ANNEXURE C 2021

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, but subject to PMB legislation.	• As provided for in Annexure G of the GEMS Rules. • Prescribed Minimum Benefits ("PMBs") are not subject to the monetary benefit limits stated in this Annexure and shall be paid in full, where the diagnosis, treatment and care of a Prescribed Minimum Benefit Condition were obtained from: ▪ a Designated Service

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Provider (“DSP”) for that condition; ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: ▪ Authorisation, managed care protocols, formulary and processes, as specified

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	**IN-HOSPITAL BENEFITS**	100% of Scheme Rate, subject to PMBs.	Subject to overall hospital limit of R1 200 671 per family per annum and such sub-limits as provided for.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B1	**Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities:** 1. Accommodation in a	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Hospital authorisation for admission to a Private

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	general ward, high care ward and intensive care unit (ICU); 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); 4. Confinements and midwives; and 5. Neonatal care.			facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (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 to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				admission shall apply. • All In-Hospital treatment and services are subject to hospital authorisation (for Private facilities only, and inclusive of non-PMB one-day admissions), managed care protocols and processes • TTO limited to seven (7) days, subject to medication being related to admission diagnosis.
B2	**Maternity** Hospital, home birth or accredited birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				protocols and processes. • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (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 to a Private facility for an Emergency Medical Condition, the Scheme must be notified of

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply. • Elective Caesarean Sections may be subjected to second opinion and managed care protocols and processes. • Benefit includes midwife services. • Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
B3	**Family Practitioner Services** Consultations and visits.	100% of Scheme Rate for non-Network Family	Subject to annual hospital limit specified	• All limits are subject to A: Statutory Prescribed

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		Practitioners. 130% of Scheme Rate for Network Family Practitioners.	under B: In-Hospital Benefits. Reimbursement according to Scheme-approved tariff file. Child birth by a Family Practitioner.	Minimum Benefits (“PMBs”). • Subject to hospital pre-authorisation and use of facility as per B1.
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 specified under B: In-Hospital Benefits. Reimbursement according to Scheme-approved tariff file.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to hospital pre-authorisation and use of facility as per B1.
B5	**Surgical Procedures**	100% of Scheme Rate. 200% of Scheme Rate for procedures specified by managed care,	Subject to annual hospital limit specified under B: In-Hospital Benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		performed in doctor's rooms instead of in hospital.	Maxillofacial surgery, subject to an annual sub-limit of R24 012 per family. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1, or doctor's rooms. • Includes hospital procedures performed in doctors' rooms, as approved by the Scheme. • Includes Maxillofacial Surgery. • Excludes Osseo-integrated Implants and Orthognathic Surgery.
B6	**Dentistry** Conservative, restorative and	100% of Scheme Rate.	Subject to annual hospital limit specified	• All limits are subject to A: Statutory Prescribed

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	specialised dentistry.		under B: In-Hospital Benefits, and Out-of-Hospital dentistry limits specified under C5: Dental Services. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	Minimum Benefits (“PMBs”). • Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars. • Subject to hospital pre-authorisation, managed care protocols and processes, list of approved services, and use a State or Network facility. • Services classified as conservative, restorative and specialised per tariff code.
B7	**Basic Radiology**	100% of Scheme Rate.	Subject to annual	• All limits are subject to A:

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			hospital limit specified under B: In-Hospital Benefits.	Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, and use of facility as per B1.
B8	**Advanced Radiology**	100% of Scheme Rate, subject to PMB.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R23 201 per Beneficiary per annum shared between B8: Advanced Radiology and C8: Advanced Radiology.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Advanced Radiology pre-authorisation (in addition to hospital pre-authorisation), managed care protocols and processes, list of approved services, and

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				use of facility as per B1.
B9	**Pathology**	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes, pathology tests being related to admission diagnosis, and use of facility as per B1.
B10	**Blood Transfusions**	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits and sub-limit of R24 012 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to use of facility as per B1. • Includes cost of blood,

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				blood equivalents, blood products and the transport thereof. • Includes erythropoietin.
B11	**Physiotherapy**	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R5 215 per Beneficiary per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, services being related to admission diagnosis, and use of facility as per B1.
B12	**Post Hip, Knee and Shoulder Replacement or Revision Surgery**	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C15:	• All limits are subject to A: Statutory Prescribed Minimum Benefits

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	Physiotherapy		Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R5 790 per Beneficiary per event, utilised within sixty (60) days of surgery.	("PMBs"). • Subject to hospital pre-authorisation, and managed care protocols and processes, and use of facility as per B1.
B13	**Organ and Tissue Transplants** Includes materials.	100% of Scheme Rate, subject to PMBs.	Limit of R678 054 per Beneficiary per annum. Sub-limit of R23 017 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1. • Limit includes all costs associated with the

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				transplant, including materials and immunosuppressants. • Authorised erythropoietin is included in limits listed in B10: Blood Transfusions. • Organ harvesting is limited to the Republic of South Africa, except in the case of cornea grafts.
B14	**Prostheses** This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary and permanent devices used to assist with the guidance,	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limits of R36 022 per family per annum for Prostheses	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes, and use of facility as per B1.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	alignment or delivery of these prostheses and internal devices.		generally, plus R36 022 per family per annum for Joint Revisions only; and • Shared sub-limits with C16: Medical and Surgical Appliances and Prostheses of: ○ R5 067 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 448 per Beneficiary per annum for orthotic shoes, foot inserts	• Scheme may obtain competitive quotes or arrange supply of prosthesis. • Bone cement paid from B1, subject to hospital pre-authorisation. • Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes. • Subject to the prostheses and/or device(s) being related to the admission diagnosis and procedure. • Once the limit is depleted, the benefit is unlimited for

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			and levellers; ○ R576 for crutches per Beneficiary per annum; ○ One (1) wheelchair of up to R6 342 per Beneficiary every twenty four (24) months of month of receipt of wheelchair; ○ One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R9 225 per hearing aid per Beneficiary every thirty six (36) months of month of receipt of hearing	PMBs.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			aid(s); and ○ One (1) CPAP device of up to R10 955 per Beneficiary every thirty six (36) months of month of receipt of device.	
B15	**Emergency Services (Casualty Department)**	100% of cost, but subject to PMB legislation.	Limited to PMBs (Emergency Medical Condition, as defined in Section 4 of the main body and Annexure G of the GEMS Rules).	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of facility as per B1, or other registered emergency facility. • Subject to hospital authorisation and managed care protocols and

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				processes.
B16	**Renal Dialysis** In-Hospital	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R240 130 per family per annum for chronic dialysis. Acute dialysis included in B1.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1. • Includes related materials, and related pathology and radiology tests, but subject to managed care protocols and processes. • Erythropoietin included in B10: Blood Transfusions. • Once the limit is depleted,

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				the benefit is unlimited for PMBs.
B17	**Oncology (Chemo and Radiotherapy)** In- and Out-of-Hospital	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R240 130 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Oncology pre-authorisation and managed care protocols and processes. • Subject to Medicine Price List (MPL). • Subject to use of facility as per B1. • Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				medicines and materials. • Erythropoietin included in B10: Blood Transfusions. • 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 three (3) months in advanced or metastatic solid organ malignant tumours, unless pre-authorised in accordance with paragraph 9.1.13.6 of Annexure E Exclusions and Limitations) of GEMS

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Rules.
B18	**Mental Health** Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limit of R19 336 per Beneficiary per annum, less the Beneficiary's usage of the sub-limit of R10 909 per family per annum under C19: Mental Health; • Further, shared sub-limit with C19: Mental Health of R2 366 per family per annum for	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and managed care protocols and processes. • Subject to use of facility as per B1. • Maximum of three (3) days hospitalisation by a Family Practitioner.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			services by Educational and Industrial Psychologists; and • Limit of one (1) individual psychologist consultation and one (1) group psychologist consultation per day.	
B19	**Alternatives to Hospitalisation** 1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing.	1. 100% of Scheme Rate, subject to PMBs.	1. Subject to annual hospital limit specified under B: In-Hospital Benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation of alternative facility and services, and managed care protocols

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	2. Hospice	2. 100% of cost, but subject to PMB legislation.	2. Unlimited, but subject to PMB legislation.	and processes. • Includes home nursing, but subject to managed care protocols and processes. • Excludes Frail Care and recuperative holidays. • Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.
B20	**Medical Technologists**	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R24 012 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, case management, and use of facility as per B1.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• Includes materials.
B21	**Breast Reductions**	No benefit.	No benefit, unless PMB.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B22	**Allied Health Services:** Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified under B: In-Hospital Benefits; and • Sub-limit of R3 498 per family, and R2 326 per Beneficiary, per annum; all of which limits are shared between B22: Allied Health Services and B23:	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to referral by a Family Practitioner or Specialist, managed care protocols and processes, and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Other Professional Health Services.	
B23	**Other Professional Health Services** Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limits as per B22: Allied Health Services; and Further sub-limit of R1 682 per family for Social Workers and Registered Counsellors.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to referral by a Family Practitioner or Specialist, managed care protocols and processes, and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).
B24	**Alcohol and Drug Dependencies**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• Subject to pre-authorisation of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of GEMS Rules.
C	**OUT-OF-HOSPITAL BENEFITS**			
C1	**Family Practitioner Services** Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure. 1. DSP/Network providers.	 1. 100% of Scheme Rate.	 1. Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). 1. Benefit includes consultations, visits and

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				approved minor procedures at DSP/Network providers, subject to medical necessity and managed care protocols and processes.
	2. Voluntary use of non-DSP / Out-of-Network providers.	2. 70% of Scheme Rate (30% Member co-payment).	2. Limited to three (3) visits per family per annum and R1 188 per event.	2. Member must pay the claim and submit the claim with proof of payment for reimbursement.
	3. Emergency Medical Conditions at DSP/Network providers or registered emergency facility, or involuntary use of non-DSP / Out-of-Network providers for PMBs.	3. 100% of cost, but subject to PMB legislation. Refer to Annexure G (Prescribed Minimum Benefits) of the	3. Unlimited for PMBs, but subject to PMB legislation.	3. Treatment for Emergency Medical Condition (as defined in Section 4 of the main body and Annexure G of the GEMS Rules) at DSP/Network provider or registered emergency

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		GEMS Rules. 4. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, done in doctors' rooms instead of in hospital.		medical facility. 4. Subject to managed care protocols and processes. Refer to Family Practitioner Guide.
C2	**Screening Services** Including: Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for	100% of Scheme Rate.	Paid from Risk. All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • All subject to managed care protocols and processes. • Pap Smears include liquid-based cytology. • Infant Hearing Screening

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	Neonatal Hypothyroidism, Mammogram, and other screenings according to evidence-based standard practice.			for Child Dependants under the age of one (1) year. • Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years. • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.
C3	**Preventative Care Services** Includes all vaccinations.	100% of Scheme Rate.	Paid from Risk. Influenza Vaccinations: Limited to one (1)	• All limits are subject to A: Statutory Prescribed Minimum Benefits

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			course per Beneficiary per annum. Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five (5) years for Beneficiaries at risk in accordance with managed care protocols. HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime. Other Vaccinations: Limited to R780 per Beneficiary per annum.	("PMBs"). • Subject to managed care protocols and processes. • Includes preventative care services provided in pharmacies.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C4	**Specialist Services** Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists. 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital. 200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.	Limited to five (5) consultations or R4 320 per family, and three (3) consultations or R2 881 per Beneficiary, per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to: ○ DSP/Network Family Practitioner referral; ○ Pre-authorisation for each visit, procedure or referral; ○ List of approved services for radiology and pathology; ○ Treatment plans; and ○ Managed care protocols and processes.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C5	**Dental Services** 1. Examinations. 2. Preventative Treatment. 3. Conditions with pain and sepsis. 4. Fillings.	100% of Scheme Rate, subject to PMBs.	1 and 2: Two (2) treatment events per Beneficiary per annum. 3: Two (2) events per Beneficiary per annum, subject to PMBs. 4: Unlimited at Dental DSP/Network.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). 1 and 2: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network. 3, 4, 5, 6, 7, 8 and 9: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network. In respect of Conservative and Restorative Dentistry: ○ Panoramic and Bitewing x-

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	5. Clinically indicated dental services, including extractions. 6. Intra-oral Radiography.		5 and 6: One (1) event per Beneficiary per annum, subject to PMBs, provided that: o Panoramic x-rays are limit of one (1) per Beneficiary every three (3) years; and o Bitewing ex-rays are limited to four (4) per Beneficiary per annum.	rays included. Dental services classified as conservative, restorative and specialised per tariff code.
	7. Clinically indicated root canal treatments.		7: Limited to one (1) root canal treatment per Beneficiary per annum, subject to PMBs.	
	8. Emergency non-DSP visit.		8: Emergency Out-of-	

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Network visit, limited to one (1) event per Beneficiary per annum.	
	9. Plastic Dentures.		9: In accordance with the approved Scheme Tariff.	
	10. Periodontal Programme		10: Paid from Risk, but limited to Periodontal Programme benefits.	10: Subject to registration on Periodontal Programme, pre-authorisation, managed care protocols and processes, and use of Dental DSP/Network. If not registered on Periodontal Programme, no Periodontal benefit.
	11. Specialised Dentistry.	11: 100% of cost, but subject to PMB legislation.	11: Limited to PMBs.	11: Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.	
C6	**Prescribed Medication and Injection Material**			• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Prescribed and administered by professionals, legally entitled to do so. • Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL). • Subject to Annexure E (Exclusions and Limitations) of GEMS

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Rules.
	1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Unlimited, save for the limit of R607 per family per annum for homeopathic medicine. Prescription by a dispensing Family Practitioner, dispensed by a DSP/Network Pharmacy: Limited to three (3) scripts of up to R208 each per Beneficiary per annum.	1. Subject to the following: • Managed care protocols, formulary and processes. • Prescription by a Family Practitioner, Dentist or Specialist. • Dispensed by a DSP/Network dispensing Family Practitioner or DSP/Network Pharmacy. • A 30% co-payment shall apply for: o voluntary use of Out-of-Formulary medicine; and o voluntary use of a non-

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				DSP / Out-of-Network dispensing Family Practitioner or non-DSP / Out-of-Network pharmacy. • The dispensing fee is as per the contracted Network Pharmacy Rate. • Benefit includes prescribed maternity vitamin supplements.
	2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules	2. 100% of Scheme Rate, subject to PMBs.	2. Unlimited for PMB chronic conditions listed in PMB DTP and PMB CDL, but subject to PMB legislation. Limit of R4 576 per	2. Subject to the following: • Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a Family

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Beneficiary per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules. No benefit for non-PMB chronic conditions not listed in Annexure D of the GEMS Rules.	Practitioner or Specialist. • Medicine for chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, subject to use of Chronic Medicine Pharmacy DSP, as provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules. • A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of a non-Chronic Medicine Pharmacy DSP. • Chronic Medical

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, shall be paid from limit for non-PMB chronic conditions listed in Annexure D of GEMS Rules. However, once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation.
	3. Self-Medication: Over-the-Counter (OTC) Medicine.	3. 100% of Scheme Rate.	3. Limited to R99 per Beneficiary per event and R274 per Beneficiary per annum.	3. Subject to the following: • Managed care protocols, Formulary and processes. • For minor ailments, dispensed by a Network Pharmacy or Network Family Practitioner.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine or voluntary use of a non-Network Pharmacy or non-Network Family Practitioner. • Only SAHPRA-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit.
	4. Female Contraceptives: Oral, insertables, injectables and dermal.	4. 100% of Scheme Rate.	4. Limited to R3 088 per Beneficiary per annum.	4. Subject to managed care protocols, Formulary and processes.
C7	**Basic Radiology** X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• Subject to referral by a Family Practitioner or Specialist, and list of approved services specified in the GEMS Radiology Request Form, and managed care protocols and processes. • 2 x 2D ultrasound scans per pregnancy provided for by C21: Maternity. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.
C8	**Advanced Radiology**	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified	• All limits are subject to A: Statutory Prescribed

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			under B: In-Hospital Benefits, and sub-limit of R23 201 per Beneficiary per annum shared between B8: Advanced Radiology and C8: Advanced Radiology.	Minimum Benefits (“PMBs”). • Subject to Advanced Radiology pre-authorisation, managed care protocols and processes, and use of facility as per B1. • Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
C9	**Pathology and Medical Technology**	100% of Scheme Rate.	Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				("PMBs"). • Subject to list of approved services, specified in the GEMS Pathology Clinical Request Form. • Pathology pre-authorisation is required for certain tests, as stipulated on the managed care Pathology Clinical Request Form.
C10	**Optical Services** Eye examinations, frames, lenses and contact lenses (permanent or disposable).	100% of Scheme Rate.	Limited to R1 581 per Beneficiary for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of GEMS Optical Network. • Subject to Optical

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Beneficiary following the end of such previous two (2) year period (if any) ended on 31 December ("Financial Cycle"). Limited to: • One (1) eye examination per Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and	Managed Care protocols and processes. • Optical benefit is not pro-rated, irrespective of date of Beneficiary registration. • Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation. • Excludes variable tint and photochromic lenses. • Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			• One (1) frame (subject to the approved list of frames) and one (1) pair of either single vision lenses or bifocal lenses, or 4 x boxes of disposable contact lenses, or one (1) set of permanent contact lenses, per Beneficiary per twenty four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary	

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			("Optical Appliance Cycle"). Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both. Post cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 223 for both lens and frame, with a sublimit of R241 for the frame.	
C11	**Allied Health Services** Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese	100% of Scheme Rate, subject to PMBs.	Limit of R3 498 per family, and R2 326 per Beneficiary, per annum, shared between C11:	• All limits are subject to A: Statutory Prescribed Minimum Benefits

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Medicine Practitioners.		Allied Health Services, C12: Other Professional Health Services, C13: Physiotherapy, and C14: Audiology, Occupational Therapy and Speech Therapy.	("PMBs"). • Subject to managed care protocols and processes.
C12	**Other Professional Health Services** Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services; and Sub-limit of R1 749 per family per annum for Social Workers and Registered Counsellors.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.
C13	**Physiotherapy**	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• Subject to managed care protocols and processes.
C14	**Audiology, Occupational Therapy and Speech Therapy**	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.
C15	**Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy**	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R5 790 per Beneficiary per event, utilised within 60 days of	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and managed care protocols and processes.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			surgery.	
C16	**Medical and Surgical Appliances and Prostheses:** Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulisers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses. Applicable In- and Out-of-Hospital.	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified under B: In-Hospital Benefits; and • Sub-limit of R12 007 per family per annum, with further, shared sub-limits with B14: Prostheses of: ○ R5 067 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Diabetic accessories and appliances, other than Glucometers, to be pre-authorised and claimed from the chronic medication benefit (C6.2). • Foot orthotics and prosthetics, subject to Formulary and managed care protocols and processes.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			448 per Beneficiary per annum for orthotic shoes, foot inserts and levellers; ○ R576 for crutches per Beneficiary per annum; ○ One (1) wheelchair of up to R6 342 per Beneficiary every twenty (24) months of month of receipt of wheelchair; ○ One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R9 225 per hearing aid per	• The Scheme has the right to obtain competitive quotes.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Beneficiary every thirty six (36) months of month of receipt of hearing aid(s); and ○ One (1) CPAP device of up to R10 955 per Beneficiary every thirty six (36) months of month of receipt of device.	
C17	**Renal Dialysis** Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Renal Dialysis pre-authorisation and managed care protocols

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				and processes. • Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30% per event shall apply in accordance with Network rules. • Includes materials and related pathology tests. • Once the limit is depleted, the benefit is unlimited for PMBs.
C18	**HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.
C19	**Mental Health** Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limit of R10 909 per family per annum, less the sum total of the Beneficiaries' usage of the sub-limit of R19 336 per Beneficiary per annum under B18:	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Subject to use of a DSP/Network Family Practitioner or DSP/Network Specialist. • If a non-DSP / Out-of-Network Family Practitioner or non-DSP /

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			Mental Health; • Further, shared sub-limit with B18: Mental Health of R2 366 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.	Out-of-Network Specialist is used, a 30% co-payment shall apply. • If Out-of-Hospital treatment is offered as alternative to hospitalisation, In-Hospital benefits (B1) shall apply.
C20	**Infertility**	100% of cost, but subject to PMB	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits

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		legislation.		("PMBs"). • Subject to pre-authorisation of facility and service(s), managed care protocols and processes, and use of a DSP (i.e. State or Network) facility; failing which, the Scheme shall not be liable to fund the first R12 000 of the other facility's bill.
C21	**Maternity Programme** Ante- and post-natal care.	100% of Scheme Rate, subject to Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to registration on Maternity Programme, and managed care protocols

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				and processes. • If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C21: Maternity Programme) shall apply. • Includes: o Benefits defined in managed care protocols. o 2 x 2D ultrasound scans per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				a 2D scan. ○ Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C22	**Emergency Assistance (Road and Air)**	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of Emergency Medical Services DSP, and managed care protocols and processes.
C23	**Circumcision**	100% Scheme Rate.	Global fee of R1 639 per Beneficiary.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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				• Subject to pre-authorisation of facility and services, managed care protocols and processes, and use of DSP/Network Family Practitioner.
				• Limit applies to:
				  ○ All related costs, e.g. consultations, medication etc.; and
				  ○ All post-op care within a month of procedure.
				• In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or doctors' rooms.

C24	**Chronic Back and Neck**	Negotiated Rate.	Paid from Risk, but	• All limits are subject to A:

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	Rehabilitation Programme		limited to Chronic Back and Neck Rehabilitation Programme benefits.	Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to registration on Chronic Back and Neck Rehabilitation Programme, and managed care protocols and processes. • Out-of-Hospital benefits (excluding this benefit C24: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.

Legend:

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Scheme Rate	See Rule 4.36 of the GEMS Rules.
CDL	Chronic Disease List
Chronic DSP	Chronic Designated Service Provider. Subject to Annexure G of the GEMS Rules.
DTP	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.
PDF	Professional Dispensing Fee
PMB	Prescribed Minimum Benefit
SEP	Single Exit Price
TTO	Treatment Taken Out

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

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