

ANNEXURE C 2021

RUBY

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.	<ul style="list-style-type: none">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:<ul style="list-style-type: none">a Designated Service Provider (“DSP”) for that

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				<p>condition;</p> <ul style="list-style-type: none"> ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), <p>subject to:</p> <ul style="list-style-type: none"> ▪ <u>Authorisation</u>, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits;

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				<p>and</p> <ul style="list-style-type: none"> ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	IN-HOSPITAL BENEFITS		No overall limit. 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 <p>1. Accommodation in a general ward, high care ward and intensive care</p>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Hospital authorisation for <u>admission to a Private facility</u> must be obtained from the Scheme's managed care service provider at least 48

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	unit. 2. Theatre fees. 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)). 4. Neonatal care.			<p>hours before a Beneficiary is admitted to a <u>Private facility</u> (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 to a <u>Private facility</u> for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply. • Accommodation in a private ward is subject to motivation

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				<p>by attending practitioner and Scheme's managed care protocols and processes.</p> <ul style="list-style-type: none"> All In-Hospital treatment and services are subject to hospital authorisation (for <u>Private facilities only</u>, and inclusive of non-PMB one-day admissions), managed care protocols and processes.
B2	Maternity Hospital, home birth or registered birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Hospital authorisation for <u>admission to a Private facility</u>

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				<p>must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a <u>Private facility</u> (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 to a <u>Private facility</u> 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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				<p>admission shall apply.</p> <ul style="list-style-type: none"> • 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.	<p>100% of Scheme Rate for non-Network Family Practitioners.</p> <p>130% of Scheme Rate for Network Family Practitioners.</p>	<p>Unlimited.</p> <p>Reimbursement according to Scheme-approved tariff file.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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B4	Specialist Services Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Unlimited. Reimbursement according to Scheme- approved tariff file.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B5	Surgical Procedures	100% of Scheme Rate. 200% of Scheme Rate for procedures specified by managed care, performed in doctor's rooms instead of in hospital.	Unlimited. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and managed care protocols and processes. Includes hospital procedures performed in doctor's rooms, as approved by the Scheme. Includes Maxillofacial Surgery.

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				<ul style="list-style-type: none"> Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.
B6	Dentistry Conservative, restorative and specialised.	100% of Scheme Rate.	Professional fees, subject to shared limit with Out-of-Hospital dentistry benefit specified under C6: Dental Services of <u>R3 690</u> per Beneficiary per annum. Hospital cost included in hospital benefit (B1). Refer to Annexure E (Exclusions and Limitations) of GEMS	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars. Lingual and labial frenectomies under general anaesthesia for Beneficiaries under the age of eight (8) years, subject to managed healthcare programme and

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			Rules.	<p>pre-authorisation.</p> <ul style="list-style-type: none"> • Subject to hospital pre-authorisation, managed care protocols and processes, list of approved services, and use of Day Theatres. • General anaesthesia and conscious sedation for dentistry, subject to pre-authorisation and managed care protocols and processes. • Services classified as conservative, restorative and specialised per tariff code.
B7	Basic Radiology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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				<ul style="list-style-type: none"> Subject to managed care protocols and processes.
B8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with C9: Advanced Radiology of R24 408 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Subject to Advanced Radiology authorisation (in addition to hospital pre-authorisation) for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
B9	Pathology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A:

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				<p>Statutory Prescribed Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis.
B10	Blood Transfusions	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes cost of blood, blood equivalents, blood products and the transport thereof. • Includes erythropoietin.
B11	Physiotherapy	100% of Scheme Rate,	Limited to R5 486 per	<ul style="list-style-type: none"> • All limits are subject to A:

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		subject to PMBs.	Beneficiary per annum.	<p>Statutory Prescribed Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to hospital pre-authorisation, managed care protocols and processes, and services being related to admission diagnosis.
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy	100% of Scheme Rate.	Limited to ten (10) post-surgery physiotherapy visits (shared with C16: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of <u>R5 790</u> per Beneficiary per event, utilised within sixty	<ul style="list-style-type: none"> • 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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			(60) days of surgery.	
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.).	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1. • Limit includes all costs associated with the transplant, including materials and immunosuppressants. • Authorised erythropoietin is included in limits listed in B10: Blood Transfusions. • Organ harvesting is limited to the Republic of South Africa,

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				except in the case of cornea grafts.
B14	Prostheses This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> Shared limit with C17: Medical and Surgical Appliances and Prostheses of <u>R46 139</u> per family per annum for <u>Medical and Surgical Appliances and Prostheses</u> generally, plus <u>R46 139</u> per family per annum for <u>Joint Revisions only</u>; and Shared sub-limits 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Scheme may obtain competitive quotes or arrange supply of prosthesis. Bone cement paid from B1, subject to hospital pre-authorisation. Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes.

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			<p>with C17: Medical and Surgical Appliances and Prostheses of:</p> <ul style="list-style-type: none"> ○ 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 and levellers; ○ R576 for crutches per Beneficiary per annum; ○ One (1) wheelchair 	<ul style="list-style-type: none"> • 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 PMBs.

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			<p><u>of up to R6 342 per Beneficiary every twenty four (24) months of month of receipt of wheelchair;</u></p> <ul style="list-style-type: none"> ○ 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 aid(s); and ○ One (1) CPAP 	

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			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).	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of facility as per B1, or other registered emergency facility. • Subject to hospital authorisation and managed care protocols and processes. • Cost to be defrayed from C3:

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				Family Practitioner Services, for non-PMB and unauthorised events.
B16	Renal Dialysis In-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R290 588 per Beneficiary per annum for chronic dialysis. Acute dialysis included in B1.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1. • Includes related materials, and related pathology and radiology tests, but subject to managed care protocols and processes. • Erythropoietin included in B10: Blood Transfusions.

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				<ul style="list-style-type: none"> Once the limit is depleted, the benefit is unlimited for PMBs.
B17	Oncology (Chemo and Radiotherapy) In- and Out-of-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R <u>366 154</u> per family per annum. Sub-limit of R <u>276 763</u> per family for biological and similar specialised medicines.	<ul style="list-style-type: none"> 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, or a registered alternative. Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials.

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				<ul style="list-style-type: none"> 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 Rules.
B18	Mental Health	100% of Scheme Rate,	Subject to:	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum

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	Accommodation, theatre fees, medicine, hospital equipment and professional fees of Family Practitioners, Psychiatrists and Psychologists.	subject to PMBs.	<ul style="list-style-type: none"> • Limit of <u>R20 341</u> per family per annum; • <u>Shared sub-limit with C22: Mental Health of R2 366 per family per annum for services by Educational and Industrial Psychologists; and</u> • Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per 	<p>Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to hospital pre-authorisation and managed care protocols and processes. • Subject to the use of facility as per B1, or a registered alternative. • Maximum of three (3) days hospitalisation by a Family Practitioner.

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			day.	
B19	Alternatives to Hospitalisation 1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing. 2. Hospice	1. 100% of Scheme Rate, but subject to PMBs. 2. 100% of cost, but subject to PMB legislation.	1. Unlimited, but subject to PMB legislation. 2. Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation of alternative facility and services and managed care protocols 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.

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B20	Medical Technologists	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and case management. • Includes materials.
B21	Breast Reductions	No benefit.	No benefit, unless PMBs.	<ul style="list-style-type: none"> • 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.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, and services being related to

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				admission diagnosis.
B23	Other Professional Health Services Including Dietitians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and services being related to admission diagnosis.
B24	Alcohol and Drug Dependencies	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of GEMS

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				Rules.
C	OUT-OF-HOSPITAL BENEFITS			
C1	Personal Medical Savings Account (PMSA)	100% of Scheme Rate.	Fixed at 20% of the total gross contribution made in respect of a Member during the financial year.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Excludes PMB claims. • Claims paid in accordance with the benefits listed in C3 to C28, and Annexure F (Personal Medical Savings Accounts) of the GEMS Rules. • Benefit is pro-rated from the date of admission of Beneficiary to end of financial year.
C2	Block Benefit	100% of Scheme Rate.	R2 474 per family per	<ul style="list-style-type: none"> • All limits are subject to A:

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			annum.	<p>Statutory Prescribed Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Claims are paid against this benefit once the PMSA limit has been reached. • Benefit is pro-rated from the date of admission of Beneficiary to end of financial year.
C3	<p>Family Practitioner Services</p> <p>Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.</p>	<p>100% of Scheme Rate for non-Network Family Practitioners.</p> <p>130% of Scheme Rate for Network Family Practitioners.</p> <p>Reimbursement at 200% of Scheme Rate</p>	Limited to PMSA and Block Benefit, <u>subject to PMBs.</u>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Benefit includes consultations, visits and approved minor procedures at Family Practitioners, subject to medical necessity and

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		for procedures specified by managed care, performed in doctors' rooms instead of in hospital.		<p>managed care protocols and processes.</p> <ul style="list-style-type: none"> Limit is pro-rated from date of admission of Member to end of financial year.
C4	Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme	100% of Scheme Rate.	<p>Payable from Risk.</p> <p>One (1) additional Family Practitioner consultation at a DSP/Network provider, once PMSA and Block Benefit is exhausted.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). The additional Family Practitioner consultation at a DSP/Network provider is subject to pre-authorisation and managed care protocols and processes.
C5	Specialist Services Consultations, visits and all other Specialist services not specifically	100% of Scheme Rate for non-Network Specialists.	Limited to PMSA and Block Benefit, <u>subject to PMBs.</u>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	provided for otherwise in this Annexure.	<p>130% of Scheme Rate for Network Specialists.</p> <p>200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.</p> <p>200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms.</p>		<ul style="list-style-type: none"> Limit is pro-rated from date of admission of Member to end of financial year. Subject to Family Practitioner referral, and managed care protocols and processes.
C6	Dental Services Conservative and Restorative Dentistry (include Plastic	<p>100% of Scheme Rate.</p> <p>200% of Scheme Rate for treatment of bony</p>	Shared limit with B6: Dentistry of <u>R3 690</u> per Beneficiary per	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	Dentures); and Special Dentistry (includes Metal Base Partial Dentures).	impactions of third molars under conscious sedation in doctors' rooms.	annum. Panoramic x-rays limited to one (1) x-ray every three (3) years per Beneficiary. Bitewing x-rays limited to four (4) per Beneficiary per annum. Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.	<ul style="list-style-type: none"> General anaesthesia and conscious sedation for dentistry, subject to pre-authorisation and managed care protocols and processes. Only applicable to beneficiaries under the age of six (6) years, severe trauma and impacted third molars In respect of Conservative and Restorative Dentistry: <ul style="list-style-type: none"> Panoramic and Bitewing x-rays included. In respect of Special Dentistry: <ul style="list-style-type: none"> No pre-authorisation required for metal-base dentures.

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				<ul style="list-style-type: none"> Dental services classified as conservative, restorative and specialised per tariff code. Subject to managed care protocols and processes.
C7	Prescribed Medication and Injection Material			<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Prescribed and administered by professionals, legally entitled to do so. Subject to the Medicine Price List (MPL) and Medicine Exclusion List (MEL). Subject to Annexure E (Exclusions and Limitations) of GEMS Rules.

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	1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Subject to PMSA and a limit of R607 per family per annum for homeopathic medicine.	1. Subject to the following: <ul style="list-style-type: none"> Managed care protocols, formulary and processes. A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine, where Formulary exists. 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 cost, but subject to PMB legislation.	2. Unlimited, but subject to PMB legislation.	2. Subject to the following: <ul style="list-style-type: none"> Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a Family

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				<p>Practitioner or Specialist.</p> <ul style="list-style-type: none"> Medicine for chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, subject to use of Chronic Medicine Pharmacy DSP, 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.
	3. Self-Medication: Over-the-Counter (OTC) Medicine.	3. 100% of Scheme Rate.	3. Subject to PMSA and limited to R206	<p>3. Subject to the following:</p> <ul style="list-style-type: none"> Managed care protocols,

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	4. Prescribed medication from hospital stay (TTO)	4. 100% of Scheme Rate.	per Beneficiary per event. 4. Subject to PMSA. Payable from Risk, once PMSA is depleted.	Formulary and processes. • Only SAHPRA-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit. 4. Subject to the following: • TTO limited to seven (7) days.
C8	Basic Radiology X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Subject to PMSA.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes 2 x 2D ultrasound

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				<p>scans per pregnancy provided for by C24: Maternity.</p> <p>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.</p>
C9	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R24 408 per family per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Advanced Radiology pre-authorisation, managed care protocols and processes. • Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans,

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				PET scans, MRI scans and Radio-isotope studies.
C10	Pathology and Medical Technology	100% of Scheme Rate.	Limited to PMSA and Block Benefit, <u>subject to PMBs.</u>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes liquid-based cytology pap smears.
C11	Optical Services <ol style="list-style-type: none"> 1. Eye examinations; 2. Frames, lenses and contact lenses (permanent and disposable); and 3. Refractive eye surgery. 	100% of Scheme Rate.	Limited to PMSA and Block Benefit, <u>subject to PMBs.</u> Limited to one (1) eye examination per Beneficiary per Financial Year, starting on 01 January	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Optical Managed Care protocols and processes. • Optical benefit is not pro-rated, irrespective of date of

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			<p>and ending on 31 December of the same year.</p> <p>Either spectacles or contact lenses shall be funded in a Financial Year, not both.</p> <p>Frame sub-limit of R1 <u>487</u> per Beneficiary shall apply.</p> <p>Post cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 <u>223</u> for both lens and frame with a sublimit of R<u>241</u></p>	<p>Beneficiary registration.</p> <ul style="list-style-type: none"> 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			for the frame.	
C12	Allied Health Services Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C13	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C14	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C15	Audiology, Occupational	100% of Scheme Rate,	Limited to PMSA and Block Benefit, subject	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Therapy and Speech Therapy	subject to PMBs.	to PMBs.	Benefits ("PMBs").
C16	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R5 790 per Beneficiary per event, utilised within sixty (60) days of surgery.	<ul style="list-style-type: none"> ○ All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). ○ Subject to hospital pre-authorisation, managed care protocols and processes.
C17	Medical and Surgical Appliances and Prostheses Include Hearing Aids, Wheelchairs, Mobility Scooters,	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> • Shared limit with B14: Prostheses of R46 139 per family 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>Oxygen Cylinders, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses.</p> <p>Applicable to In- and Out-of-Hospital.</p>		<p>per annum for <u>Medical and Surgical Appliances and Prostheses generally; and</u></p> <ul style="list-style-type: none"> • Sub-limit for C17: Medical and Surgical Appliances and Prosthesis of R18 002 per family per annum, with further, shared sub-limits with B14: Prostheses of: <ul style="list-style-type: none"> ○ R5 067 per Beneficiary per 	<p>protocols and processes.</p> <ul style="list-style-type: none"> • Diabetic accessories and appliances, other than Glucometers, to be pre-authorised and claimed from the chronic medication benefit (C7.2). • Foot orthotics and prosthetics, subject to Formulary, managed care protocols and processes. • The Scheme has the right to obtain competitive quotes.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>annum for foot orthotics and prosthetics, with a sub-limit of <u>R1 448</u> per Beneficiary per annum for orthotic shoes, foot inserts and levellers;</p> <ul style="list-style-type: none"> ○ <u>R576</u> for crutches per Beneficiary per annum; ○ <u>One (1) wheelchair</u> of up to <u>R6 342</u> per Beneficiary <u>every twenty four (24) months of month of receipt of wheelchair;</u> 	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<ul style="list-style-type: none"> One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to <u>R9 225</u> per hearing aid per 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. 	
C18	Renal Dialysis	100% of cost, but	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A:

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	Out-of-Hospital	subject to PMB legislation.		<p>Statutory Prescribed Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to Renal Dialysis pre-authorisation, managed care protocols and processes. • Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30% per event shall apply in accordance with Network rules. • Includes materials and related pathology tests.
C19	Screening Services Including: Cholesterol, Bone Density, Pap Smear, Prostate Specific	100% of Scheme Rate.	Payable from Risk. All screenings are limited to one (1) of each per annum,	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • All subject to managed care

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism, Mammogram, and other screenings according to evidence-based standard practice.		unless otherwise indicated herein.	<p>protocols and processes.</p> <ul style="list-style-type: none"> Pap Smears include liquid-based cytology. Infant Hearing Screening for Child Dependants under the age of one (1) year. Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years. Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. Includes screening services provided in pharmacies.
C20	Preventative Care Services	100% of Scheme Rate.	Paid from Risk.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<u>Includes all vaccinations.</u>		<u>Influenza</u> <u>Vaccinations: Limited</u> <u>to one (1) course per</u> <u>Beneficiary per</u> <u>annum.</u> <u>Pneumococcal</u> <u>Vaccinations: Limited</u> <u>to one (1) course per</u> <u>Beneficiary every five</u> <u>(5) years for</u> <u>Beneficiaries at risk in</u> <u>accordance with</u> <u>managed care</u> <u>protocols.</u> <u>HPV Vaccinations:</u> <u>Limited to one (1)</u> <u>course per female</u> <u>Beneficiary per</u>	Benefits ("PMBs"). <ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Includes preventative care services provided in pharmacies.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			lifetime. <u>Other Vaccinations:</u> <u>Limited to R780 per</u> <u>Beneficiary per</u> <u>annum.</u>	
C21	HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes one (1) consultation for diagnosis and initial counselling. • Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				processes.
C22	Mental Health Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.	100% of cost, but subject to PMB legislation.	Limited to PMSA. <u>Shared sub-limit with B18: Mental Health of R2 366 per family per annum for services by Educational and Industrial Psychologists.</u> Limited to one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • If Out-of-Hospital treatment is offered as an alternative to hospitalisation, In-Hospital benefits (B1) shall apply.
C23	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> 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.
C24	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.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to registration on Maternity Programme, and managed care protocols and processes. If not registered on Maternity Programme, Out-of-Hospital

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>benefits (excluding this benefit C24: Maternity) shall apply.</p> <ul style="list-style-type: none"> Includes: <ul style="list-style-type: none"> Benefits defined in managed care protocols. 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 a 2D scan. Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C25	Female Contraceptives Oral, insertables, injectables and dermal.	100% of Scheme Rate.	Limited to PMSA.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols, formulary and processes.
C26	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"> 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.
C27	Circumcision	100% Scheme Rate.	Global fee of R 1 639 per Beneficiary.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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				<ul style="list-style-type: none"> • Subject to pre-authorisation of facility and services, and managed care protocols and processes. • Limit applies to: <ul style="list-style-type: none"> ○ 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.
C28	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate.	Paid from Risk, <u>but limited to Chronic Back and Neck</u>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<u>Rehabilitation Programme benefits.</u>	<ul style="list-style-type: none"> • Subject to registration on Chronic Back and Neck Rehabilitation Programme, and managed care protocols and processes. • Out-of-Hospital benefits (excluding this benefit C28: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.

Legend:	
Scheme Rate	See Rule 4.36 of the GEMS Rules.
CDL	Chronic Disease List

Chronic DSP	Chronic Designated Service Provider. Subject to Annexure G of the GEMS Rules.
DTP	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.
PDF	Professional Dispensing Fee
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.