file.	<ul style="list-style-type: none"> Subject to hospital pre-authorisation and use of facility as per (B1).
B5	Surgical Procedures	100% of Scheme Rate.	Subject to annual hospital limit. Maxillo-Facial surgery subject to an annual sub-limit of R20 823 per family. Refer to Annexure 'E'	<ul style="list-style-type: none"> Subject to pre-authorisation, case management and use of facility as per (B1). Excludes Osseo-integrated Implants and Orthognatic Surgery.
B6	Dentistry Conservative, restorative and specialized dentistry	100% of Scheme Rate.	Subject to annual hospital limit and out-of-hospital dentistry limits. Limited to PMBs.	<ul style="list-style-type: none"> Only applicable to beneficiaries under the age of 6 years, severe trauma and impacted third molars. Subject to pre-authorisation, list of approved services and


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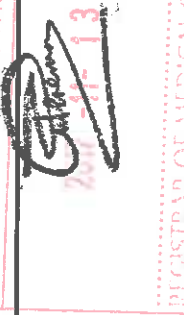
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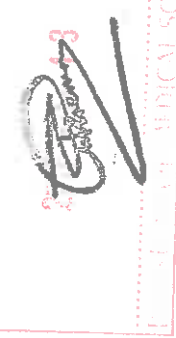


				Refer to Annexure 'E':	<p>use of Day Theatres and DSP hospitals.</p> <ul style="list-style-type: none"> Excludes Osseo-integrated Implants, all implant-related procedures and Orthognatic Surgery. Services classified as conservative, restorative and specialised per tariff code.
B7	Basic Radiology	100% of Scheme Rate.		Subject to annual hospital limit.	<ul style="list-style-type: none"> Subject to managed care protocols and processes and the use of facility as per (B1). Includes 2 x 2D ultrasound scans per pregnancy.
B8	Advanced Radiology	100% of cost.		Limited to PMBs.	<ul style="list-style-type: none"> Subject to specific pre-authorisation, managed care protocols and processes




					and list of approved services.
B9	Pathology	100% of Scheme Rate.		Subject to annual hospital limit.	<ul style="list-style-type: none"> Subject to managed care protocols and processes.
B10	Blood Transfusions 	100% of Scheme Rate, subject to PMBs.		Subject to annual hospital limit and sub-limit of R20 823 per family per annum.	<ul style="list-style-type: none"> Subject to pre-authorisation and use of facility as per (B1). Includes cost of blood, blood equivalents, blood products and the transport thereof.
B11	Physiotherapy	100% of cost, but subject to PMB legislation.		Limited to PMBs.	<ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes.
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy	100% of Scheme Rate.		10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R5 021 per	<ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes.

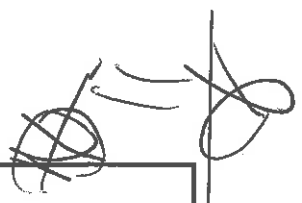
			beneficiary per event utilised within 60 days of surgery.	
<p>B13</p>	<p>Organ and Tissue Transplants Includes materials</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Limited to PMBs.</p>	<ul style="list-style-type: none"> • Subject to pre-authorization, clinical guidelines used in public facilities and use of facility as per (B1).
<p>B14</p>	<p>Prostheses The benefit covers prostheses and internal devices (surgically 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>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to annual hospital limit and sub-limit of R31 238 per family per annum. Shared sub-limit with out-of-hospital prosthetics and appliances of:</p> <ul style="list-style-type: none"> • R4 394 for foot orthotics and prosthetics with a sub-limit of R 1 255 for orthotic 	<ul style="list-style-type: none"> • Subject to managed care protocols and use of facility as per (B1). • Scheme may obtain competitive quotes or arrange supply of prosthesis. • Once the limit is depleted, the benefit is unlimited for PMBs. • Bone cement paid from In-Hospital benefit subject to


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<p>B15</p>	<p>Emergency Services (Casualty Department)</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Limited to PMBs (emergency medical condition as defined</p>	<ul style="list-style-type: none"> • Subject to use of facility as per (B1) or other registered emergency facility.

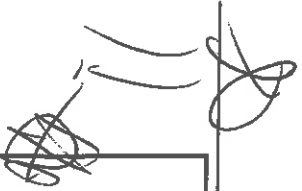


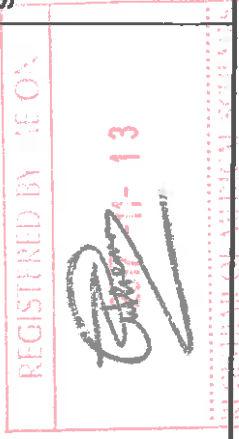
			in the rules).	Subject to authorisation and managed care protocols and processes.
B16	Renal Dialysis In -hospital Includes materials and related pathology tests	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit and sub-limit of R208 236 per family per annum and PMBs.	<ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes. Subject to use of facility as per (B1) and clinical guidelines used in public facilities. Once the limit is depleted, the benefit is unlimited for PMBs.
B17	Oncology (Chemo and Radiotherapy) In and out-of-hospital and includes medicine and materials	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit and sub-limit of R208 236 per family per annum and PMBs.	<ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes. Subject to Medicine Price List (MPL) Subject to use of facility as

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				<p>per (B1) and clinical guidelines used in public facilities.</p> <ul style="list-style-type: none"> Once the limit is depleted, the benefit is unlimited for PMBs. Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumors unless pre-authorized.
<p>B18</p>	<p>Mental Health Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Limited to PMBs.</p>	<ul style="list-style-type: none"> Subject to pre-authorization and managed care protocols and processes. Subject to use of facility as per (B1).




	Psychologists.			<ul style="list-style-type: none"> Psychologist services are subject to the exclusion of educational and industrial psychologist services.
B19	Alternatives to Hospitalisation 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"> Subject to pre-authorisation and managed care protocols and processes. Includes physical rehabilitation for approved conditions. Includes home nursing. Excludes Frail Care and recuperative holidays.
B20	Medical Technologists 	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit and sub-limit of R20 823 per family per annum. Subject to PMBs.	<ul style="list-style-type: none"> Subject to hospital pre-authorisation and use of facility as per (B1).


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B21	Breast Reductions		No benefit.	
B22	Allied Health Services: Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs. 	Annual limit of R2 075 per beneficiary and R3 122 per family, subject to PMBs. Sub-limit of R1 517 per family for Social Workers and Registered Counsellors.	<ul style="list-style-type: none"> • Subject to referral by DSP/Network family practitioner and managed care protocols. • Subject to services being related to admission diagnosis • Managed care protocols and processes apply.
B23	Alcohol and Drug Dependencies	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • Subject to pre-authorisation, managed care protocols and processes and use of DSP.
C	OUT-OF-HOSPITAL BENEFITS			
C1	Family Practitioner Services 1. DSP/ Network providers.	1. 100% of Scheme Rate.	1. Unlimited.	1. Benefit covers consultations and approved minor procedures at DSP/ Network




	<p>2. Voluntary use of Out-of-Network providers.</p> <p>3. Emergency medical conditions at DSP and involuntary use of non-DSP provider for PMBs.</p> <div data-bbox="1034 1429 1278 1861" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<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</p>	<p>2. Limited to three (3) visits per family per annum and R1 030 per event.</p> <p>3. Unlimited, but subject to PMB legislation.</p>	<p>providers, subject to medical necessity and managed care protocols and 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 GP guide.</p>
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	care done in doctors' rooms instead of in-hospital.		
C2	<p>Screening Services: Serum Cholesterol, Bone Density Scan, Pap Smear, Prostate Specific Antigen, Glaucoma screening, Serum Glucose, Occult Blood, Thyrotropin (TSH)for Neonatal Hypothyroidism and Mammogram and other screening according to evidence based standard practice.</p> <p>Annually unless indicated otherwise.</p>	<p>100% of Scheme Rate.</p> 	<p>Payable from risk.</p> <ul style="list-style-type: none"> • Pap smears include liquid based cytology. • Neonatal Hypothyroidism screening test-TSH (Thyrotropin)-tariff 4507 only. • All subject to managed care protocols and processes. • Includes screening services provided in pharmacies.
C3	<p>Preventative Care Services</p> <p>Influenza Vaccination, HPV vaccination and Pneumococcal</p>	<p>100% of Scheme Rate.</p>	<p>Payable from risk</p> <ul style="list-style-type: none"> • Annual Influenza Vaccinations for beneficiaries at risk in

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	<p>Vaccination. Annually unless indicated otherwise.</p> <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>accordance with managed care protocols</p> <ul style="list-style-type: none"> • Pneumococcal vaccines every five years for beneficiaries at risk in accordance with managed care protocols. • HPV vaccination for female beneficiaries. • All subject to managed care protocols and processes. • Includes preventative care services provided in pharmacies
<p>C4</p>	<p>Specialist Services</p>	<p>100% of Scheme Rate for non-network providers. 130% of Scheme Rate for Network Specialists.</p>	<p>Limited to three consultations or R2 498 per beneficiary and five consultations or R3 747 per family per annum, subject to</p>	<ul style="list-style-type: none"> • Pre-authorisation required for each visit, procedure or referral. • Subject to DSP/Network family practitioner referral,

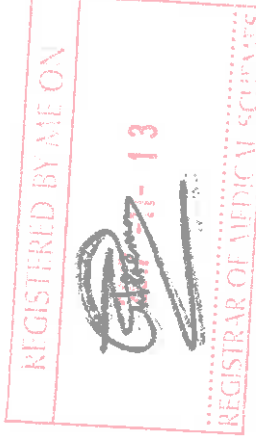
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		<p>Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in-hospital.</p> <p>Reimbursement at 200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms.</p>	<p>PMBs.</p> <p>Ante-natal visits subject to Maternity Programme Protocols.</p>	<p>list of approved services for radiology and pathology, treatment plans and managed care protocols and processes.</p> <ul style="list-style-type: none"> • Subject to managed care protocols and processes. <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY M. O. N.</p>  <p>2017-11-13</p> <p>REGISTRAR OF MEDICAL SERVICES</p> </div>
<p>C5</p>	<p>Dental Services</p> <ol style="list-style-type: none"> 1. Examinations 2. Preventative treatment 3. Conditions with pain and sepsis 	<p>100% of Scheme Rate.</p>	<p>1 and 2: Two treatment events per beneficiary per annum.</p> <p>3: Two events per beneficiary per annum 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, 7, 8, 9 and 10: Subject to list of approved services, managed care protocols and processes and</p>

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	<p>4. Fillings</p> <p>5. Clinically indicated dental services including extractions and emergency root canal procedures</p> <p>6. Intra-oral radiography</p> <p>7. Emergency non-DSP visit</p> <p>8. Dentures</p> <p>9. Specialised dentistry</p> <p>10. Acute medicine</p>		<p>4: Unlimited at DSP.</p> <p>5 and 6: One event per beneficiary per annum subject to PMBs, provided that Panoramic x-rays are limited to one x-ray every three years per beneficiary.</p> <p>7: Emergency out-of-network visit limited to one event per beneficiary per annum.</p> <p>8 and 9: Subject to a limit of R3 434 per beneficiary per annum.</p>	<p>use of DSP.</p> <p>Panoramic x-rays included.</p> <p>4 bitewing x-rays per beneficiary per year included.</p> <p>Fluoride treatment excluded for beneficiaries older than 16 years of age.</p> <p>Dental services classified as conservative, restorative and specialised per tariff code.</p>
<p>C6</p>	<p>Prescribed Medication and Injection Material</p> <p>1. Acute Medical Conditions</p>	<p>100% of Scheme Rate.</p>	<p>Unlimited, save for the limit of R527 per annum.</p>	<p>Prescribed by a person legally entitled to prescribe.</p> <p>1. Subject to managed care protocols, formulary and</p>



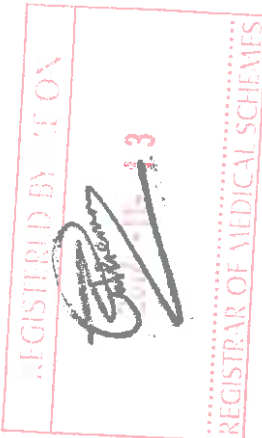
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	<p style="text-align: center;">REGISTERED BY THE ON</p> <p style="text-align: center;">2017-11-13</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">REGISTERED PROFESSIONAL SOCIETIES</p>	<p>family per annum for homeopathic medicine.</p>	<p>processes and prescription by a DSP/Network Family Practitioner. 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 DSP/Network practitioner and the visit pre-authorized.</p> <p>A 30% co-payment shall apply to voluntary use of out-of-formulary medicine and voluntary use of Non-DSP/network pharmacy.</p> <p>The dispensing fee is as per the contracted network pharmacy rate. Benefit includes prescribed maternity vitamin</p>
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	<p>2. Chronic Medical Conditions Limited to CDL and DTP PMB chronic conditions.</p> <div data-bbox="566 1350 813 1780" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">REGISTERED BY SECTION</p>  <p style="text-align: center;">13</p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Unlimited, but subject to PMB legislation.</p>	<p>supplements.</p> <p>2. Subject to application, approval, formulary, Medicine Price List, managed healthcare protocols and processes and prescription by DSP practitioner.</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.</p> <p>Available from Chronic medicine pharmacy DSP. A 30% co-payment shall apply to voluntary use of out-of-formulary medicine and voluntary use of Non-DSP pharmacy.</p>
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	<p>3. Self-Medication Over-the-counter (OTC) medicine</p>	<p>100% of Scheme Rate.</p>	<p>Limited to R61 per event and five events and R312 per family per annum.</p>	<p>3. Subject to managed care protocols, formulary and processes and obtained from network pharmacy for minor ailments. Only MCC-registered schedule 0, 1 and 2 medicines payable from the OTC benefit.</p>
<p>C7</p>	<p>Basic Radiology</p> 	<p>100% of Scheme Rate.</p>	<p>Unlimited.</p>	<ul style="list-style-type: none"> • Subject to referral by DSP practitioner and list of approved services. • Examinations requested by specialist are covered subject to the list of approved services, if patient was referred by DSP family practitioner, and the visit pre-authorised. • Pre-authorisation required for certain examinations as

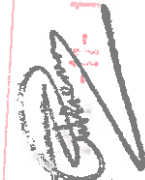
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			<p>per the managed care Radiology Request Form.</p> <ul style="list-style-type: none"> • 2x2D ultrasound scans per pregnancy provided for by Maternity (C19).
C8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	<p>Shared limit with in-hospital advanced radiology benefit of R31 238 per family per annum.</p> <ul style="list-style-type: none"> • Subject to specific pre-authorisation, managed care protocols and processes and use of facility as per (B1).
C9	Pathology	100% of Scheme Rate.	<p>Unlimited.</p> <ul style="list-style-type: none"> • Subject to referral by DSP practitioner or other accredited service provider and list of approved tests. • Pre-authorisation is required for certain tests as stipulated on the managed care Pathology Request Form.


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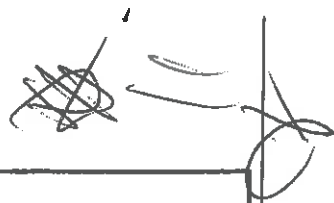
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				<ul style="list-style-type: none"> • Tests requested by specialist are covered subject to the list of approved services, if patient was referred by DSP practitioner, and the specialist visit was pre-authorised.
C10	Optical Services Eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medication. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON  11-13 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate.	Limited to R1 371 per Beneficiary for every two financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected Beneficiary following the end of such previous two-year period (if any) ended on 31	<ul style="list-style-type: none"> • Subject to the use of Optometry Network. • Acute medication to be prescribed by DSP Family Practitioner, subject to the Medicine Formulary. • Optical benefit is not provided irrespective of date of Beneficiary registration. • Excludes variable tint and photochromic lenses. • Includes tinted lenses, up to




			<p>December ("Financial Cycle").</p> <p>Limited to:</p> <ul style="list-style-type: none"> One eye examination per Beneficiary per 12 month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and One frame (subject to the approved list of frames) and one pair of either single vision 	<p>a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation.</p> <ul style="list-style-type: none"> Refer to Annexure E of the GEMS Rules for Optometry Exclusions.
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			<p>Cycle, not both.</p> <p>Post cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 061 for both lens and frame with a sublimit of R210 for the frame.</p>	
<p>C11</p>	<p>Allied Health Services: Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors and Chinese Medicine Practitioners.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<ul style="list-style-type: none"> • Annual limit of R2 017 per beneficiary and R3 033 per family, subject to PMBs. • Sub-limit of R1 517 per family for Social Workers and Registered Counsellors. 	<ul style="list-style-type: none"> • Subject to referral by DSP/Network family practitioner and pre- authorisation.

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C12	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Included in Allied Health Services benefit limit (C10), unless PMBs.	<ul style="list-style-type: none"> Subject to referral by DSP practitioner and managed care.
C13	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R5 021 per beneficiary per event utilised within 60 days of surgery.	<ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes. <div data-bbox="655 192 927 629" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p>  <p>13</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
C14	Audiology, Occupational Therapy and Speech Therapy	100% of Scheme Rate, subject to PMBs.	Included in Allied Health Services benefit limit (C10), unless PMBs.	<ul style="list-style-type: none"> Subject to referral by DSP/Network family practitioner and managed care protocols.
C15	Medical and Surgical Appliances and Prostheses: Include Hearing Aids,	100% of Scheme Rate, subject to PMBs.	All of the following limits are subject to PMBs:	<ul style="list-style-type: none"> Subject to prescription by a DSP practitioner and managed care protocols and

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	<p>Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulisers, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and external prostheses.</p> <p>In and out-of-hospital.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red;">REGISTERED BY MEON</p> <p style="text-align: center; color: red;">3</p> <p style="text-align: center; color: red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Subject to annual hospital limit and sub-limit of R10 412 per family per annum with the following sub-limits.</p> <ul style="list-style-type: none"> • R4 394 per beneficiary for foot orthotics 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 	<p>processes.</p> <ul style="list-style-type: none"> • Foot orthotics and prosthetics subject to formulary and managed care protocols and processes.
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			<p>wheelchairs per beneficiary per annum</p> <ul style="list-style-type: none"> R8 000 per hearing aid per beneficiary per annum <p>Bilateral hearing aids every 36 months.</p>	
C16	Renal Dialysis 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"> Subject to pre-authorization and managed care protocols and processes. Subject to use of Renal Dialysis Network DSP, failing which a co-payment of 15% per event shall apply in accordance with network rules.
C17	HIV Infection, Acquired	100% of cost, but subject	Limited to PMBs.	<ul style="list-style-type: none"> Subject to the Scheme's


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	<p>Immune Deficiency Syndrome and Related Illness</p>	<p>to PMB legislation.</p>		<p>managed care protocols and processes.</p> <ul style="list-style-type: none"> • Pre-exposure prophylaxis included for high risk Beneficiaries subject to the Scheme's managed care protocols and processes.
<p>C18</p>	<p>Mental Health Consultations, assessments, treatment and/or counseling by Family Practitioner, Psychiatrist and Psychologist.</p> 	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>All of the following limits are subject to PMBs: Subject to annual hospital limit and combined in- and out-of-hospital sub-limit of R9 460 per family per annum. Limited to one individual Psychologist consultation and one</p>	<ul style="list-style-type: none"> • Subject to managed care protocols and processes and use of DSP/ Network and Specialist Network. • Psychologist services are subject to the exclusion of educational and industrial psychologist services.

			group Psychologist consultation per day.	
C19	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • Subject to pre-authorisation, managed care protocols and processes and use of DSP.
C20	Maternity Ante and post-natal care	100% of Scheme Rate.	Part of Specialist Benefit.	<ul style="list-style-type: none"> • Subject to referral from DSP/ Network family practitioner and managed care protocols. • Includes benefits defined in managed care protocols paid from risk and 2x2D ultrasound scans per pregnancy. • Subject to registration on the Maternity Programme and managed care protocols and processes. • Subject to PMBs.

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 REGISTRAR OF MEDICAL SCHEMES

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"> Subject to use of emergency services DSP and managed care protocols and processes.
C22	Circumcision 	100% Scheme Rate.	Global Fee of R1 421 per beneficiary which includes all post -op care within a month of procedure.	<ul style="list-style-type: none"> Subject to pre-authorisation, managed care protocols and processes and use of the DSP/Network. Out-of-hospital only. Limit applies to all related costs (consult, medication etc.).
C23	Orthopedic Disease Management Programme	Negotiated Rate		<ul style="list-style-type: none"> Subject to managed care protocols and processes

Legend:

Scheme Rate

See Rule 4.36

CDL

Chronic Disease List

Chronic DSP	Chronic Designated Service Provider. Subject to Annexure G.
DTP	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.
PDF	Professional Dispensing Fee
PMB	Prescribed Minimum Benefit
SEP	Single Exit Price
TTO	Treatment Taken Out

Healthcare services / or claims that do not meet the Scheme's (including its managed healthcare programmes) clinical protocol or billing requirements in accordance with regulation 5 to the Medical Scheme Act 131 of 1998, provided that such protocols are in accordance with internationally accepted evidence based treatment guidelines and protocols will, be excluded.

