
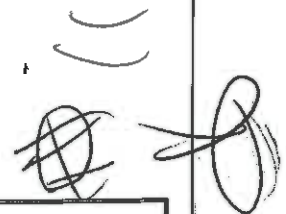


**ANNEXURE C 2018**

**EMERALD**

**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	<b>STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)</b> 	100% of cost.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>As provided for in Annexure G of the Rules.</li> <li>This rule supersedes all other benefit provisions in this Annexure.</li> </ul>
B	<b>IN-HOSPITAL BENEFITS</b>		No overall limit	
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres Day Clinics and Psychiatric Facilities 1. Accommodation in a	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>Open network.</li> <li>Authorisation shall be obtained from the Scheme's managed care provider at least 48 hours before a beneficiary is</li> </ul>




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>general ward, high care ward and intensive care unit</p> <p>2. Theatre fees</p> <p>3. Medicines, materials and hospital equipment (includes bone cement for prostheses)</p> <p>4. Neonatal care</p> <div data-bbox="861 1400 1109 1825" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>REGISTERED BY M F ON</p> <p><i>[Signature]</i> 13</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>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"> <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 a co-payment of R1 000 per admission shall apply.</li> <li>• Accommodation in a private ward is subject to</li> </ul>

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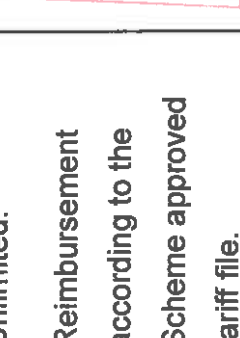
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B2	<p>Maternity Benefits (including midwife)</p> <p>Hospital, home birth or registered birthing unit</p> 	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<p>motivation by attending practitioner and Scheme's managed care protocols.</p> <ul style="list-style-type: none"> <li>All in-hospital treatment and services are subject to pre-authorisation (inclusive of non-PMB one-day admissions), managed care protocols and processes.</li> </ul>
				<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 processes.</li> <li>Authorisation shall be obtained from the Scheme's designated agent</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p style="text-align: center;">REGISTERED BY MALON</p>  <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p>			<p>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.</p> <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 of R1 000 per admission shall apply.</li> <li>Elective Caesarian</li> </ul>


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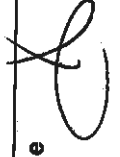



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Sections may be subjected to second opinion and managed care protocols.
B3	Family Practitioner Services Consultations and visits	100% of Scheme Rate.	Unlimited. Reimbursement according to the Scheme approved tariff file.	
B4	Specialist Services Consultations and visits	<ul style="list-style-type: none"> <li>• 100% of Scheme Rate for non-Network providers.</li> <li>• 130% of Scheme Rate for established Network Specialists.</li> </ul>	Unlimited. Reimbursement according to the Scheme-approved tariff file.	

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B5	Surgical Procedures (Including Maxillo-Facial Surgery) <div data-bbox="518 1422 758 1848" style="border: 1px solid red; padding: 5px; margin-top: 10px;">             REGISTERED BY M. L. ON                13              REGISTER OF MEDICAL SCIENTISTS           </div>	100% of Scheme Rate	Unlimited. Refer to Annexure 'E'.	<ul style="list-style-type: none"> <li>Subject to pre-authorisation and the Scheme's managed care protocols and processes.</li> <li>Includes hospital procedures performed in the practitioner's rooms as approved by the Scheme.</li> <li>Excludes Osseo-integrated Implants, all implant-related procedures and Orthognatic Surgery.</li> </ul>
B6	Dentistry Conservative, restorative and specialised dentistry.	100% of Scheme Rate.	Limited to professional fees. Shared with (C2). Limited to R4 918 per beneficiary per	<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>Lingual and labial</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			annum.	<p>frenectomies under general anesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme and pre-authorisation.</p> <ul style="list-style-type: none"> <li>• Subject to pre-authorisation, list of approved services and use of Day Theatres.</li> <li>• General anaesthesia and conscious sedation for dentistry, both in- and out-of-hospital, is subject to pre-authorisation and managed care protocols and processes.</li> <li>• Excludes Osseo-integrated Implants, all implant-related</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				procedures and Orthognatic Surgery.
B7	Basic Radiology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>Subject to managed care protocols and processes.</li> </ul>
B8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with out-of-hospital advanced radiology benefit (C7) of R21 166 per family per annum, subject to PMBs.	<ul style="list-style-type: none"> <li>Specific authorisation (in addition to hospital pre-authorisation) is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.</li> <li>Subject to managed care protocols and processes.</li> </ul>
B9	Pathology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>Subject to managed care protocols and processes.</li> </ul>

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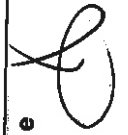
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B10	Blood Transfusions  	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation, managed care protocols and processes.</li> <li>• Includes cost of blood, blood equivalents, blood products and the transport thereof.</li> <li>• Includes erythropoietin.</li> </ul>
B11	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Limited to R4 757 per beneficiary per annum, subject to PMBs.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B13	Organ and Tissue Transplants Includes materials 	100% of Scheme Rate, subject to PMBs.	limit of R5 021 per beneficiary per event utilised within 60 days of surgery.  Limit of R587 996 per beneficiary per annum. Sub-limit of R19 960 per beneficiary per annum for corneal grafts (Imported corneal grafts subject to managed care protocols.). Subject to PMBs.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation, clinical guidelines used in public facilities and use of facility as per (B1).</li> <li>• Limit includes all costs associated with the transplant including immunosuppressants.</li> <li>• Authorised erythropoietin is included in limits listed in (B10).</li> <li>• Organ harvesting is limited to the Republic of South</li> </ul>


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B14	<p><b>Prostheses</b> 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> <div data-bbox="1045 1411 1300 1848" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red;">REGISTERED BY ME ON</p> <p style="text-align: center; color: red;">11-13</p> <p style="text-align: center; color: red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	<p>Shared limit with medical and surgical appliances and external prostheses benefit (C9) of R40 010 per family per annum.</p> <p>Shared sub-limit with out-of-hospital prosthetics and appliances with the following further sub-limits:</p> <ul style="list-style-type: none"> <li>• R4 394 for foot orthotics and prosthetics with a</li> </ul>	<p>Africa, except for cornea tissue.</p> <ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Scheme may obtain competitive quotes or arrange supply of prosthesis.</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</li> </ul>

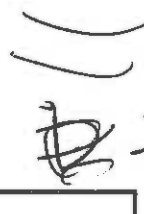

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per annum; <ul style="list-style-type: none"> <li>• R500 for crutches per beneficiary per annum;</li> <li>• R5 500 for wheelchairs per beneficiary per annum; and</li> <li>• R8 000 per hearing aid per beneficiary per annum.</li> </ul>	external devices being related to admission diagnosis and procedure.  


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B15	Emergency Services (Casualty Department) <div data-bbox="526 1400 774 1836" style="border: 1px solid red; padding: 5px; margin-top: 10px;">             REGISTERED BY SECTION                11-13              REGISTER OF MEDICAL SCIENTISTS           </div>	100% of cost, but subject to PMB legislation. Refer to Annexure G.	Subject to PMBs.  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 pre-authorization and managed care protocols and processes.</li> <li>• Cost to be defrayed from C.1.1 if pre-authorization is not obtained.</li> </ul>
B16	Renal Dialysis In hospital Includes materials and related pathology tests	100% of Scheme Rate, subject to PMBs.	Limit of R251 993 per beneficiary per annum for Chronic dialysis. Acute dialysis included in hospital benefit (B1).	<ul style="list-style-type: none"> <li>• Subject to pre-authorization and managed care protocols and processes.</li> <li>• Subject to use of facility as per (B1) and clinical guidelines used in public facilities.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Subject to PMBs.	<ul style="list-style-type: none"> <li>Includes cost of pathology, radiology, medical technologists, material and immunosuppressants.</li> <li>Erythropoietin included in blood transfusion benefit (B10).</li> <li>Pathology and radiology tests subject to managed care protocols.</li> </ul>
B17	<p>Oncology (Chemo and Radiotherapy)</p> <p>In and out-of-hospital and includes medicine and materials.</p>	100% of Scheme Rate, subject to PMBs.	<p>Limit of R352 801 per family per annum.</p> <p>Sub-limit of R240 004 per family for biological and similar specialised medicine.</p> <p>Subject to PMBs.</p>	<ul style="list-style-type: none"> <li>Subject to pre-authorisation and managed care protocols and processes.</li> <li>Subject to MPL.</li> <li>Subject to use of facility as per (B1) or a registered alternative.</li> </ul>

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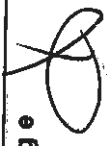
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>Includes cost of pathology, related basic radiology above/ advanced radiology benefit, medical technologists and oncology medicines.</li> <li>Erythropoietin included in blood transfusion benefit (B10).</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-authorised.</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B18	Mental Health: Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	All of the following limits are subject to PMBs: Limit of R17 639 per family per annum. Limited to one individual psychologist consultation and one group psychologist consultation per day.	<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) or a registered alternative.</li> <li>• Maximum of 3 days hospitalisation by a Family Practitioner.</li> <li>• Psychologist services are subject to the exclusion of educational and industrial psychologist services</li> </ul>
B19	Alternatives to Hospitalisation Sub-acute Hospitals and Private Nursing	100% of Scheme Rate	Unlimited.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> <li>• Includes physical</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Hospice 	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	rehabilitation for approved conditions. <ul style="list-style-type: none"> <li>Includes home nursing.</li> <li>Excludes frail care and recuperative holidays.</li> </ul>
B20	Medical Technologists	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>Subject to event pre-authorisation and case management.</li> </ul>
B21	Breast Reductions	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>Subject to pre-authorisation, managed care protocols and processes.</li> </ul>
B22	Allied Health Services: Include, Dieticians, Homeopaths, Podiatrists, Physiotherapists, Social Workers, Registered	100% of Scheme Rate, subject to PMBs.	<ul style="list-style-type: none"> <li>Shared limit with out-of-hospital Allied Health Services (C5) of R1 517 per family</li> </ul>	<ul style="list-style-type: none"> <li>Consultations at Scheme Rate.</li> <li>Managed care protocols</li> </ul>


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Counselors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.		<p>per annum, subject to PMBs.</p> <ul style="list-style-type: none"> <li>Shared sub-limit with out-of-hospital Allied Health Services (C5) of R759 per family for Social Workers and Registered Counselors.</li> </ul>	<p>and processes apply</p> 
B23	Alcohol and Drug Dependencies	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.</li> </ul>
C	OUT-OF-HOSPITAL BENEFITS			

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1	<b>Day to day Block Benefit</b> 1. Out of hospital Family Practitioner Services 2. Out of hospital Specialist Services 3. Physiotherapy 4. Maternity (where not covered under maternity benefit programme.) 5. Audiology, Occupational Therapy and Speech Therapy 6. Pathology and Medical Technology	100% of Scheme Rate.	Limit of R4 400 per beneficiary and R8 804 per family per annum.	<ul style="list-style-type: none"> <li>Benefit is pro-rated from date of admission of Member and Dependants to the end of the financial year.</li> </ul> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY: ILON</p> <p style="text-align: center; margin: 0;">23/7 -11- 13</p> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
C1.1	<b>Family Practitioner (FP) Services:</b> Consultations, visits and all	100% of Scheme Rate. Reimbursement at	Limit of R4 400 per beneficiary and R8 804 per family per	<ul style="list-style-type: none"> <li>Subject to PMBs.</li> <li>Benefit covers</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>other services not specifically provided for otherwise in this annexure.</p> <div data-bbox="518 1451 774 1877" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red;">REGISTERED BY 111 ON</p>  <p style="text-align: center; color: red;">REGISTRATION MEDICAL</p> </div>	<p>200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in-hospital.</p>	<p>annum. Shared limit with C1.3, C1.4 and C1.6.</p>	<p>consultations and approved minor procedures at Family Practitioners.</p> <ul style="list-style-type: none"> <li>• Limit is pro-rated from date of admission of Member and Dependants to end of financial year.</li> <li>• Subject to managed care protocols and processes.</li> </ul>
C1.2	<p><b>Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme.</b></p>	<p>Payable from risk.</p>	<ul style="list-style-type: none"> <li>• Two additional Family Practitioner consultations at a Network Family Practitioner once Block Benefit is exhausted.</li> </ul>	<ul style="list-style-type: none"> <li>• The additional Family Practitioner consultation at a Network Family Practitioner is subject to pre-authorisation and managed care protocols and processes.</li> </ul>


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.3	<p><b>Specialist Services:</b> Consultations, visits and all other services not specifically provided for otherwise in this annexure</p>	<ul style="list-style-type: none"> <li>100% of Scheme Rate for non-network providers.</li> <li>130% of Scheme Rate for established Network Specialists.</li> <li>Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in-hospital.</li> </ul>	<p>Shared limit with C1.1.</p>	<ul style="list-style-type: none"> <li>Subject to PMBs.</li> <li>Limit is pro-rated from date of admission of Member and Dependants to end of financial year.</li> </ul> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">REGISTERED BY AIL ON</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">-11-13</p> <p style="text-align: center;">REGISTRAR OF MEDICAL SOCIETIES</p> </div>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		<ul style="list-style-type: none"> <li>Reimbursement at 200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms.</li> </ul>		
C1.4	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Shared limit with C1.1. Sub-limit of R2 147 per beneficiary and R4 287 per family per annum. Subject to PMBs.	<ul style="list-style-type: none"> <li>Subject managed care protocols and processes.</li> </ul>
C1.5	Post Hip, Knee and Shoulder Replacement or Revision	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</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Physiotherapy		hospital visits) up to a limit of R5 021 per Beneficiary per event utilised within 60 days of surgery.	protocols and processes.
C1.6	Maternity Ante and post-natal care	100% of Scheme Rate.	Shared limit with C1.1 where not accessed under the Maternity Programme.	<ul style="list-style-type: none"> <li>Subject to PMBs.</li> </ul>
C1.7	Audiology, Occupational Therapy and Speech Therapy	100% of Scheme Rate.	Shared limit of R2 147 per beneficiary and R4 302 per family per annum. Refer to C1.8. Sub-limit of R1 726 per beneficiary and R3 450 per family per annum.	<ul style="list-style-type: none"> <li>Subject to managed care protocols and processes.</li> <li>Occupational or speech therapy performed in-hospital will be paid from in-hospital benefits.</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.8	Pathology and Medical Technology	100% of Scheme Rate.	Shared limit with C1.7. Limit of R2 147 per beneficiary and R4 302 per family per annum.	<ul style="list-style-type: none"> <li>Subject to managed care protocols and processes.</li> <li>Includes liquid based cytology pap smears.</li> </ul>
C2	<b>Dental Services</b> 1. Conservative and Restorative Dentistry (includes plastic dentures) and Special Dentistry (includes metal base dentures) <div data-bbox="1093 1400 1332 1825" style="border: 1px solid red; padding: 5px; margin-top: 10px;">             REGISTERED BY MALON                -11- 13              REGISTRAR OF MEDICAL SCHEMES           </div>	100% of Scheme Rate. 200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctor's rooms.	Shared sub-limit with in-hospital dentistry (B6) of R4 918 per beneficiary per annum. Panoramic x-rays limited to one x-ray every three years per beneficiary.	<ul style="list-style-type: none"> <li>General anesthesia and conscious sedation for dentistry subject to pre-authorisation and managed care protocols and processes. Only applicable to beneficiaries under the age of 6 years, severe trauma and impacted third molars.</li> <li>No pre-authorisation required for metal base</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGULATED BY MALCOLM</p> <p style="text-align: center; margin: 0;"><i>[Signature]</i> -11- 13</p> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>dentures.</p> <ul style="list-style-type: none"> <li>• Lingual and labial frenectomies under general anesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme and pre-authorisation.</li> <li>• Subject to managed care protocols.</li> <li>• Panoramic x-rays included</li> <li>• 4 bitewing x-rays per beneficiary per year included</li> <li>• Fluoride treatment excluded for beneficiaries older than 16 years of age.</li> <li>• Excludes Osseo-integrated</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C3	<p>Optical Services</p> <ol style="list-style-type: none"> <li>1. Frames, lenses and contact lenses (permanent and disposable).</li> <li>2. Refractive eye surgery.</li> <li>3. Eye examinations.</li> </ol>	100% of Scheme Rate.	<p>Limited to R4 417 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 R2 210 per Beneficiary for every two financial years, calculated from 01 January of the year within which any Optical Service was first rendered to</p>	<p>Implants, all implant-related procedures and Orthognatic Surgery.</p> <ul style="list-style-type: none"> <li>• All services included in benefit.</li> <li>• Subject to Optical Managed Care protocols and processes.</li> <li>• Excludes variable tint and photochromic lenses.</li> <li>• Optical benefit is not pro-rated irrespective of date of Beneficiary registration.</li> <li>• Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation.</li> </ul>

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REGISTRAR OF MEDICAL SCHEMES



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>the affected Beneficiary following the end of such previous two-year period (if any) ended on 31 December ("Beneficiary Financial Cycle"), subject to frames not exceeding R1 289.</p> <p>Limited to:</p> <ul style="list-style-type: none"> <li>One eye examination per Beneficiary per 12 month period, calculated from the month within which same was last rendered to</li> </ul>	<ul style="list-style-type: none"> <li>Refer to Annexure E of the GEMS Rules for Optometry Exclusions.</li> </ul> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red;">REGISTERED BY AIE ON</p> <p style="text-align: center; color: red;"><i>[Signature]</i> - 11-13</p> <p style="text-align: center; color: red;">CENTRE OF MEDICAL SCHEMES</p> </div>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p style="text-align: center;">     <span style="color: red; font-weight: bold;">13</span>   </p>		<p>the affected Beneficiary ("Eye Examination Cycle"); and</p> <ul style="list-style-type: none"> <li>One frame and one pair of lenses per Beneficiary per 24 month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Optical Appliance Cycle").</li> </ul> <p>Save for the financial limits specified hereinabove, no limit</p>	

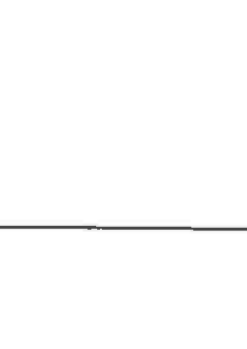

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;">           REGISTERED BY ME ON              11-13              REGISTERED OF MEDICAL SCHEMES         </div>		<p>shall apply to the number of contact lenses that may be rendered to a Beneficiary.</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 the cost of a bifocal lens, not exceeding R1 061 for both lens and frame with a sublimit of R210 for the frame.</p>	


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C4	<b>Basic Radiology</b> X-rays and soft tissue ultrasound scans	100% of Scheme Rate.	Sub-limit of R3 513 per beneficiary and R6 439 per family per annum.	<ul style="list-style-type: none"> <li>2x2D ultrasound scans per pregnancy provided for under Maternity Programme (C6).</li> </ul>
C5	<b>Allied Health Services:</b> Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Physiotherapists, Social Workers, Registered Counselors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	<ul style="list-style-type: none"> <li>Shared limit with in-hospital Allied Health Services (B22) of R1 517 per family per annum.</li> <li>Shared sub-limit with in-hospital Allied Services (B22) of R759 per family for Social Workers and Registered</li> </ul>	<ul style="list-style-type: none"> <li>Consultations at Scheme Rate.</li> </ul> <div data-bbox="805 280 1061 728" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY THE ON</p> <p style="text-align: center; color: red; font-weight: bold;">13</p> </div>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C6	Maternity Benefit Programme Ante and post-natal care 	100% of Scheme Rate.	Counselors. Ante-natal visits subject to Maternity Programme Protocols.	<ul style="list-style-type: none"> <li>Subject to registration on the Scheme's Maternity Management Programme and managed care protocols and processes.</li> <li>Includes benefits defined in managed care protocols paid from risk and 2x2D ultrasounds per pregnancy.</li> </ul>
C7	Prescribed Medication and Injection Material			<ul style="list-style-type: none"> <li>Prescribed and administered by a professional legally entitled to do so.</li> <li>Subject to a Medicine Price List (MPL) and Medicine Exclusion List (MEL).</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	1. Acute Medical Conditions  	1. 100% of Scheme Rate.  2. 100% of Scheme Rate, subject to PMBs.	1. Limit of R3 528 per beneficiary and R10 583 per family per annum, subject to a sub-limit of R527 per family per annum for homeopathic medicine.  2. Limit of R10 583 per beneficiary and R21 310 per family per annum. Subject to PMBs – No limit for PMBs, but subject to PMB legislation.	1. Subject to managed care protocols, formulary and processes. A 30% co-payment shall apply to voluntary use of out-of-formulary medicine, where applicable. Benefit includes prescribed maternity vitamin supplements.  2. Subject to prior application and approval and use of Chronic medicine pharmacy DSP. Medicine for PMB conditions and conditions listed in Annexure D subject to use of DSP. A 30% co-payment shall




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	 <p data-bbox="973 1456 1117 1848">3. Self-Medication Over-the-counter (OTC) medicine</p>	<p data-bbox="981 1086 1077 1377">3. 100% of Scheme Rate.</p>	<p data-bbox="989 750 1300 1041">3. Subject to acute medicine benefit limit, event limit of R237 per beneficiary, and sub-limit of R889</p>	<p data-bbox="303 302 502 683">apply to voluntary use of out-of-formulary medicine and voluntary use of Non- DSP.</p> <p data-bbox="518 280 933 683">Once limit is depleted, CDL benefit will be limited. Include benefit for life threatening allergies payable from risk and subject to managed care protocols, formulary and processes.</p> <p data-bbox="997 324 1316 683">3. Subject to managed care protocols, formulary and processes Only MCC- registered schedule 0, 1, and 2 medicines payable from the OTC benefit.</p>

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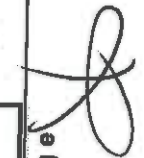
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>4. Prescribed medication from hospital stay (TTO)</p>	<p>4. 100% of Scheme Rate.</p>	<p>per beneficiary per annum and a family annual limit of R1 421.</p> <p>4. Included in acute medication benefit limit. Payable from risk once acute medication benefit is exhausted.</p>	<p>4. TTO limited to 7 days.</p> <div data-bbox="683 293 938 719" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY AIF ON</p> <p><i>[Signature]</i> -11-13</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
	<p>5. Contraceptives</p>	<p>5. 100% of Scheme Rate.</p>	<p>5. Subject to acute medicine benefit limit and a sub-limit of R2 677 per beneficiary per annum.</p>	<p>5. Subject to managed care protocols, formulary and processes.</p>


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C8	<p>Advanced Radiology</p> 	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Shared limit with In-hospital advanced radiology (B8) of R21 166 per family per annum, subject to PMBs.</p>	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation managed care protocols and processes.</li> <li>• Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans PET scans, MRI scans and Radio-isotope studies.</li> </ul>
C9	<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: Shared limit with in-hospital mental health (B18) of R17 639 per family per annum. Sub-limit of R5 231 for out-of-hospital</p>	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• If out-of-hospital treatment is offered as alternative to hospitalisation then hospital benefits (B1) will apply.</li> <li>• Psychologist services are subject to the exclusion of</li> </ul>

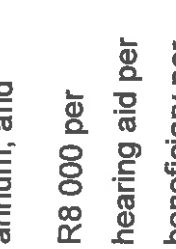
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Psychologist consultations. Limited to one individual Psychologist consultation and one group Psychologist consultation per day.	educational and industrial psychologist services  
C10	<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-	100% of Scheme Rate, subject to PMBs.	All of the following are subject to PMBs:  Shared limit with in-hospital internal prostheses (B14) of R40 010 per family per annum.  Sub-limit of R15 611 for medical and surgical appliances	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Foot orthotics and prosthetics subject to formulary and managed care protocols and processes.</li> </ul>


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>hospital.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p>REGISTERED BY SA ON</p>  <p>11-13</p> </div> <div style="border: 1px dotted red; padding: 5px; margin: 10px 0;"> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>per family per annum with the following further sub-limits (Shared sub-limit with in-hospital prosthetics):</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• R500 for crutches per beneficiary</li> </ul>	

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p style="text-align: center;">REGISTERED BY ME ON</p>  <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p>		<p>per annum;</p> <ul style="list-style-type: none"> <li>• R5 500 for wheelchairs per beneficiary per annum; and</li> <li>• R8 000 per hearing aid per beneficiary per annum.</li> </ul> <p>Bilateral hearing aids every 36 months.</p>	
C11	<p><b>Renal Dialysis</b></p> <p>Out-of-hospital</p> <p>Includes materials and related pathology tests</p>	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</li> </ul>

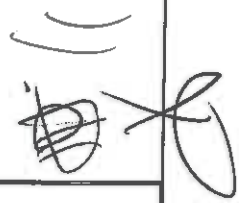
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C12	<p>Screening Services: Serum Cholesterol, Bone Density Scan, Pap Smear, Prostate Specific Antigen, Glaucoma screening, Serum Glucose, Occult Blood tests, Thyrotropin (TSH) for Neonatal Hypothyroidism and Mammogram and other screening according to evidence based standard practice. Annually unless indicated otherwise.</p>	100% of Scheme Rate.	Payable from risk.	<p>apply in accordance with network rules.</p> <ul style="list-style-type: none"> <li>Pap smears include including 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>
C13	Preventative Care Services Influenza Vaccination, HPV	100% of Scheme Rate.	Payable from risk	<ul style="list-style-type: none"> <li>Annual Influenza Vaccinations for</li> </ul>


  
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 REGISTRAR OF MEDICAL SCIENTISTS



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	vaccination and Pneumococcal Vaccination. Annually unless indicated otherwise. 			beneficiaries at risk in accordance with managed care protocols <ul style="list-style-type: none"> <li>• Pneumococcal vaccines every five years for beneficiaries at risk in accordance with managed care protocols.</li> <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>
C14	HIV Infection, Acquired Immune Deficiency Syndrome and Related	100% of cost, but subject to PMB	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to the Scheme's managed care protocols</li> </ul>





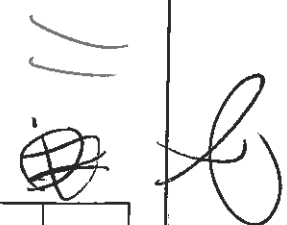
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<b>Illness</b> 	legislation.		<ul style="list-style-type: none"> <li>and processes.</li> <li>Pre-exposure prophylaxis included for high risk Beneficiaries subject to the Scheme's managed care protocols and processes.</li> </ul>
C15	<b>Infertility</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>
C16	<b>Emergency Assistance (Road and Air)</b>	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 network providers and managed care protocols and processes.</li> </ul>
C17	<b>Circumcision</b>	100% Scheme Rate.	Global Fee of R1 421 per beneficiary which	<ul style="list-style-type: none"> <li>Subject to pre- authorisation, managed</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C18		Negotiated Rate	includes all post-op care within a month of procedure.	care protocols and processes. <ul style="list-style-type: none"> <li>• Out-of-hospital only.</li> <li>• Limit applies to all related costs (consult, medication etc.)</li> </ul>

**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.



<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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