

REGISTERED BY ME ON

2021/11/12

REGISTRAR OF MEDICAL SCHEMES

**ANNEXURE C 2022**

**TANZANITE ONE**

**SUBJECT TO THE PROVISIONS OF THE SCHEME RULES, MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING BENEFITS:**

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
A	<b>STATUTORY PRESCRIBED MINIMUM BENEFITS ("PMBs")</b>	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"><li>As provided for in Annexure G (Prescribed Minimum Benefits) of GEMS Rules.</li><li>Prescribed Minimum Benefits ("PMBs") are not subject to the monetary benefit limits stated in this Annexure and shall be paid in full, where the diagnosis, treatment and care of a Prescribed Minimum Benefit Condition were obtained from:<ul style="list-style-type: none"><li>a Designated Service Provider ("DSP") for that condition;</li></ul></li></ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p><b>REGISTERED BY ME ON</b></p> <p>2021/11/12</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>			<ul style="list-style-type: none"> <li>▪ a non-DSP, if no DSP for that condition exists; or</li> <li>▪ 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"> <li>▪ Authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and</li> <li>▪ The Act.</li> </ul> </li> <li>• This Rule supersedes all other benefit provisions in this Annexure.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B	<b>IN-HOSPITAL BENEFITS</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Subject to overall annual hospital limit of R271 180 per family per annum and such sub-limits as provided for.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to use of a State or Network facility.</li> </ul>
B1	<b>Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities:</b>  1. Accommodation in a general ward, high care ward and intensive care unit;  2. Theatre fees;  3. Medicines, materials and hospital equipment	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to use of a State or Network facility; failing which, the Scheme shall not be liable to fund the first R12 000 of the other facility's bill.</li> <li>Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before</li> </ul>

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	<p>(includes bone cement for prostheses (B14)); and</p> <p>4. Neonatal care.</p> <div data-bbox="478 930 852 1157" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;"><b>REGISTERED BY ME ON</b></p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>			<p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• All In-Hospital treatment and services are subject to hospital authorisation (for Private facilities only, and inclusive of non-PMB</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>one-day admissions), managed care protocols and processes.</p> <ul style="list-style-type: none"> <li>• TTO limited to seven (7) days, subject to medication being related to admission diagnosis.</li> </ul>
B2	<p><b>Maternity</b></p> <p>Hospital, home birth or accredited birthing unit.</p> <div data-bbox="467 1097 841 1325" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• 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-</li> </ul>

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Elective Caesarean Sections may be subjected to second opinion and managed care protocols and processes.</li> <li>• Benefit includes midwife services.</li> <li>• Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B3	<b>Family Practitioner Services</b> Consultations and visits.	100% of Scheme Rate for non-Network Family Practitioners.  130% of Scheme Rate for Network Family Practitioners.	Subject to annual hospital limit specified under B: In-Hospital Benefits.  Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to hospital pre-authorisation and use of facility as per B1.</li> </ul>
B4	<b>Specialist Services</b> Consultations and visits.	100% of Scheme Rate for non-Network Specialists.  130% of Scheme Rate for Network Specialists.	Subject to annual hospital limit specified under B: In-Hospital Benefits.  Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to hospital pre-authorisation and use of facility as per B1.</li> </ul>

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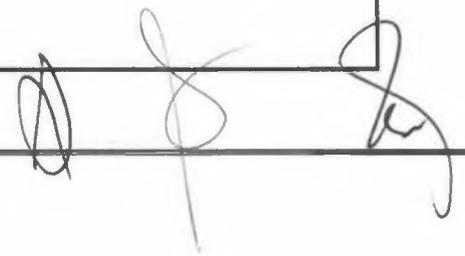
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>In-Hospital Benefits, and Out-of-Hospital dentistry limits specified under C5: Dental Services.</p> <p>Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.</p>	<ul style="list-style-type: none"> <li>• Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars.</li> <li>• Subject to hospital pre- authorisation, managed care protocols and processes, list of approved services, and use of a State or Network facility.</li> <li>• Services classified as conservative and restorative per tariff code.</li> </ul>
<b>B7</b>	<b>Basic Radiology</b>	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes, and use of facility as per B1.</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B9	Pathology	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes, pathology tests being related to admission diagnosis, and use of facility as per B1.</li> </ul>
B10	Blood Services	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to use of facility as per B1.</li> <li>Subject to managed care protocols and processes.</li> <li>Includes cost of blood, blood equivalents, blood products and the transport thereof.</li> </ul>

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				<ul style="list-style-type: none"> <li>Includes erythropoietin.</li> </ul>
B11	<b>Physiotherapy</b>	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R2 712 per Beneficiary per annum.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to hospital pre- authorisation, managed care protocols and processes, and services being related to admission diagnosis.</li> </ul>
B12	<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C15: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R6 039	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to hospital pre- authorisation, managed care protocols and processes, and use of facility as per B1.</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			per Beneficiary per event, utilised within sixty (60) days of surgery.	
B13	<b>Organ and Tissue Transplants</b>  <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits.  Sub-limit of R24 007 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to hospital pre- authorisation, managed care protocols and processes, and use of facility as per B1.</li> <li>• Limit includes all costs associated with the transplant, including materials and immunosuppressants.</li> <li>• Authorised erythropoietin is included in limits listed in B10: Blood Services.</li> </ul>

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				<ul style="list-style-type: none"> <li>Organ harvesting is limited to the Republic of South Africa, except in the case of cornea grafts.</li> </ul>
<b>B14</b>	<p><b>Prostheses</b></p> <p>This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary and permanent devices used to assist the guidance, alignment or delivery of these prostheses and internal devices.</p> <div data-bbox="433 1050 807 1273" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> <li>Annual hospital limit specified under B: In-Hospital Benefits;</li> <li>Sub-limits of R31 916 per family per annum for Prostheses generally, plus R31 916 per family per annum for Joint</li> </ul>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes, and use of facility as per B1.</li> <li>Scheme may obtain competitive quotes, or arrange supply of prosthesis.</li> <li>Bone cement paid from B1, subject to hospital pre-authorization.</li> <li>Foot orthotics and prosthetics, subject to formulary and</li> </ul>

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	<div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>bilateral hearing aids, of up to R5 413 per hearing aid per Beneficiary every thirty six (36) months of month of receipt of hearing aid(s);</p> <ul style="list-style-type: none"> <li>o One (1) CPAP device of up to R7 511 per Beneficiary every thirty six (36) months of month of receipt of device;</li> <li>o Three (3) pairs of compression stockings of up</li> </ul>	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			to R500 per pair per Beneficiary per annum; and ○ One (1) Pulse Oximeter of up to R400 per Family per annum.	
B15	<b>Emergency Services (Casualty Department)</b>  <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	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 (Prescribed Minimum Benefits) of the GEMS Rules).	<ul style="list-style-type: none"> <li>● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>● Subject to use of facility as per B1, or other registered emergency facility.</li> <li>● Subject to hospital authorisation and managed care protocols and processes.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B16	<b>Renal Dialysis</b> In-Hospital  <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 0;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1.</li> <li>• Includes related materials, and related pathology and radiology tests, but subject to managed care protocols and processes.</li> <li>• Erythropoietin included in B10: Blood Services.</li> </ul>
B17	<b>Oncology (Chemo and Radiotherapy)</b> In- and Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				tumours, unless pre-authorized in accordance with paragraph 9.1.13.6 of Annexure E (Exclusions and Limitations) of the GEMS Rules.
B18	<p><b>Mental Health</b></p> <p>Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and Psychologists.</p> <div data-bbox="487 1045 864 1268" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> <li>• Annual hospital limit specified under B: In-Hospital Benefits;</li> <li>• Sub-limit of R10 847 per Beneficiary per annum;</li> <li>• Further, shared sub-limit with C19: Mental Health of R2 468</li> </ul>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to hospital pre-authorization and managed care protocols and processes.</li> <li>• Subject to use of facility as per B1.</li> <li>• Maximum of three (3) days hospitalisation by a Family Practitioner.</li> </ul>

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<b>B19</b>	<b>Alternatives to Hospitalisation</b>			<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	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. Subject to annual hospital limit specified under B: In- Hospital Benefits.  2. Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• Subject to pre-authorization of alternative facility and services, and managed care protocols and processes.</li> <li>• Includes home nursing, but subject to managed care protocols and processes.</li> <li>• Excludes Frail Care and recuperative holidays.</li> <li>• Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.</li> </ul>
<b>B20</b>	<b>Medical Technologists</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to hospital pre-authorization, case management, and use of facility as per B1.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>Includes materials.</li> </ul>
B21	<b>Breast Reductions</b>	No benefit.	No benefit, unless PMB.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>
B22	<b>Allied Health Services</b> Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> <li>Annual hospital limit specified under B: In-Hospital Benefits; and</li> <li>Sub-limit of R1 736 per family, and R1 085 per Beneficiary, per annum; all of which limits are shared between B22:</li> </ul>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>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).</li> </ul>

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			Allied Health Services and B23: Other Professional Health Services.	
B23	<b>Other Professional Health Services</b> Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limits as per B22: Allied Health Services.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• 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).</li> </ul>
B24	<b>Alcohol and Drug Dependencies</b> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to pre-authorisation of DSP facility, managed care protocols and processes, and use</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				of DSP facility as per Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.
<b>C</b>	<b>OUT-OF-HOSPITAL BENEFITS</b>			
<b>C1</b>	<b>Family Practitioner Services</b> Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.  <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; color: red; margin: 0;"><b>REGISTERED BY ME ON</b></p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <p style="text-align: center; color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	100% of Scheme Rate for non-Network Family Practitioners.  130% of Scheme Rate for Network Family Practitioners.  200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.	Unlimited, subject to use of Nominated Network Family Practitioners.  Visits to Family Practitioners, other than Nominated Network Family Practitioners, are limit to three (3) visits per Beneficiary per annum.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Benefit includes consultations, visits and approved minor procedures at Family Practitioners, subject to medical necessity and managed care protocols and processes.</li> <li>• Subject to Network Family Practitioner Nomination and Specialist Referral Rules.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2021/11/12</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>Subject to use of a Nominated Network Family Practitioner.</li> <li>Once the visit limit specified in the "Limits" column is depleted, a 30% co-payment shall be applied to the applicable rate specified in the "%Benefit/Tariff" column in respect of all subsequent visits to Family Practitioners, other than Nominated Network Family Practitioners, irrespective of whether such other Family Practitioners are on the GEMS Family Practitioner Network or not.</li> </ul>
C2	<b>Screening Services</b> Including:	100% of Scheme Rate.	Paid from Risk. All screenings are limited to one (1) of	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<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 and Mammogram, and other screenings according to evidence-based standard practice.</p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>each per annum, unless otherwise indicated herein.</p>	<ul style="list-style-type: none"> <li>• All subject to managed care protocols and processes.</li> <li>• Pap Smears include liquid based cytology.</li> <li>• Infant Hearing Screening for Child Dependants under the age of one (1) year.</li> <li>• Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years.</li> <li>• Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only.</li> <li>• Includes screening services provided in pharmacies.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C3	<p><b>Preventative Care Services</b></p> <p>Includes all vaccinations.</p> <div data-bbox="462 1086 839 1315" style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	<p>Paid from Risk.</p> <p>Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum.</p> <p>Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five (5) years for Beneficiaries at risk in accordance with managed care protocols.</p> <p>HPV Vaccinations: Limited to one (1)</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• Includes preventative care services provided in pharmacies.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>course per female Beneficiary per lifetime.</p> <p>Other Vaccinations: Limited to R814 per Beneficiary per annum.</p>	
C4	<p><b>Specialist Services</b></p> <p>Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.</p> <div data-bbox="471 1110 848 1337" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of Scheme Rate for non-Network Specialists.</p> <p>130% of Scheme Rate for Network Specialists.</p> <p>200% of Scheme Rate for procedures specified by managed care, performed in Specialists' rooms instead of in hospital.</p>	Unlimited.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to Network Family Practitioner Nomination and Specialist Referral Rules.</li> <li>• Subject to referral by a Nominated Network Family Practitioner; alternatively, pre-authorisation required.</li> <li>• If no referral by a Nominated Network Family Practitioner, or no</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.		pre-authorisation, a 30% co-payment shall be applied to the applicable rate specified in the "%Benefit/Tariff" column.
C5	<b>Dental Services</b>  1. Examinations. 2. Preventative treatment.  3. Conditions with pain and sepsis. 4. Fillings.	100% of Scheme Rate, subject to PMBs.	1 and 2: Two (2) treatment episodes per Beneficiary per annum.  3, 4, 5 and 6: Two (2) events per Beneficiary per annum, which includes one (1)	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul> 1 and 2: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network.  3, 4, 5, 6, 7 and 8: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>5. Clinically indicated dental services, including extractions.</p> <p>6. Intra-oral radiography.</p> <div data-bbox="449 971 825 1198" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>emergency Out-of-Network visit per Beneficiary per annum, subject to PMBs, provided that:</p> <ul style="list-style-type: none"> <li>o Panoramic x-rays are limited to one (1) per Beneficiary every three (3) years; and</li> <li>o Bitewing ex-rays are limited to four (4) per Beneficiary per annum.</li> </ul>	<p>In respect of Conservative and Restorative Dentistry:</p> <ul style="list-style-type: none"> <li>o Panoramic and Bitewing x-rays included.</li> </ul> <p>Dental services classified as conservative, restorative and specialised per tariff code.</p>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>7. Clinically indicated root canal treatments.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>8. Plastic Dentures.</p> <p>9. Periodontal Programme</p>		<p>7: Limited to one (1) root canal treatment per Beneficiary per annum, which includes one (1) emergency Out-of-Network visit per Beneficiary per annum, subject to PMBs.</p> <p>8: In accordance with the approved Scheme Tariff.</p> <p>9: Paid from Risk, but limited to Periodontal Programme benefits.</p>	<p>9: Subject to registration on Periodontal Programme, pre-authorisation, managed care protocols and processes, and use of Dental DSP/Network.</p>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	10. Specialised Dentistry.	10: 100% of cost, but subject to PMB legislation.	10: Limited to PMBs.  Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.	If not registered on Periodontal Programme, no Periodontal benefit.  10: Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.
<b>C6</b>	<b>Prescribed Medication and Injection Material</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2021/11/12</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center; margin-bottom: 10px;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2021/11/12</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>1. Acute Medical Conditions.</p>	<p>1. 100% of Scheme Rate.</p>	<p>1. Unlimited, save for the limit of R633 per family per annum for homeopathic medicine.</p> <p>Prescription by a dispensing Family Practitioner, dispensed by a DSP/Network</p>	<ul style="list-style-type: none"> <li>• Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL).</li> <li>• Subject to Annexure E (Exclusions and Limitations) of the GEMS Rules.</li> </ul> <p>1. Subject to the following:</p> <ul style="list-style-type: none"> <li>• Managed care protocols, Formulary and processes.</li> <li>• Prescription by a healthcare professional, legally entitled to do so.</li> <li>• Dispensed by a DSP/Network dispensing Family Practitioner or DSP/Network Pharmacy.</li> <li>• A 30% co-payment shall apply for: <ul style="list-style-type: none"> <li>○ voluntary use of Out-of-Formulary medicine; and</li> </ul> </li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <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>Pharmacy: Limited to three (3) scripts of up to R217 each per Beneficiary per annum.</p> <p>2. Unlimited for PMB chronic conditions listed in PMB DTP and PMB CDL, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> <li>○ voluntary use of a non-DSP / Out-of-Network dispensing Family Practitioner or non-DSP / Out-of-Network pharmacy.</li> <li>● The dispensing fee is as per the contracted Network Pharmacy Rate.</li> <li>● Benefit includes prescribed maternity vitamin supplements.</li> </ul> <p>2. Subject to the following:</p> <ul style="list-style-type: none"> <li>● Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a healthcare professional, legally entitled to do so.</li> <li>● Medicine for chronic conditions listed in PMB DTP, PMB CDL and</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Limit of R3 797 per Beneficiary per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules.</p> <p>No benefit for non-PMB chronic conditions not listed in Annexure D of the GEMS Rules.</p>	<p>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.</p> <ul style="list-style-type: none"> <li>• A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of a non-Chronic Medicine Pharmacy DSP.</li> <li>• 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 is exhausted, benefit shall be unlimited for</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p data-bbox="410 483 811 563">3. Self-Medication: Over-the-Counter (OTC) Medicine.</p> <div data-bbox="426 1090 802 1315" style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p data-bbox="455 1098 773 1129" style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p data-bbox="553 1193 682 1217" style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p data-bbox="439 1278 789 1302" style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p data-bbox="852 483 1129 563">3. 100% of Scheme Rate.</p>	<p data-bbox="1170 483 1431 770">3. Limited to R103 per Beneficiary per event and R286 per Beneficiary per annum.</p>	<p data-bbox="1510 331 1862 411">PMBs, but subject to PMB legislation.</p> <p data-bbox="1476 483 1970 1185">3. Subject to the following:</p> <ul style="list-style-type: none"> <li data-bbox="1476 539 1855 619">• Managed care protocols, Formulary and processes.</li> <li data-bbox="1476 643 1970 770">• For minor ailments, dispensed by a Network Pharmacy or Network Family Practitioner.</li> <li data-bbox="1476 794 1970 1026">• A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine or voluntary use of a non-Network Pharmacy or non-Network Family Practitioner.</li> <li data-bbox="1476 1050 1930 1185">• Only SAHPRA-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	4. Female Contraceptives: Oral, insertables, injectables and dermal.	4. 100% of Scheme Rate.	4. Limited to R3 221 per Beneficiary per annum.	4. Subject to the following: <ul style="list-style-type: none"> <li>Managed care protocols, Formulary and processes.</li> </ul>
<b>C7</b>	<b>Basic Radiology</b> X-rays and soft tissue ultrasound scans.  <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <p style="text-align: center; border-top: 1px dashed red; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to referral by a Family Practitioner or Specialist, list of approved services specified in the GEMS Radiology Request Form, and managed care protocols and processes.</li> <li>2 x 2D ultrasound scans per pregnancy, provided for by C21: Maternity Programme. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				funded up to the cost of a 2D scan.
C8	<b>Advanced Radiology</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2021/11/12</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> <li>• Annual hospital limit specified under B: In-Hospital Benefits; and</li> <li>• Sub-limit of R8 678, or R13 017 if R8 678 sub-limit is exceeded with first CT/MRI scan, per Beneficiary per annum shared between B8: Advanced Radiology and</li> </ul>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to Network Family Practitioner Nomination and Specialist Referral Rules.</li> <li>• Subject to Advanced Radiology pre-authorisation, managed care protocols and processes, and use of facility as per B1.</li> <li>• Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.</li> </ul>

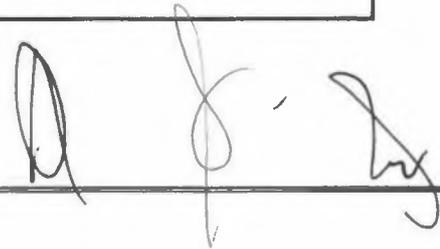
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			C8: Advanced Radiology.	
C9	<b>Pathology and Medical Technology</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to Network Family Practitioner Nomination and Specialist Referral Rules.</li> <li>Subject to list of approved services, specified in the GEMS Pathology Clinical Request Form.</li> <li>Pathology pre-authorisation is required for certain tests, as stipulated on the managed care Pathology Clinical Request Form.</li> </ul>
C10	<b>Optical Services</b>	100% of Scheme Rate.	Limited to R1 302 per Beneficiary for every two (2)	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>Eye examinations, frames, lenses and contact lenses (permanent or disposable).</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;"><b>REGISTERED BY ME ON</b></p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>		<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 ("Financial Cycle").</p> <p>Limited to:</p> <ul style="list-style-type: none"> <li>• One (1) eye examination per Beneficiary per twelve (12) month period, calculated from</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to use of GEMS Optical Network.</li> <li>• Subject to Optical Managed Care protocols and processes.</li> <li>• Optical benefit is not pro-rated, irrespective of date of Beneficiary registration.</li> <li>• Includes tinted lenses, up to a tint of 35%, for Beneficiaries with albinism and proven photophobia, subject to pre-authorisation.</li> <li>• Excludes variable tint and photochromic lenses.</li> <li>• Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and</p> <ul style="list-style-type: none"> <li>• One (1) frame (subject to the approved list of frames) and one (1) pair of either single vision lenses or bifocal lenses, or 4 x boxes of disposable contact lenses, or one (1) set of</li> </ul>	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2021/11/12</p> <p style="color: red; margin: 0; border-top: 1px dashed red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>permanent contact lenses, per Beneficiary per twenty four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Optical Appliance Cycle").</p> <p>Either spectacles or contact lenses shall be funded in an</p>	

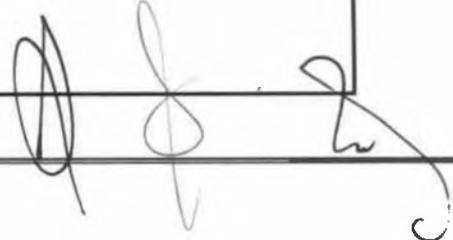


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Optical Appliance Cycle, not both.</p> <p>Post cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 276 for both lens and frame, with a sublimit of R251 for the frame.</p>	
<b>C11</b>	<p><b>Allied Health Services</b></p> <p>Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limit of R1 736 per family, and R1 085 per Beneficiary, per annum, shared between C11: Allied Health Services, C12: Other Professional Health</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		Services, C13: Physiotherapy, and C14: Audiology, Occupational Therapy and Speech Therapy.	
<b>C12</b>	<b>Other Professional Health Services</b> Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> </ul>
<b>C13</b>	<b>Physiotherapy</b>	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C14	<b>Audiology, Occupational Therapy and Speech Therapy</b>	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> </ul>
C15	<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b>  <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R6 039 per Beneficiary per event, utilised within 60 days of surgery.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to hospital pre-authorisation and managed care protocols and processes.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C16	<p><b>Medical and Surgical Appliances and Prostheses</b></p> <p>Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics, External Prostheses and Compression Stockings.</p> <p>Applicable In- and Out-of-Hospital.</p> <div style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> <li>• Limit of R7 511 per family per annum; and</li> <li>• Shared sub-limits with B14: Prostheses of: <ul style="list-style-type: none"> <li>◦ R5 285 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 510 per Beneficiary per annum for orthotic shoes, foot inserts and levellers;</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• Diabetic accessories and appliances, other than Glucometers, to be pre-authorized and claimed from the chronic medication benefit (C6.2).</li> <li>• Foot orthotics and prosthetics, subject to Formulary and managed care protocols and processes.</li> <li>• The Scheme has the right to obtain competitive quotes.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div data-bbox="478 1118 857 1345" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> <li>o R601 for crutches per Beneficiary per annum;</li> <li>o One (1) wheelchair of up to R6 615 per Beneficiary every twenty four (24) months of month of receipt of wheelchair;</li> <li>o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R5 413 per hearing</li> </ul>	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>aid per Beneficiary every thirty six (36) months of month of receipt of hearing aid(s);</p> <ul style="list-style-type: none"> <li>o One (1) CPAP device of up to R7 511 per Beneficiary every thirty six (36) months of month of receipt of device;</li> <li>o Three (3) pairs of compression stockings of up to R500 per pair</li> </ul>	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			per Beneficiary per annum; and ○ One (1) Pulse Oximeter of up to R400 per Family per annum.	
C17	<b>Renal Dialysis</b> Out-of-Hospital  <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>● Subject to Renal Dialysis pre-authorization and managed care protocols and processes.</li> <li>● Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30% per event shall apply in accordance with Network rules.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>Includes materials and related pathology tests.</li> </ul>
<b>C18</b>	<b>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> <li>Pre-exposure prophylaxis included for high risk Beneficiaries, subject to managed care protocols and processes.</li> </ul>
<b>C19</b>	<b>Mental Health</b>  Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> <li>Limit of R5 424 per Beneficiary per annum;</li> <li>Shared sub-limit with B18: Mental Health of R2 468</li> </ul>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>per family per annum for services by Educational and Industrial Psychologists; and</p> <ul style="list-style-type: none"> <li>Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to Network Family Practitioner Nomination and Specialist Referral Rules.</li> <li>Services by Family Practitioners: Subject to nomination and use of a Network Family Practitioner; failing which, a 30% co-payment shall apply.</li> <li>Services by Psychiatrists and Psychologists: Subject to referral by a Nominated Network Family Practitioner, or pre-authorisation; failing which, a 30% co-payment shall apply.</li> <li>If Out-of-Hospital treatment is offered as an alternative to hospitalisation, In-Hospital benefits (B1) shall apply.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C20	<b>Infertility</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>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.</li> </ul>
C21	<b>Maternity Programme</b> 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"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to registration on Maternity Programme, and managed care protocols and processes.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>			<ul style="list-style-type: none"> <li>• If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C21: Maternity Programme) shall apply.</li> <li>• Includes: <ul style="list-style-type: none"> <li>○ Benefits defined in managed care protocols.</li> <li>○ 2 x 2D ultrasound scans per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.</li> <li>○ Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.</li> </ul> </li> </ul>

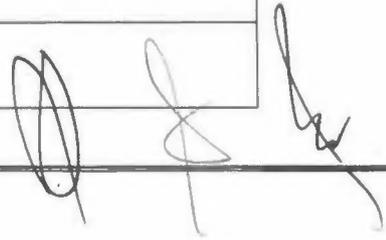
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C22	<b>Emergency Assistance (Road and Air)</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>-----</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to use of Emergency Medical Services DSP, and managed care protocols and processes.</li> </ul>
C23	<b>Circumcision</b>	100% of Scheme Rate.	Limited to global fee of R1 709 per Beneficiary.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorisation of facility and services, managed care protocols and processes, and use of DSP / Nominated Network Family Practitioner.</li> <li>Limit applies to:</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>○ All related costs, e.g. consultations, medication etc.; and</li> <li>○ All post-op care within a month of procedure.</li> <li>● In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or doctors' rooms.</li> </ul>
C24	<b>Chronic Back and Neck Rehabilitation Programme</b>	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	<ul style="list-style-type: none"> <li>● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>● Subject to registration on Chronic Back and Neck Rehabilitation Programme, and managed care protocols and processes.</li> <li>● Out-of-Hospital benefits (excluding this benefit C24: Chronic Back and Neck</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.

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

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

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