

REGISTERED BY ME ON

2021/11/12

REGISTRAR OF MEDICAL SCHEMES

**ANNEXURE C 2022**

**BERYL**

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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
A	<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 of the 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:</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 5px 0;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>▪ a Designated Service Provider (“DSP”) for that condition;</li> <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:</li> <li>▪ Authorisation, managed care protocols, formulary and</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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and</p> <ul style="list-style-type: none"> <li>▪ The Act.</li> <li>• This Rule supersedes all other benefit provisions in this Annexure.</li> </ul>
<b>B</b>	<b>IN-HOSPITAL BENEFITS</b>	100% of Scheme Rate, subject to PMBs.	Subject to overall hospital limit of R1 252 300 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> </ul>
<b>B1</b>	<b>Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities:</b>	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> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	1. Accommodation in a general ward, high care ward and intensive care unit (ICU); 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); 4. Confinements and midwives; and 5. Neonatal care.  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;"><b>REGISTERED BY ME ON</b></p> <p style="margin: 0;">2021/11/12</p> <p style="color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>			<ul style="list-style-type: none"> <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-payment of R1 000 per admission shall apply.</li> <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</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>(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"> <li>• All In-Hospital treatment and services are subject to hospital authorisation (for Private facilities only, and inclusive of non-PMB one-day admissions), managed care protocols and processes</li> <li>• TTO limited to seven (7) days, subject to medication being related to admission diagnosis.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B2	<p><b>Maternity</b></p> <p>Hospital, home birth or accredited birthing unit.</p> <div data-bbox="472 528 842 751" 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> <p style="text-align: center; color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></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-payment of R1 000 per admission shall apply.</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;"><b>REGISTERED BY ME ON</b></p> <p style="margin: 5px 0 5px 0;">2021/11/12</p> <p style="color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>			<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-</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				risk pregnancies, subject to pre-authorisation.
<b>B3</b>	<b>Family Practitioner Services</b> Consultations and visits.  <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;">             REGISTERED BY ME ON               2021/11/12               -----              REGISTRAR OF MEDICAL SCHEMES           </div>	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.  Child birth by a Family Practitioner.	<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>
<b>B4</b>	<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>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B5	<p data-bbox="459 298 871 331"><b>Surgical Procedures</b></p> <div data-bbox="483 906 853 1131" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p data-bbox="510 916 826 946" style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p data-bbox="611 1013 734 1037" style="text-align: center;">2021/11/12</p> <p data-bbox="495 1098 840 1121" style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p data-bbox="893 298 1196 331">100% of Scheme Rate.</p> <p data-bbox="893 363 1211 655">200% of Scheme Rate for procedures specified by managed care, performed in doctor's rooms instead of in hospital.</p>	<p data-bbox="1240 298 1532 485">Subject to annual hospital limit specified under B: In-Hospital Benefits.</p> <p data-bbox="1240 517 1563 703">Maxillofacial surgery, subject to an annual sub-limit of R25 045 per family.</p> <p data-bbox="1240 735 1525 922">Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.</p>	<ul style="list-style-type: none"> <li data-bbox="1597 298 1973 485">• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li data-bbox="1597 517 1951 810">• Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1, or doctor's rooms.</li> <li data-bbox="1597 842 1973 1029">• Includes hospital procedures performed in doctors' rooms, as approved by the Scheme.</li> <li data-bbox="1597 1061 1928 1155">• Includes Maxillofacial Surgery.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>Excludes Osseo-integrated Implants and Orthognathic Surgery.</li> </ul>
B6	<p><b>Dentistry</b></p> <p>Conservative, restorative and specialised dentistry.</p> <div data-bbox="474 719 846 948" 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.	<p>Subject to annual hospital limit specified under B: 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>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <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 a State or Network facility.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>Services classified as conservative, restorative and specialised per tariff code.</li> </ul>
B7	<b>Basic Radiology</b>  <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> <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 managed care protocols and processes, and use of facility as per B1.</li> </ul>
B8	<b>Advanced Radiology</b>	100% of Scheme Rate, subject to PMB.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R24 199 per Beneficiary per annum shared	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to Advanced Radiology pre-</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;"><b>REGISTERED BY ME ON</b></p> <p style="margin: 5px 0 0 0;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>		between B8: Advanced Radiology and C8: Advanced Radiology.	authorisation (in addition to hospital pre-authorisation), managed care protocols and processes, list of approved services, and use of facility as per B1.
<b>B9</b>	<b>Pathology</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, pathology tests being related to admission diagnosis, and use of facility as per B1.</li> </ul>
<b>B10</b>	<b>Blood Services</b>	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</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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Includes cost of blood, blood equivalents, blood products and the transport thereof.</li> <li>• Includes erythropoietin.</li> </ul>
<b>B11</b>	<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 R5 439 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-authorization, managed care protocols and processes, services being related to admission</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				diagnosis, and use of facility as per B1.
B12	<p><b>Post Hip, Knee and Shoulder Replacement or Revision Surgery</b></p> <p><b>Physiotherapy</b></p> <div data-bbox="477 743 848 970" 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.	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 per Beneficiary per event, utilised within sixty (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-authorization, and managed care protocols and processes, and use of facility as per B1.</li> </ul>
B13	<p><b>Organ and Tissue Transplants</b></p> <p>Includes materials.</p>	100% of Scheme Rate, subject to PMBs.	Limit of R707 210 per Beneficiary per annum. Sub-limit of R24 007 per Beneficiary per annum for corneal grafts (imported corneal grafts,	<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
	<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>		subject to managed care protocols.).	<ul style="list-style-type: none"> <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> <li>• Organ harvesting is limited to the Republic of South Africa, except in the case of cornea grafts.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B14	<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 with the guidance, alignment or delivery of these prostheses and internal devices.</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>	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 R37 571 per family per annum for Prostheses generally, plus R37 571 per family per annum for Joint Revisions only; and</li> <li>• Shared sub-limits with C16: Medical Appliances and Prostheses of:</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 managed</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>-----</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<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> <li>○ R601 for crutches per Beneficiary per annum;</li> <li>○ One (1) wheelchair of up to R6 615 per Beneficiary every twenty four (24)</li> </ul>	<p>care protocols and processes.</p> <ul style="list-style-type: none"> <li>• Subject to the prostheses and/or device(s) being related to the admission diagnosis and procedure.</li> <li>• Once the limit is depleted, the benefit is unlimited for PMBs.</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;"><b>REGISTERED BY ME ON</b></p> <p style="margin: 5px 0 0 0;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>		<p>months of month of receipt of wheelchair;</p> <ul style="list-style-type: none"> <li>o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R9 622 per hearing aid per Beneficiary every thirty six (36) months of month of receipt of hearing aid(s);</li> <li>o One (1) CPAP device of up to R11 426 per Beneficiary every thirty six (36) months of month of receipt of device;</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>o Three (3) pairs of compression stockings of up to R500 per pair per Beneficiary per annum; and</li> <li>o One (1) Pulse Oximeter of up to R400 per Family per annum.</li> </ul>	
<b>B15</b>	<b>Emergency Services (Casualty Department)</b>	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"> <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> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>• Subject to hospital authorisation and managed care protocols and processes.</li> </ul>
B16	<b>Renal Dialysis</b> In-Hospital  <div data-bbox="494 997 868 1222" 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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; 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, and sub-limit of R250 456 per family per annum for chronic dialysis.  Acute dialysis included in B1.	<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>• Includes related materials, and related pathology and radiology tests, but 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> <hr style="border-top: 1px dashed red;"/> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>• Erythropoietin included in B10: Blood Services.</li> <li>• Once the limit is depleted, the benefit is unlimited for PMBs.</li> </ul>
B17	<p><b>Oncology (Chemo and Radiotherapy)</b></p> <p>In- and Out-of-Hospital</p>	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R250 456 per family per annum.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to Oncology pre-authorization and managed care protocols and processes.</li> <li>• Subject to Medicine Price List (MPL).</li> <li>• Subject to use of facility as per B1.</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>-----</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>• Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials.</li> <li>• Erythropoietin included in B10: Blood Services.</li> <li>• Once the limit is depleted, the benefit is unlimited for PMBs.</li> <li>• 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-</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>			<p>authorised in accordance with paragraph 9.1.13.6 of Annexure E Exclusions and Limitations) of GEMS Rules.</p>
<b>B18</b>	<p><b>Mental Health</b></p> <p>Accommodation, theatre fees, medicine, hospital equipment, professional fees of 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"> <li>• Annual hospital limit specified under B: In-Hospital Benefits;</li> <li>• Sub-limit of R20 167 per Beneficiary per annum, less the Beneficiary's usage of the sub-limit of R11 378 per family per annum under C19: Mental Health;</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>

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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> <li>• Further, shared sub-limit with C19: Mental Health of R2 468 per family per annum for services by Educational and Industrial Psychologists; and</li> <li>• Limit of one (1) individual psychologist consultation and one (1) group psychologist consultation per day.</li> </ul>	
<b>B19</b>	<b>Alternatives to Hospitalisation</b>			<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing.</p> <p>2. Hospice</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>1. 100% of Scheme Rate, subject to PMBs.</p> <p>2. 100% of cost, but subject to PMB legislation.</p>	<p>1. Subject to annual hospital limit specified under B: In-Hospital Benefits.</p> <p>2. Unlimited, but subject to PMB legislation.</p>	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> <li>• Subject to pre-authorisation 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 GEMS Rules.</li> </ul>
<b>B20</b>	<b>Medical Technologists</b>	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed</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>		under B: In-Hospital Benefits, and sub-limit of R25 045 per family per annum.	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> <li>• Subject to hospital pre-authorization, case management, and use of facility as per B1.</li> <li>• Includes materials.</li> </ul>
<b>B21</b>	<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>
<b>B22</b>	<p><b>Allied Health Services:</b></p> <p>Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.</p>	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>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 referral by a Family Practitioner or Specialist, managed care</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>Sub-limit of R3 648 per family, and R2 426 per Beneficiary, per annum;</li> <li>all of which limits are shared between B22: Allied Health Services and B23: Other Professional Health Services.</li> </ul>	<p>protocols and processes, and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).</p>
B23	<p><b>Other Professional Health Services</b></p> <p>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.</p>	100% of Scheme Rate, subject to PMBs.	<p>Shared limits as per B22: Allied Health Services; and</p> <p>Further sub-limit of R1 754 per family for Social Workers and Registered Counsellors.</p>	<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, managed care protocols and processes, and use of facility as per</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				B1 (subject to the service(s) being related to the admission diagnosis).
<b>B24</b>	<b>Alcohol and Drug Dependencies</b>  <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0;">2021/11/12</p> <p style="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 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.</li> </ul>
<b>C</b>	<b>OUT-OF-HOSPITAL BENEFITS</b>			

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1	<p><b>Family Practitioner Services</b> Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.</p> <p>1. DSP/Network providers.</p> <div data-bbox="489 863 866 1086" 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> <hr style="border-top: 1px dotted red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>2. Voluntary use of non-DSP / Out-of-Network providers.</p>	<p>1. 100% of Scheme Rate.</p> <p>2. 70% of Scheme Rate (30% Member co-payment).</p>	<p>1. Unlimited.</p> <p>2. Limited to three (3) visits per family per</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul> <p>1. Benefit includes consultations, visits and approved minor procedures at DSP/Network providers, subject to medical necessity and managed care protocols and processes.</p> <p>2. Member must pay the claim and submit the claim</p>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>3. Emergency Medical Conditions at DSP/Network providers or registered emergency facility, or involuntary use of non-DSP / Out-of-Network providers for PMBs.</p> <div data-bbox="494 986 870 1209" 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>3. 100% of cost, but subject to PMB legislation.</p> <p style="text-align: center;">Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p> <p>4. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, done in doctors' rooms instead of in hospital.</p>	<p>annum and R1 239 per event.</p> <p>3. Unlimited for PMBs, but subject to PMB legislation.</p>	<p>with proof of payment for reimbursement.</p> <p>3. Treatment for Emergency Medical Condition (as defined in Section 4 of the main body and Annexure G of the GEMS Rules) at DSP/Network provider or registered emergency medical facility.</p> <p>4. Subject to managed care protocols and processes. Refer to Family Practitioner Guide.</p>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C2	<p><b>Screening Services</b></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> <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 Scheme Rate.	<p>Paid 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"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <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> </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>• Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only.</li> <li>• Includes screening services provided in pharmacies.</li> </ul>
C3	<p><b>Preventative Care Services</b></p> <p>Includes all vaccinations.</p>	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</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
	<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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>accordance with managed care protocols.</p> <p>HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime.</p> <p>Other Vaccinations: Limited to R814 per Beneficiary per annum.</p>	
<b>C4</b>	<p><b>Specialist Services</b></p> <p>Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.</p>	<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,</p>	<p>Limited to five (5) consultations or R4 506 per family, and three (3) consultations or R3 005 per Beneficiary, per annum.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to: <ul style="list-style-type: none"> <li>○ DSP/Network Family Practitioner referral;</li> </ul> </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;"><b>REGISTERED BY ME ON</b></p> <p style="margin: 0;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	<p>performed in doctors' rooms instead of in hospital.</p> <p>200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.</p>		<ul style="list-style-type: none"> <li>○ Pre-authorisation for each visit, procedure or referral;</li> <li>○ List of approved services for radiology and pathology;</li> <li>○ Treatment plans; and</li> <li>○ Managed care protocols and processes.</li> </ul>
<b>C5</b>	<p><b>Dental Services</b></p> <p>1. Examinations. 2. Preventative Treatment.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>1 and 2: Two (2) treatment events per Beneficiary per annum.</p>	<ul style="list-style-type: none"> <li>● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul> <p>1 and 2: Subject to list of approved services, managed care protocols and processes,</p>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>3. Conditions with pain and sepsis.</p> <p>4. Fillings.</p> <p>5. Clinically indicated dental services, including extractions.</p> <p>6. Intra-oral Radiography.</p>	<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>3: Two (2) events per Beneficiary per annum, subject to PMBs.</p> <p>4: Unlimited at Dental DSP/Network.</p> <p>5 and 6: One (1) event per Beneficiary per annum, subject to PMBs, provided that:</p> <ul style="list-style-type: none"> <li>o Panoramic x-rays are limit of one (1) per Beneficiary every three (3) years; and</li> </ul>	<p>and use of Dental DSP/Network.</p> <p>3, 4, 5, 6, 7, 8 and 9: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network.</p> <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 data-bbox="462 555 818 635">7. Clinically indicated root canal treatments.</p> <p data-bbox="462 810 857 842">8. Emergency non-DSP visit.</p> <p data-bbox="462 1066 739 1098">9. Plastic Dentures.</p>		<p data-bbox="1256 304 1573 480">o Bitewing x-rays are limited to four (4) per Beneficiary per annum.</p> <p data-bbox="1256 555 1583 735">7: Limited to one (1) root canal treatment per Beneficiary per annum, subject to PMBs.</p> <p data-bbox="1256 810 1567 991">8: Emergency Out-of-Network visit, limited to one (1) event per Beneficiary per annum.</p> <p data-bbox="1256 1066 1551 1198">9: In accordance with the approved Scheme Tariff.</p>	<div data-bbox="1646 999 2020 1225" style="border: 1px solid red; padding: 5px; text-align: center;"> <p data-bbox="1673 1010 1991 1038">REGISTERED BY ME ON</p> <p data-bbox="1778 1106 1900 1134">2021/11/12</p> <p data-bbox="1657 1185 2013 1214">REGISTRAR OF MEDICAL SCHEMES</p> </div>



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;"><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>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>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> <li>• Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so.</li> <li>• Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL).</li> <li>• Subject to Annexure E (Exclusions and Limitations) of 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> </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>Prescription by a dispensing Family Practitioner, dispensed by a DSP/Network Pharmacy: Limited to three (3) scripts of up to R217 each per Beneficiary per annum.</p>	<ul style="list-style-type: none"> <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> <li>○ voluntary use of a non-DSP / Out-of-Network dispensing Family Practitioner or non-DSP / Out-of-Network pharmacy.</li> </ul> </li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; margin-bottom: 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> <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. Limit of R4 773 per Beneficiary per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules.</p>	<ul style="list-style-type: none"> <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 Annexure D of the GEMS</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>		<p>No benefit for non-PMB chronic conditions not listed in Annexure D of the GEMS Rules.</p>	<p>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</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <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> <p>3. Self-Medication: Over-the-Counter (OTC) Medicine.</p>	<p>3. 100% of Scheme Rate.</p>	<p>3. Limited to R103 per Beneficiary per event and R286 per Beneficiary per annum.</p>	<p>Annexure D of GEMS Rules. However, once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation.</p> <p>3. Subject to the following:</p> <ul style="list-style-type: none"> <li>• Managed care protocols, Formulary and processes.</li> <li>• For minor ailments, dispensed by a Network Pharmacy or Network Family Practitioner.</li> <li>• 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> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center; margin-bottom: 5px;"> <b>REGISTERED BY ME ON</b>             2021/11/12             -----  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div> 4. Female Contraceptives: Oral, insertables, injectables and dermal.	4. 100% of Scheme Rate.	4. Limited to R3 221 per Beneficiary per annum.	<ul style="list-style-type: none"> <li>• Only SAHPRA-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit.</li> </ul> 4. Subject to managed care protocols, Formulary and processes.
<b>C7</b>	<b>Basic Radiology</b>  X-rays and soft tissue ultrasound scans.	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, and list of approved services specified in the GEMS Radiology Request Form,</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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>and managed care protocols and processes.</p> <ul style="list-style-type: none"> <li>• 2 x 2D ultrasound scans per pregnancy provided for by C21: Maternity. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.</li> </ul>
<b>C8</b>	<b>Advanced Radiology</b>	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R24 199 per Beneficiary per annum shared between B8: Advanced	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to Advanced Radiology pre- authorisation, managed care protocols and</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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		Radiology and C8: Advanced Radiology.	<p>processes, and use of facility as per B1.</p> <ul style="list-style-type: none"> <li>Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.</li> </ul>
C9	<b>Pathology and Medical Technology</b>	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 list of approved services, specified in the GEMS Pathology Clinical Request Form.</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>• Pathology pre- authorisation is required for certain tests, as stipulated on the managed care Pathology Clinical Request Form.</li> </ul>
<b>C10</b>	<p><b>Optical Services</b></p> <p>Eye examinations, frames, lenses and contact lenses (permanent or disposable).</p>	100% of Scheme Rate.	<p>Limited to R1 649 per Beneficiary for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected Beneficiary following the end of such previous two (2) year period (if any) ended on 31</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <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> </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>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 the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and</li> <li>• One (1) frame (subject to the approved list of frames) and one (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Includes tinted lenses, up to a tint of 35%, for 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>

Handwritten signature and initials in the bottom right corner of the page.

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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>pair of either single vision lenses or bifocal lenses, or 4 x boxes of disposable contact lenses, or one (1) set of permanent contact lenses,</p> <p>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>	

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>Either spectacles or contact lenses shall be funded in an 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 R3 648 per family, and R2 426 per Beneficiary, per annum, shared between C11: Allied Health Services, C12: Other Professional</p>	<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
			Health Services, C13: Physiotherapy, and C14: Audiology, Occupational Therapy and Speech Therapy.	<ul style="list-style-type: none"> <li>Subject to managed care protocols and processes.</li> </ul>
C12	<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; and  Sub-limit of R1 824 per family per annum for Social Workers and Registered Counsellors.	<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>
C13	<b>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, 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, Nebulisers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics External Prostheses and Compression Stockings.</p> <p>Applicable In- and Out-of-Hospital.</p> <div data-bbox="476 1077 850 1300" 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, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> <li>• Annual hospital limit specified under B: In-Hospital Benefits; and</li> <li>• Sub-limit of R12 523 per family per annum, with further, 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</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> </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>orthotic shoes, foot inserts and levellers;</p> <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 (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 R9 622 per hearing aid per Beneficiary every</li> </ul>	<ul style="list-style-type: none"> <li>• The Scheme has the right to obtain competitive quotes.</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>-----</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>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 R11 426 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 per Beneficiary per annum; and</li> <li>o One (1) Pulse Oximeter of up to</li> </ul>	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			R400 per Family per annum.	
C17	<b>Renal Dialysis</b> Out-of-Hospital  <div style="border: 1px solid red; padding: 5px; text-align: center;">             REGISTERED BY ME ON               2021/11/12               REGISTRAR OF MEDICAL SCHEMES           </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-authorisation 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> <li>• Includes materials and related pathology tests.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>Once the limit is depleted, the benefit is unlimited for PMBs.</li> </ul>
C18	<p><b>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</b></p> <div data-bbox="489 770 866 997" 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; margin: 5px 0 0 0;"/> <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 managed care protocols and processes.</li> <li>Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.</li> </ul>
C19	<p><b>Mental Health</b></p> <p>Consultations, assessments, treatment and counselling by Family Practitioners,</p>	100% of Scheme Rate, subject to PMBs.	Subject to:	<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
	Psychiatrists and Psychologists.  <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>• Annual hospital limit specified under B: In-Hospital Benefits;</li> <li>• Sub-limit of R11 378 per family per annum, less the sum total of the Beneficiaries' usage of the sub-limit of R20 167 per Beneficiary per annum under B18: Mental Health;</li> <li>• Further, shared sub-limit with B18: Mental Health of R2 468 per family per annum for services by Educational and</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Subject to use of a DSP/Network Family Practitioner or DSP/Network Specialist.</li> <li>• If a non-DSP / Out-of-Network Family Practitioner or non-DSP / Out-of-Network Specialist is used, a 30% co-payment shall apply.</li> <li>• If Out-of-Hospital treatment is offered as alternative to hospitalisation, In-Hospital benefits (B1) shall apply.</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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>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>	
<b>C20</b>	<b>Infertility</b>	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;</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				failing which, the Scheme shall not be liable to fund the first R12 000 of the other facility's bill.
C21	<p><b>Maternity Programme</b> Ante- and post-natal care.</p> <div data-bbox="474 703 852 932" 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 Scheme Rate, 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> <li>• If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C21: Maternity Programme) shall apply.</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>• 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 style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">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% Scheme Rate.	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,</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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>and use of DSP/Network Family Practitioner.</p> <ul style="list-style-type: none"> <li>• Limit applies to: <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> </ul> </li> <li>• In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or doctors' rooms.</li> </ul>
<b>C24</b>	<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> </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>• 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 Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.</li> </ul>

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

Handwritten signatures and initials in black ink, including a large signature, a smaller signature, and a set of initials.

<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

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.

**REGISTERED BY ME ON**  
 2021/11/12  
 -----  
**REGISTRAR OF MEDICAL SCHEMES**