

ANNEXURE C 2021

EMERALD VALUE

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:

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				<ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ <u>Authorisation</u>, managed care protocols, formulary and

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				<p>processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; 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.	
B1	<p>Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities</p> <p>1. Accommodation in a general ward, high care</p>	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 use of a State or Network facility; failing which, the Scheme shall not be liable to fund the first

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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.			R12 000 of the other facility's bill. <ul style="list-style-type: none"> • Hospital authorisation for <u>admission to a Private facility</u> 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. • In the event of an admission to a <u>Private facility</u> for an Emergency Medical Condition, the

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				<p>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.</p> <ul style="list-style-type: none"> • 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 <u>Private facilities only</u>, inclusive of non-PMB one-day admissions), managed

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				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 use of a State or Network facility, and managed care protocols and processes. • Hospital authorisation <u>for admission to a Private facility</u> 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>

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				<p>(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, the co-payment of R1 000 per admission shall apply. Elective Caesarean Sections may be subjected to second opinion and

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				<p>managed care protocols and processes.</p> <ul style="list-style-type: none"> • 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 Practitioners. 130% of Scheme Rate for Network Family Practitioners.	Unlimited. Reimbursement according to the Scheme-approved tariff file.	<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.

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B4	Specialist Services Consultations and visits.	<ul style="list-style-type: none"> 100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists. 	Unlimited. Reimbursement according to the Scheme-approved tariff file.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1.
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-authorization, managed care protocols and processes, and use of

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				<p>facility as per B1, or doctor's rooms.</p> <ul style="list-style-type: none"> Includes hospital procedures performed in practitioner's rooms, as approved by Scheme. Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.
B6	<p>Dentistry</p> <p>Conservative, restorative and specialised dentistry.</p>	<p>100% of Scheme Rate.</p>	<p>Professional fees, subject to shared limit with C2: Dental Services of <u>R5 672</u> per Beneficiary per annum.</p>	<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

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			<p>Hospital cost included in hospital benefit (B1).</p> <p>Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.</p>	<p>trauma and impacted third molars.</p> <ul style="list-style-type: none"> • Lingual and labial frenectomies under general anaesthesia for Beneficiaries under the age of eight (8) years, subject to managed healthcare programme and pre-authorization. • Subject to hospital pre-authorization, managed care protocols and processes, list of approved services, and use of Day Theatres within the Network. • General anaesthesia and conscious sedation for

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				<p>dentistry, subject to pre- authorisation, managed care protocols and processes.</p> <ul style="list-style-type: none"> • Services classified as conservative, restorative and specialised per tariff code.
B7	<p>Basic Radiology X-rays and soft tissue ultrasound scans.</p>	<p>100% of Scheme Rate.</p>	<p>Unlimited.</p>	<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 use of facility as per B1.

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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.	<ul style="list-style-type: none"> ○ All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). ○ Subject to Advanced Radiology pre-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, and use of facility as per B1.

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B9	Pathology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> ○ 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.	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, and use of facility as per B1.

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				<ul style="list-style-type: none"> • Includes cost of blood, blood equivalents, blood products and the transport thereof. • Includes erythropoietin.
B11	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Limited to <u>R5 486</u> per Beneficiary per annum.	<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, services being related to admission diagnosis, and use of facility as per B1.

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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 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, and use of facility as per B1.
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	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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			<p>annum for corneal grafts (imported corneal grafts, subject to managed care protocols and processes.).</p>	<ul style="list-style-type: none"> • 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, except for cornea tissue.

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B14	<p>Prostheses</p> <p>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.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> Shared limit with C11: Medical and Surgical Appliances and Prostheses of <u>R46 139 per family per annum for Medical and Surgical Appliances and Prostheses generally, plus R46 139 per family per annum for Joint Revisions only; and</u> Shared sub-limits with C11: Medical 	<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 use of facility as per B1. Scheme may obtain competitive quotes, or arrange supply of prosthesis. Bone cement paid from B1, subject to hospital pre-authorization. Foot orthotics and prosthetics, subject to

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			<p>and Surgical Appliances and Protheses of:</p> <ul style="list-style-type: none"> ○ <u>R5 067</u> per Beneficiary per 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; ○ <u>R576</u> for crutches per Beneficiary per annum; ○ <u>One (1)</u> <u>wheelchair of up</u> 	<p>formulary, managed care protocols and processes.</p> <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>to <u>R6 342</u> per Beneficiary every <u>twenty four (24)</u> months of month of receipt of <u>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 <u>R9 225</u> per hearing aid per Beneficiary every thirty six (36) months of month of receipt of hearing aid(s); and 	

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			<ul style="list-style-type: none"> ○ 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).	<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, managed

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				<p>care protocols and processes.</p> <ul style="list-style-type: none"> • Cost to be defrayed from C1.1: Family Practitioner (FP) Services: Member Nominated Network Family Practitioners, 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.

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				<ul style="list-style-type: none"> 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, 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.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Oncology pre-authorisation, managed

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				<p>care protocols and processes.</p> <ul style="list-style-type: none"> • 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. • Erythropoietin included in B10: Blood Transfusions. • Once the limit is depleted, the benefit is unlimited for PMBs.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> 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-authorized 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,	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> Limit of <u>R20 341</u> per family per annum, shared 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	Psychiatrists and Psychologists.		<p>between B18: Mental Health and C10: Mental Health;</p> <ul style="list-style-type: none"> • <u>Shared sub-limit with C10: 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 	<ul style="list-style-type: none"> • Subject to hospital pre- authorisation, managed care protocols and processes. • Subject to use of facility as per B1, or a registered alternative. • Maximum of three (3) days hospitalisation by a Family Practitioner.

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			Psychologist consultation per day.	
B19	Alternatives to Hospitalisation 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.	<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.

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				<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to hospital pre-authorization, case management, and use of facility as per B1. Includes materials.
B21	Breast Reductions	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”).

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				<ul style="list-style-type: none"> • Subject to pre-authorisation, managed care protocols and processes. • Subject to use of facility as per B1.
B22	Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limit of R1 749 per family per annum, shared between B22: Allied Health Services, B23: Other Professional Health Services, C5: Allied Health Services, and C6: Other Professional Health Services.	<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 use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).

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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: Other Professional Health Services.	<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 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.	<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 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 1. Out-of-Hospital Family Practitioner Services; 2. Out-of-Hospital Specialist Services; 3. Physiotherapy;	100% of Scheme Rate.	Shared limit between C1.1 and C1.4 – C1.9 of R10 152 per family, and R5 074 per Beneficiary, per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Benefit is pro-rated from date of admission of Beneficiary to end of financial year.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>4. Maternity (where not covered under C7: Maternity Programme);</p> <p>5. Audiology, Occupational Therapy and Speech Therapy; and</p> <p>6. Pathology and Medical Technology.</p>			<ul style="list-style-type: none"> Subject to Network Family Practitioner Nomination and Specialist Referral Rules.
C1.1	<p>Family Practitioner (FP) Services: Member Nominated Network Family Practitioners</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 for procedures specified by managed</p>	Shared limit as per C1: Day-to-Day Block Benefit.	<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 Nominated Network Family Practitioners, subject to medical

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		care, performed in doctors' rooms instead of in hospital.		<p>necessity and managed care protocols and processes.</p> <ul style="list-style-type: none"> • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to use of a Nominated Network Family Practitioner. • A 30% co-payment shall be applied to the applicable rate specified in the “%Benefit/Tariff” column in respect of all visits to Family Practitioners, other than Nominated Network Family Practitioners, irrespective of whether such other Family

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				<p>Practitioners are on the GEMS Family Practitioner Network or not.</p> <ul style="list-style-type: none"> 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.	<p>Payable from Risk. Shared limit between:</p> <ul style="list-style-type: none"> C1.1: Family Practitioner (FP) Services; C1.9: Pathology and Medical Technology; and C8.1: Prescribed Medication and Injection Material, 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). The additional benefit of R780 per Beneficiary per annum is: <ul style="list-style-type: none"> In the case of C1.1: Family Practitioner (FP) Services, subject to:

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			<p>i.e. Acute Medical Conditions, of R780 per Beneficiary per annum, when any of aforementioned benefits are exhausted.</p>	<ul style="list-style-type: none"> ▪ Use of Nominated Network Family Practitioner; and ▪ Managed care protocols and processes. ○ In the case of C1.9: Pathology and Medical Technology, subject to: <ul style="list-style-type: none"> ▪ Managed care protocols and processes. • In the case of C8.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions, subject to:

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				<ul style="list-style-type: none"> ▪ The Conditions / Remarks provided for in C8: Prescribed Medication and Injection Material. • The additional benefit of <u>R780</u> 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 Disease Management Programme.	100% of Scheme Rate, subject to PMBs.	Payable from Risk. Two (2) additional Family Practitioner consultations at a Nominated Network Family Practitioner,	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • The additional Family Practitioner consultations at a Nominated Network

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			once Block Benefit is exhausted.	Family Practitioner 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 managed care, performed in doctors' rooms instead of in hospital. 200% of Scheme Rate for cataract	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> • 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. • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to referral by a Nominated Network Family Practitioner; alternatively, pre-authorisation required.

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		procedures performed by Ophthalmologists in their rooms.		<ul style="list-style-type: none"> If no referral by a Nominated Network Family Practitioner, or no pre-authorization, a 30% co-payment shall be applied to the applicable rate specified in the “%Benefit/Tariff” column.
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 Beneficiary, 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.

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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.	<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.
C1.7	Maternity Ante- and post-natal care.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Benefit, where not accessed under C7: Maternity Programme.	Minimum Benefits (“PMBs”). <ul style="list-style-type: none"> 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. Further sub-limit of R3 978 per family,	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to managed care protocols and processes. Occupational or speech therapy performed In-Hospital shall be paid from B1.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			and R1 991 per Beneficiary, per annum.	
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.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • 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	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>Conservative and Restorative Dentistry (include plastic dentures); and</p> <p>Special Dentistry (includes metal-base dentures).</p>	<p>200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctor's rooms.</p>	<p>per Beneficiary per annum.</p> <p>Panoramic x-rays limited to one (1) x-ray every three (3) years per Beneficiary.</p> <p>Bitewing x-rays limited to four (4) per Beneficiary per annum.</p> <p>Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.</p>	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • General anaesthesia and conscious sedation for dentistry, subject to pre-authorization 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> • In respect of Special Dentistry: <ul style="list-style-type: none"> ○ No pre-authorisation required for metal-base dentures. • Subject to managed care protocols and processes.
C3	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 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)	<ul style="list-style-type: none"> • 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>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 <u>R1 487</u>.</p> <p>Limited to:</p> <ul style="list-style-type: none"> • One (1) eye examination per 	<ul style="list-style-type: none"> • 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 GEMS Rules for Optometry Exclusions.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary (“Eye Examination Cycle”); and</p> <ul style="list-style-type: none"> • One (1) frame and one (1) pair of lenses per Beneficiary per twenty four (24) month period, calculated from the month within which same was 	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>last rendered to the affected Beneficiary (“Optical Appliance Cycle”).</p> <p>Save for the financial limits specified hereinabove, no limit shall apply to the number of contact lenses that may be rendered to a Beneficiary.</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p>	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			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.	
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.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Includes 2 x 2D ultrasound scans per pregnancy provided for under C7: Maternity Programme. Alternatively, should any

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>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> <ul style="list-style-type: none"> • Subject to Specialist Referral Rules.
C5	<p>Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.</p>	100% of Scheme Rate, subject to PMBs.	Shared limit as per B22: Allied Health Services.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes.
C6	<p>Other Professional Health Services Limited to Dieticians, Podiatrists, Social Workers,</p>	100% of Scheme Rate, subject to PMBs.	Shared limit and sub-limit as per B22: Allied Health Services and B23: Other	<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
	Registered Counsellors and Orthoptists.		Professional Health Services.	<ul style="list-style-type: none"> • Subject to managed care protocols and processes.
C7	Maternity Programme Ante- and post-natal care.	100% of Scheme Rate, but 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, C1.7: Maternity shall apply. • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> ○ 2 x 2D ultrasounds 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.
C8	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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	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.	<p>professionals, legally entitled to do so.</p> <ul style="list-style-type: none"> • Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL). • Subject to Annexure E (Exclusions and Limitations) of GEMS Rules. <p>1. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, formulary and processes. • A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine, where Formulary exists.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules.</p>	<p>2. 100% of Scheme Rate, subject to PMBs.</p>	<p>2. Unlimited for PMB chronic conditions listed in PMB DTP and PMB CDL, but subject to PMB legislation.</p> <p>Limit of <u>R24 574</u> per family, and <u>R12 203</u> per Beneficiary, per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules.</p>	<ul style="list-style-type: none"> • Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> • 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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			No benefit for non-PMB chronic conditions not listed in Annexure D of GEMS Rules.	<p>Pharmacy DSP, as provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p> <ul style="list-style-type: none"> • A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine and voluntary use of 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 GEMS Rules. However, once limit

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	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	<p>is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation.</p> <ul style="list-style-type: none"> Includes benefit for life threatening allergies, payable from Risk, and subject to managed care protocols, formulary and processes. <p>3. Subject to the following:</p> <ul style="list-style-type: none"> Managed care protocols, Formulary and processes. Only SAHPRA-registered Schedule 0, 1, and 2 medicines payable from the OTC benefit.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>4. Prescribed medication from hospital stay (TTO).</p> <p>5. Female Contraceptives: Oral, insertables, injectables and dermal.</p>	<p>4. 100% of Scheme Rate.</p> <p>5. 100% of Scheme Rate.</p>	<p>family annual limit of R1 639.</p> <p>4. Included in acute medication benefit limit (C8.1). Payable from Risk, once acute medication benefit limit (C8.1) is exhausted.</p> <p>5. Subject to acute medicine benefit limit and a sub-limit of R3 088 per Beneficiary per annum.</p>	<p>4. Subject to the following:</p> <ul style="list-style-type: none"> • TTO limited to seven (7) days. <p>5. Subject to managed care protocols, Formulary and processes.</p>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
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 Network Family Practitioner Nomination and Specialist Referral Rules. • 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C10	<p>Mental Health</p> <p>Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> • Limit of <u>R20 341</u> per family per annum, shared between B18: Mental Health and C10: Mental Health; • Sub-limit of <u>R6 032</u> for Out-of-Hospital Psychologist consultations; • <u>Further, shared sub-limit with B18: Mental Health of R2 366 per family per annum for</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. • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Services by Family Practitioners: Subject to nomination and use of a DSP/Network Family Practitioner; failing which, a 30% co-payment shall apply. • Services by Psychiatrists and Psychologists: Subject

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>services by <u>Educational and Industrial Psychologists</u>; and</p> <ul style="list-style-type: none"> Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day. 	<p>to referral by a Nominated Network Family Practitioner, or pre-authorisation; failing which, a 30% co-payment shall apply.</p> <ul style="list-style-type: none"> If Out-of-Hospital treatment is offered as an alternative to hospitalisation, In-Hospital benefits (B1) shall apply.
C11	<p>Medical and Surgical Appliances and Prostheses</p> <p>Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulizers, CPAP Devices,</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> Shared limit with B14: Prostheses of <u>R46 139</u> per family per annum 	<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
	<p>Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses.</p> <p>Applicable In- and Out-of-Hospital.</p>		<p><u>for Medical and Surgical Appliances and Prostheses generally</u>; and</p> <ul style="list-style-type: none"> • Sub-limit of R18 002 per family per annum for C:11 Medical and Surgical Appliances and Prostheses, with further, shared sub-limits with B14: Prostheses of: <ul style="list-style-type: none"> ○ R5 067 per Beneficiary per annum for foot 	<ul style="list-style-type: none"> • 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). • Foot orthotics and prosthetics, subject to Formulary and managed care protocols and processes. • The Scheme has the right to obtain competitive quotes.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>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)</u> wheelchair of up to <u>R6 342</u> per Beneficiary <u>every twenty four (24) months of month</u> 	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p><u>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 <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 <u>R10 955</u> per Beneficiary every 	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			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.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> Includes materials and related pathology tests.
C13	<p>Screening Services:</p> <p>Including:</p> <p>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.</p>	100% of Scheme Rate.	<p>Payable from Risk.</p> <p>All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.</p>	<ul style="list-style-type: none"> 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 for Child Dependants under the age of one (1) year. Childhood Hearing Screening for Child Dependants up to and

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>including the age of seven (7) years.</p> <ul style="list-style-type: none"> • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.
C14	<p>Preventative Care Services <u>Includes all vaccinations.</u></p>	100% of Scheme Rate.	<p>Paid from Risk.</p> <p><u>Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum.</u></p> <p><u>Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five</u></p>	<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 preventative care services provided in pharmacies.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p><u>(5) years for</u> <u>Beneficiaries at risk in</u> <u>accordance with</u> <u>managed care</u> <u>protocols.</u></p> <p><u>HPV Vaccinations:</u> <u>Limited to one (1)</u> <u>course per female</u> <u>Beneficiary per</u> <u>lifetime.</u></p> <p><u>Other Vaccinations:</u> <u>Limited to R780 per</u> <u>Beneficiary per</u> <u>annum.</u></p>	
C15	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").

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.
C16	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”). • 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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				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.	<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.
C18	Circumcision	100% Scheme Rate.	Global fee of R1 639 per Beneficiary.	<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-authorization of facility and services, managed care protocols and processes, and use of DSP / Nominated Network Family Practitioner. • 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C19	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate.	Paid from Risk, <u>but limited to Chronic Back and Neck Rehabilitation Programme benefits.</u>	<ul style="list-style-type: none"> • 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 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.