ANNEXURE C 2021

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	**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:

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				▪ a Designated Service 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

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				processes, as specified 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**		No overall limit.	
B1	**Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities** 1. Accommodation in a general ward, high care	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation. .	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Hospital authorisation for admission to a Private facility must be obtained from the Scheme’s

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	ward and intensive care unit; 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); and 4. Neonatal care.			managed care 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 admission shall apply.

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				• Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols and processes. • 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.
B2	**Maternity** Hospital, home birth or registered 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").

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				• Subject to managed care 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

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				Scheme must be notified of such admission within one (1) working day after the admission, failing which, the co-payment of R1 000 per admission shall apply. • Elective Caesarean Sections may be subjected to second opinion, managed care protocols and processes. • Benefit includes midwife services. • Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.

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B3	**Family Practitioner Services** Consultations and visits.	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners.	Unlimited. Reimbursement according to the Scheme-approved tariff file.	All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).
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 the Scheme-approved tariff file.	• 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	Unlimited. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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		care, performed in doctor's rooms instead of in hospital.		• Subject to hospital pre-authorisation, managed care protocols and processes. • Includes hospital procedures performed in doctor's rooms, as approved by the Scheme. • Includes Maxillofacial Surgery. • Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.
B6	**Dentistry** Conservative, restorative and specialised dentistry.	100% of Scheme Rate.	Professional fees, subject to shared limit with C2: Dental Services of R5 672	• All limits are subject to A: Statutory Prescribed

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			per Beneficiary per annum. Hospital cost included in hospital benefit (B1). 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. • Lingual and labial frenectomies under general anaesthesia for Beneficiaries under the age of eight (8) years, subject to managed healthcare programme and pre-authorisation. • Subject to hospital pre-authorisation, managed care protocols and processes, list of approved

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				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** X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Unlimited.	○ All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). ○ Subject to managed care protocols and processes.

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B8	**Advanced Radiology**	100% of Scheme Rate, subject to PMBs.	Shared limit with C9: Advanced Radiology of R24 408 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • 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. • Subject to managed care protocols and processes.
B9	**Pathology**	100% of Scheme Rate.	Unlimited.	○ All limits are subject to A: Statutory Prescribed

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				Minimum Benefits ("PMBs"). ○ 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.	• 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.

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				• Includes erythropoietin.
B11	**Physiotherapy**	100% of Scheme Rate, subject to PMBs.	Limited to R5 486 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, and services being related to admission diagnosis.
B12	**Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy**	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C1.6: Post Hip, Knee and Shoulder Replacement or	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed

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			Revision Surgery Physiotherapy) up to a limit of R5 790 per Beneficiary per event, utilised within sixty (60) days of surgery.	care protocols and processes.
B13	**Organ and Tissue Transplants**	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 and processes.).	• 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

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				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 for cornea tissue.
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	100% of Scheme Rate, subject to PMBs.	Subject to: • Shared limit with C11: Medical and Surgical Appliances and Prostheses of R46 139 per family per annum for Medical and	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes. • Scheme may obtain competitive quotes, or

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	of these prostheses and internal devices.		Surgical Appliances and Prostheses generally, plus R46 139 per family per annum for Joint Revisions only; and • Shared sub-limits with C11: Medical and Surgical Appliances and Prostheses of : ○ R5 067 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1	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 PMBs.

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			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 four (24) months of month of receipt of wheelchair; ○ One (1) unilateral hearing aid, or	

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			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 device of up to R10 955 per Beneficiary every thirty six (36) months of month of receipt of device.	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
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, managed care protocols and processes. • Cost to be defrayed from C1.1: Family Practitioner (FP) Services, for non-PMB and unauthorised events.

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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.	• 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• 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 R406 836 per family per annum. Sub-limit of R276 763 per family for biological and similar specialised medicine.	• 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology 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

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				tumours, unless pre-authorised in accordance with paragraph 9.1.13.6 of Annexure E (Exclusions and Limitations) of GEMS Rules.
B18	**Mental Health:** Accommodation, theatre fees, medicine, hospital equipment and professional fees of Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: • Limit of R20 341 per family per annum, shared between B18: Mental Health and C10: Mental Health; • Shared sub-limit with C10: Mental Health of R2 366 per family per	• 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, or a registered alternative.

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			annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.	• Maximum of three (3) days hospitalisation by a Family Practitioner.
B19	**Alternatives to Hospitalisation**			• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing. 2. Hospice	1. 100% of Scheme Rate, subject to PMBs. 2. 100% of cost, but subject to PMB legislation.	1. Unlimited, subject to PMB legislation. 2. Unlimited, but subject to PMB legislation.	• 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.
B20	**Medical Technologists**	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed

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				Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and case management. • Includes materials.
B21	**Breast Reductions**	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation, managed care protocols and processes.
B22	**Allied Health Services:** Limited to Chiropractors, Homeopaths, Phytotherapists,	100% of Scheme Rate, subject to PMBs.	Limit of R1 749 per family per annum, shared between B22:	• All limits are subject to A: Statutory Prescribed

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	Acupuncturists and Chinese Medicine Practitioners.		Allied Health Services, B23: Other Professional Health Services, C5: Allied Health Services, and C6: Other Professional Health Services.	Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, and services being related to admission diagnosis.
B23	**Other Professional Health Services** Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limit as per B22: Allied Health Services; and Sub-limit of R876 per family per annum for Social Workers and Registered Counsellors, shared between B23: Other Professional Health Services and C6:	• 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.

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			Other Professional Health Services.	
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”). • 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	**Day-to-Day Block Benefit**	100% of Scheme Rate.	Shared limit between C1.1 and C1.4 – C1.9	• All limits are subject to A: Statutory Prescribed

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	1. Out-of-Hospital Family Practitioner Services; 2. Out-of-Hospital Specialist Services; 3. Physiotherapy; 4. Maternity (where not covered under C7: Maternity Programme); 5. Audiology, Occupational Therapy and Speech Therapy; and 6. Pathology and Medical Technology.		of R10 152 per family, and R5 074 per Beneficiary, per annum.	Minimum Benefits ("PMBs"). • Benefit is pro-rated from date of admission of Beneficiary to end of financial year.
C1.1	**Family Practitioner (FP) Services** Consultations, visits and all other Family Practitioner	100% of Scheme Rate for non-Network Family Practitioners.	Shared limit as per C1: Day-to-Day Block Benefit.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	services not specifically provided for otherwise in this Annexure.	130% of Scheme Rate for Network Family Practitioners. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.		• Benefit includes consultations, visits and approved minor procedures at Family Practitioners, subject to medical necessity and managed care protocols and processes. • Limit is pro-rated from date of admission of Member to end of financial year.
C1.2	**Primary Care Extender Benefit**	100% of Scheme Rate, subject to PMBs.	Payable from Risk. Shared limit between: • C1.1: Family Practitioner (FP) Services;	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • The additional benefit of R780 per Beneficiary per annum is:

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			• C1.9: Pathology and Medical Technology; and • C8.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions, of R780 per Beneficiary per annum, when any of aforementioned benefits are exhausted.	○ In the case of C1.1: Family Practitioner (FP) Services, subject to: ▪ Use of Network Family Practitioner; and ▪ Managed care protocols and processes. ○ In the case of C1.9: Pathology and Medical Technology, subject to: ▪ Managed care protocols and processes. ○ In the case of C8.1: Prescribed Medication

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				and Injection Material, i.e. Acute Medical Conditions, subject to: ▪ The Conditions / Remarks provided for in C8: Prescribed Medication and Injection Material. • The additional benefit of R780 per Beneficiary per annum shall not be pro-rated, irrespective of the date of Beneficiary registration.
C1.3	**Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on**	100% of Scheme Rate, subject to PMBs.	• Payable from Risk. • Two (2) additional Family	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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	Disease Management Programme		Practitioner consultations at a DSP/Network provider, once Block Benefit is exhausted.	• The additional Family Practitioner consultations at a DSP/Network provider are subject to pre-authorisation, managed care protocols and processes.
C1.4	**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	Shared limit as per C1: Day-to-Day Block Benefit.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Limit is pro-rated from date of admission of Member to end of financial year.

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		managed care, performed in doctors' rooms instead of in-hospital. • 200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms.		
C1.5	**Physiotherapy**	100% of Scheme Rate, subject to PMBs.	Shared limit as per C1: Day-to-Day Block Benefit. Sub-limit of R5 040 per family, and R2 520 per	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

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			Beneficiary, per annum.	
C1.6	**Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy**	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. 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.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes.

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C1.7	**Maternity** Ante- and post-natal care.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit, where not accessed under C7: Maternity Programme.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C1.8	**Audiology, Occupational Therapy and Speech Therapy**	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Shared sub-limit with C1.9: Pathology and Medical Technology, of R4 961 per family, and R2 476 per Beneficiary, per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Occupational or speech therapy performed In-

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			Further sub-limit of R3 978 per family, and R1 991 per Beneficiary, per annum.	Hospital shall be paid from B1.
C1.9	**Pathology and Medical Technology**	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Shared sub-limit with C1.8: Audiology, Occupational Therapy and Speech Therapy of R2 476 per Beneficiary and R4 961 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes liquid-based cytology pap smears.
C2	**Dental Services**	100% of Scheme Rate.	Shared limit with B6: Dentistry of R5 672	• All limits are subject to A: Statutory Prescribed

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Conservative and Restorative Dentistry (include plastic dentures); and Special Dentistry (includes metal-base dentures).	200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms.	per Beneficiary per 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.	Minimum Benefits ("PMBs"). • General anaesthesia and conscious sedation for dentistry, subject to pre-authorisation, 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: o Panoramic and Bitewing x-rays included.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• In respect of Special Dentistry: ○ No pre-authorisation required for metal base dentures. • Subject to managed care protocols and processes.
C3	**Optical Services** 1. Eye examinations; 2. Frames, lenses and contact lenses (permanent and disposable); and 3. Refractive eye surgery.	100% of Scheme Rate.	Limited to R5 094 per family per financial year, starting on 01 January and ending on 31 December of the same year ("Family Financial Cycle"). Further limited to R2 548 per Beneficiary for every two (2)	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • All Optical services included in benefit. • Subject to Optical Managed Care protocols and processes.

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			financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected Beneficiary following the end of such previous two (2) year period (if any) ended on 31 December ("Beneficiary Financial Cycle"), subject to frames not exceeding R1 487. Limited to: • One (1) eye examination per	• 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary (“Eye Examination Cycle”); and • One (1) frame and one pair of lenses per Beneficiary per twenty four (24) month period, calculated from the month within which same was last rendered to	

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			the affected Beneficiary (“Optical Appliance Cycle”). Save for the financial limits specified hereinabove, no limit shall apply to the number of contact lenses that may be rendered to a Beneficiary. Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both. Post-cataract surgery, Optical PMB	

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			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.	
C4	**Basic Radiology** X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Sub-limit of R4 052 per Beneficiary and R7 426 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes. • Includes 2 x 2D ultrasound scans per pregnancy provided for under C7: Maternity Programme. Alternatively, should any

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				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.
C5	**Allied Health Services:** Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Shared limit as per B22: Allied Health Services.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.
C6	**Other Professional Health Services** Limited to Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limit and sub-limit as per B22: Allied Health Services and B23: Other Professional Health Services.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C7	**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 and processes. • If not registered on Maternity Programme, C1.7: Maternity shall apply. • Includes: o Benefits defined in managed care protocols. o 2 x 2D ultrasounds per pregnancy. Alternatively, should any

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				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.
C8	**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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL). • Subject to Annexure E (Exclusions and Limitations) of GEMS Rules.
	1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Limit of R12 203 per family, and R4 068 per Beneficiary, per annum, and sub-limit of R607 per family per annum for homeopathic medicine.	1. Subject to the following: • Managed care protocols, formulary and processes. • A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine, where Formulary exists. • Benefit includes prescribed maternity vitamin supplements.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	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 R24 574 per family, and R12 203 per 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	2. Subject to the following: • Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a Family 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			D 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 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 the GEMS Rules. However, once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation. • Includes benefit for life-threatening allergies,

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				payable from Risk, and subject to managed care protocols, formulary and processes.
	3. Self-Medication: Over-the-Counter (OTC) Medicine	3. 100% of Scheme Rate.	3. Subject to acute medicine benefit limit (C8.1), event limit of R274 per Beneficiary, sub-limit of R1 025 per Beneficiary per annum, and a family annual limit of R1 639.	3. Subject to the following: • Managed care protocols, Formulary and processes. • Only SAHPRA-registered Schedule 0, 1, and 2 medicines payable from the OTC benefit.
	4. Prescribed medication from hospital stay (TTO).	4. 100% of Scheme Rate.	4. Included in acute medication benefit limit (C8.1).	4. Subject to the following: • TTO limited to seven (7) days.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Payable from Risk, once acute medication benefit (C8.1) is exhausted.	
	5. Female Contraceptives: Oral, insertables, injectables and dermal.	5. 100% of Scheme Rate.	5. Subject to acute medicine benefit limit (C8.1) and a sub-limit of R3 088 per Beneficiary per annum.	5. Subject to managed care protocols, Formulary and processes.
C9	**Advanced Radiology**	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R24 408 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• Subject to Advanced Radiology pre-authorisation, managed care protocols and processes. • Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans PET scans, MRI scans and Radio-isotope studies.
C10	**Mental Health** Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: • Limit of R20 341 per family per annum, shared between B18: Mental Health and	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			C10: Mental Health; • Sub-limit of R6 032 for Out-of-Hospital Psychologist consultations; • 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	• If Out-of-Hospital treatment is offered as alternative to hospitalisation, In-Hospital benefits (B1) shall apply.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Psychologist consultation and one (1) group Psychologist consultation per day.	
C11	**Medical and Surgical Appliances and Prostheses** Includes Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulizers, 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: • Shared limit with B14: Prostheses of R46 139 per family per annum for Medical and Surgical Appliances and Prostheses generally; and • Sub-limit of R18 002 per family per	• 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 (C8.2).

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			annum for C:11 Medical and Surgical Appliances and Prosthesis, 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 448 per Beneficiary per annum for orthotic shoes,	• 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
			foot inserts 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	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			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.	
C12	**Renal Dialysis** Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Minimum Benefits ("PMBs"). • 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.
C13	**Screening Services** Including:	100% of Scheme Rate.	Payable from Risk. All screenings are limited to one (1) of each per annum,	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	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 Neonatal Hypothyroidism, Mammogram, and other screenings according to evidence-based standard practice.		unless otherwise indicated herein.	• All subject to managed care protocols and processes. • 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C14	**Preventative Care Services** Includes all vaccinations.	100% of Scheme Rate.	Paid from Risk. Influenza Vaccinations: Limited to one (1) 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	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes preventative care services provided in pharmacies.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Beneficiary per lifetime. Other Vaccinations: Limited to R780 per Beneficiary per annum.	
C15	**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. • Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C16	**Infertility**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“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.
C17	**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”).

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• Subject to use of Emergency Medical Services DSP, and managed care protocols and processes.
C18	**Circumcision**	100% Scheme Rate.	Global fee of R1 639 per Beneficiary.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation of facility and services, and managed care protocols and processes. • Limit applies to: o All related costs, e.g. consultations, medication etc.; and

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				○ All post-op care within a month of procedure. • In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or doctors' rooms.
C19	**Chronic Back and Neck Rehabilitation Programme**	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	• All limits are subject to A: 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 C19: Chronic Back and Neck

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				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.
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.