

REGISTERED BY ME ON

2021/11/12

REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C 2022

RUBY

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

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

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	<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> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> ▪ a Designated Service Provider (“DSP”) for that condition; ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: <ul style="list-style-type: none"> ▪ Authorisation, managed care protocols, formulary and processes, as specified under B: In-

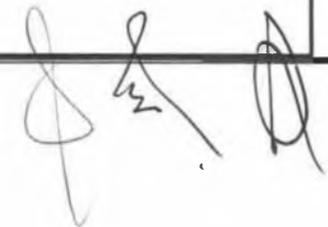
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>Hospital Benefits and C: Out-of-Hospital Benefits; and</p> <ul style="list-style-type: none"> ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	IN-HOSPITAL BENEFITS		<p>No overall limit. Sub-limits as provided for.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p>
B1	<p>Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities</p>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Hospital authorisation for admission to a Private facility must be obtained from the

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	<p>1. Accommodation in a general ward, high care ward and intensive care unit.</p> <p>2. Theatre fees.</p> <p>3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)).</p> <p>4. Neonatal care.</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>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.</p> <ul style="list-style-type: none"> In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply.

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	<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> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> • Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols and processes. • All In-Hospital treatment and services are subject to hospital authorisation (for Private facilities only, and inclusive of non-PMB one-day admissions), managed care protocols and processes.
B2	<p>Maternity</p> <p>Hospital, home birth or registered birthing unit.</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Unlimited, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

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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> <hr style="border-top: 1px dashed red;"/> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply. • In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the

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B3	Family Practitioner Services Consultations and visits.	100% of Scheme Rate for non-Network Family Practitioners.	Unlimited. Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").



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		130% of Scheme Rate for Network Family Practitioners.		
B4	Specialist Services Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Unlimited. Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B5	Surgical Procedures <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> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate. 200% of Scheme Rate for procedures specified by managed care, performed in doctor's rooms instead of in hospital.	Unlimited. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorization and managed care protocols and processes.

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B6	<p>Dentistry</p> <p>Conservative, restorative and specialised.</p>	100% of Scheme Rate.	Professional fees, subject to shared limit with Out-of-Hospital dentistry benefit specified under C6: Dental Services of R3 849 per Beneficiary per annum.	<ul style="list-style-type: none"> ○ All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). ○ Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars. • Lingual and labial frenectomies under general

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> Services classified as conservative, restorative and specialised per tariff code.
B7	Basic Radiology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
B8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with C9: Advanced Radiology of R25 458 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Subject to Advanced Radiology authorisation (in addition to hospital pre-authorisation) for

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				Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
B9	Pathology <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"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis.
B10	Blood Services	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.

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				<ul style="list-style-type: none"> Includes cost of blood, blood equivalents, blood products and the transport thereof. Includes erythropoietin.
B11	Physiotherapy <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 Scheme Rate, subject to PMBs.	Limited to R5 722 per Beneficiary per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre- authorisation, managed care protocols and processes, and services being related to admission diagnosis.
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy	100% of Scheme Rate.	Limited to ten (10) post-surgery physiotherapy visits (shared with C16: Post Hip, Knee and	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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B13	Organ and Tissue Transplants Includes materials.	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, subject to managed care protocols.).	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1. • Limit includes all costs associated with the transplant,

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B14	<p>Prostheses</p> <p>This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary or permanent devices used to assist with the guidance,</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> • Shared limit with C17: Medical and Surgical Appliances and Prostheses of R48 123 per family per annum for Medical 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

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	<p>alignment or delivery of these prostheses and internal devices.</p> <div data-bbox="480 553 857 781" 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>and Surgical Appliances and Prostheses generally, plus R48 123 per family per annum for Joint Revisions only; and</p> <ul style="list-style-type: none"> • Shared sub-limits with C17: Medical and Surgical Appliances and Prostheses of: <ul style="list-style-type: none"> ○ R5 285 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 510 	<ul style="list-style-type: none"> • Scheme may obtain competitive quotes or arrange supply of prosthesis. • Bone cement paid from B1, subject to hospital pre- authorisation. • Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes. • Subject to the prostheses and/or device(s) being related to the admission diagnosis and procedure. • Once the limit is depleted, the benefit is unlimited for PMBs.

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B15	Emergency Services (Casualty Department)	100% of cost, but subject to PMB legislation.	Limited to PMBs (Emergency Medical Condition, as defined in Section 4 of the main body and Annexure G of the GEMS Rules).	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of facility as per B1, or other registered emergency facility.

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B16	Renal Dialysis In-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R303 083 per Beneficiary per annum for chronic dialysis. Acute dialysis included in B1.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1. • Includes related materials, and related pathology and radiology tests, but subject to

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B17	<p>Oncology (Chemo and Radiotherapy)</p> <p>In- and Out-of-Hospital</p>	100% of Scheme Rate, subject to PMBs.	<p>Limit of R381 899 per family per annum.</p> <p>Sub-limit of R288 664 per family for biological and similar specialised medicines.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Oncology pre- authorisation and managed care protocols and processes. • Subject to Medicine Price List (MPL). • Subject to use of facility as per B1, or a registered alternative.

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				with paragraph 9.1.13.6 of Annexure E (Exclusions and Limitations) of GEMS Rules.
B18	<p>Mental Health</p> <p>Accommodation, theatre fees, medicine, hospital equipment and professional fees of Family Practitioners, Psychiatrists and Psychologists.</p> <div data-bbox="471 886 841 1114" 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"> • Limit of R21 216 per family per annum; • Shared sub-limit with C22: Mental Health of R2 468 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and managed care protocols and processes. • Subject to the use of facility as per B1, or a registered alternative. • Maximum of three (3) days hospitalisation by a Family Practitioner.

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

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				<ul style="list-style-type: none"> Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.
B20	Medical Technologists <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 PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and case management. Includes materials.
B21	Breast Reductions	No benefit.	No benefit, unless PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B22	Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists,	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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

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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Beneficiary to end of financial year.
C2	Block Benefit <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.	R2 580 per family per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Claims are paid against this benefit once the PMSA limit has been reached. • Benefit is pro-rated from the date of admission of Beneficiary to end of financial year.
C3	Family Practitioner Services Consultations, visits and all other Family Practitioner services not	100% of Scheme Rate for non-Network Family Practitioners.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Benefit includes consultations, visits and approved minor

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>specifically provided for otherwise in this Annexure.</p> <div data-bbox="449 532 825 760" 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>	<p>130% of Scheme Rate for Network Family Practitioners.</p> <p>Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.</p>		<p>procedures at Family Practitioners, subject to medical necessity and managed care protocols and processes.</p> <ul style="list-style-type: none"> • Limit is pro-rated from date of admission of Member to end of financial year.
C4	<p>Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme</p>	100% of Scheme Rate.	<p>Payable from Risk.</p> <p>One (1) additional Family Practitioner consultation at a DSP/Network provider, once PMSA and Block Benefit is exhausted.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • The additional Family Practitioner consultation at a DSP/Network provider is subject to pre-authorization

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				and managed care protocols and processes.
C5	<p>Specialist Services</p> <p>Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.</p> <div data-bbox="478 792 857 1019" 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 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 doctors' rooms instead of in hospital.</p> <p>200% of Scheme Rate for cataract procedures performed</p>	<p>Limited to PMSA and Block Benefit, subject to PMBs.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Limit is pro-rated from date of admission of Member to end of financial year. • Subject to Family Practitioner referral, and managed care protocols and processes.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		by Ophthalmologists in their rooms.		
C6	<p>Dental Services</p> <p>Conservative and Restorative Dentistry (include Plastic Dentures); and</p> <p>Special Dentistry (includes Metal Base Partial Dentures).</p> <div data-bbox="451 902 825 1133" 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 dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of Scheme Rate.</p> <p>200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms.</p>	<p>Shared limit with B6: Dentistry of R3 849 per Beneficiary per annum.</p> <p>Panoramic x-rays limited to one (1) x-ray every three (3) years per Beneficiary.</p> <p>Bitewing x-rays limited to four (4) per Beneficiary per annum.</p> <p>Refer to Annexure E (Exclusions and</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • General anaesthesia and conscious sedation for dentistry, subject to pre- authorisation and managed care protocols and processes. Only applicable to beneficiaries under the age of six (6) years, severe trauma and impacted third molars • In respect of Conservative and Restorative Dentistry:

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>		Limitations) of the GEMS Rules.	<ul style="list-style-type: none"> ○ Panoramic and Bitewing x-rays included. ● In respect of Special Dentistry: <ul style="list-style-type: none"> ○ No pre-authorisation required for metal-base dentures. ● Dental services classified as conservative, restorative and specialised per tariff code. ● Subject to managed care protocols and processes.
C7	Prescribed Medication and Injection Material			<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). ● Prescribed, administered and dispensed by healthcare

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> <hr style="border-top: 1px dashed red;"/> <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. Subject to PMSA and a limit of R633 per family per annum for homeopathic medicine.</p>	<p>professionals, legally entitled to do so.</p> <ul style="list-style-type: none"> • Subject to the Medicine Price List (MPL) and Medicine Exclusion List (MEL). • Subject to Annexure E (Exclusions and Limitations) of GEMS Rules. <p>1. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, formulary and processes. • Prescription by a healthcare professional, legally entitled to do so. • A 30% co-payment shall apply for voluntary use of Out-of-

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules.</p> <div data-bbox="489 894 866 1125" 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> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center; margin: 0;">2021/11/12</p> <hr style="border: 0; border-top: 1px dashed red; margin: 5px 0;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>2. 100% of cost, but subject to PMB legislation.</p>	<p>2. Unlimited, but subject to PMB legislation.</p>	<p>Formulary medicine, where Formulary exists.</p> <ul style="list-style-type: none"> • Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> • Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a healthcare professional, legally entitled to do so. • Medicine for chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, subject to

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div data-bbox="480 464 857 691" 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 5px 20px;">2021/11/12</p> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p data-bbox="426 878 825 964">3. Self-Medication: Over-the-Counter (OTC) Medicine.</p>	<p data-bbox="902 878 1181 964">3. 100% of Scheme Rate.</p>	<p data-bbox="1242 878 1544 1062">3. Subject to PMSA and limited to R215 per Beneficiary per event.</p>	<p data-bbox="1605 310 2013 542">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 data-bbox="1560 570 2020 808">• A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of a non-Chronic Medicine Pharmacy DSP. <p data-bbox="1567 878 1936 915">3. Subject to the following:</p> <ul style="list-style-type: none"> <li data-bbox="1560 938 1959 1019">• Managed care protocols, Formulary and processes. <li data-bbox="1560 1040 1982 1224">• Only SAHPRA-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	4. Prescribed medication from hospital stay (TTO)	4. 100% of Scheme Rate.	4. Subject to PMSA. Payable from Risk, once PMSA is depleted.	4. Subject to the following: <ul style="list-style-type: none"> TTO limited to seven (7) days.
C8	Basic Radiology X-rays and soft tissue ultrasound scans. <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 PMSA.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Includes 2 x 2D ultrasound scans per pregnancy provided for by C24: 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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C9	<p>Advanced Radiology</p> <div data-bbox="489 537 866 766" 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 Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R25 458 per family per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Advanced Radiology pre-authorisation, managed care protocols and processes. • Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
C10	Pathology and Medical Technology	100% of Scheme Rate.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Includes liquid-based cytology pap smears.
C11	<p>Optical Services</p> <ol style="list-style-type: none"> 1. Eye examinations; 2. Frames, lenses and contact lenses (permanent and disposable); and 3. Refractive eye surgery. <div data-bbox="471 979 845 1206" 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>Limited to PMSA and Block Benefit, subject to PMBs.</p> <p>Limited to one (1) eye examination per Beneficiary per Financial Year, starting on 01 January and ending on 31 December of the same year.</p> <p>Either spectacles or contact lenses shall be</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Optical Managed Care protocols and processes. • Optical benefit is not pro-rated, irrespective of date of Beneficiary registration. • Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation.

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	<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>funded in a Financial Year, not both.</p> <p>Frame sub-limit of R1 487 per Beneficiary shall apply.</p> <p>Post cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 276 for both lens and frame with a sublimit of R251 for the frame.</p>	<ul style="list-style-type: none"> • Excludes variable tint and photochromic lenses. • Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.
C12	<p>Allied Health Services</p> <p>Limited to Chiropractors, Homeopaths, Phytotherapists,</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limited to PMSA and Block Benefit, subject to PMBs.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Acupuncturists and Chinese Medicine Practitioners.			
C13	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C14	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C15	Audiology, Occupational Therapy and Speech Therapy	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C16	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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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>B12: Post Hip, Knee and Shoulder Replacement or Revision Surgery (Physiotherapy) up to a limit of R6 039 per Beneficiary per event, utilised within sixty (60) days of surgery.</p>	<ul style="list-style-type: none"> ○ Subject to hospital pre-authorisation, managed care protocols and processes.
C17	<p>Medical and Surgical Appliances and Prostheses</p> <p>Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> ● Shared limit with B14: Prostheses of R48 123 per family per annum for Medical and Surgical Appliances and 	<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). ● Subject to managed care protocols and processes. ● Diabetic accessories and appliances, other than Glucometers, to be pre-

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>Orthotics, External Prostheses and Compression Stockings.</p> <p>Applicable to In- and Out-of-Hospital.</p> <div data-bbox="503 657 879 885" 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>Prostheses generally; and</p> <ul style="list-style-type: none"> • Sub-limit for C17: Medical and Surgical Appliances and Prosthesis of R18 776 per family per annum, with further, shared sub-limits with B14: Prostheses of: <ul style="list-style-type: none"> ○ R5 285 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 510 	<p>authorised and claimed from the chronic medication benefit (C7.2).</p> <ul style="list-style-type: none"> • Foot orthotics and prosthetics, subject to Formulary, managed care protocols and processes. • The Scheme has the right to obtain competitive quotes.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<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>per Beneficiary per annum for orthotic shoes, foot inserts and levellers;</p> <ul style="list-style-type: none"> o R601 for crutches per Beneficiary per annum; o One (1) wheelchair of up to R6 615 per Beneficiary every twenty four (24) months of month of receipt of wheelchair; o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up 	

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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>to R9 622 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"> o One (1) CPAP device of up to R11 426 per Beneficiary every thirty six (36) months of month of receipt of device; o Three (3) pairs of compression stockings of up to R500 per pair per 	

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	<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>Beneficiary per annum; and</p> <ul style="list-style-type: none"> o One (1) Pulse Oximeter of up to R400 per Family per annum. 	
C18	<p>Renal Dialysis</p> <p>Out-of-Hospital</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Limited to PMBs.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Renal Dialysis pre-authorization, managed care protocols and processes. • Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30% per event shall apply in

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	<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>			<p>accordance with Network rules.</p> <ul style="list-style-type: none"> • Includes materials and related pathology tests.
C19	<p>Screening Services</p> <p>Including:</p> <p>Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism, Mammogram, and other screenings according to</p>	100% of Scheme Rate.	<p>Payable from Risk.</p> <p>All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • All subject to managed care protocols and processes. • Pap Smears include liquid-based cytology. • Infant Hearing Screening for Child Dependants under the age of one (1) year. • Childhood Hearing Screening for Child Dependants up to

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>evidence-based standard practice.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>and including the age of seven (7) years.</p> <ul style="list-style-type: none"> • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.
C20	<p>Preventative Care Services</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</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Includes preventative care services provided in pharmacies.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<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>(5) years for Beneficiaries at risk in 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>	
C21	<p>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Limited to PMBs.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<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"> • Subject to managed care protocols and processes. • Includes one (1) consultation for diagnosis and initial counselling. • Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.
C22	<p>Mental Health</p> <p>Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Limited to PMSA.</p> <p>Shared sub-limit with B18: Mental Health of R2 468 per family per annum for services by Educational and</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • If Out-of-Hospital treatment is offered as an alternative to

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>Industrial Psychologists.</p> <p>Limited to one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.</p>	<p>hospitalisation, In-Hospital benefits (B1) shall apply.</p>
C23	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • 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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				first R12 000 of the other facility's bill.
C24	<p>Maternity Programme Ante- and post-natal care.</p> <div data-bbox="496 672 873 899" 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 Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C24: Maternity) shall apply. • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols.

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"> ○ 2 x 2D ultrasound scans per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan. ○ Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C25	<p>Female Contraceptives</p> <p>Oral, insertables, injectables and dermal.</p>	100% of Scheme Rate.	Limited to PMSA.	<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> • Subject to managed care protocols, formulary and processes.
C26	Emergency Assistance (Road and Air)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of Emergency Medical Services DSP, and managed care protocols and processes.
C27	Circumcision <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% Scheme Rate.	Global fee of R 1 709 per Beneficiary.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation of facility and services, and managed care protocols and processes.

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"> • Limit applies to: <ul style="list-style-type: none"> ○ All related costs, e.g. consultations, medication etc.; and ○ All post-op care within a month of procedure. • In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or doctors' rooms.
C28	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to registration on Chronic Back and Neck Rehabilitation Programme,

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>and managed care protocols and processes.</p> <ul style="list-style-type: none"> Out-of-Hospital benefits (excluding this benefit C28: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.

Legend:	
Scheme Rate	See Rule 4.36 of the GEMS Rules.
CDL	Chronic Disease List
Chronic DSP	Chronic Designated Service Provider. Subject to Annexure G of the GEMS Rules.

DTP	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.
PDF	Professional Dispensing Fee
PMB	Prescribed Minimum Benefit
SEP	Single Exit Price
TTO	Treatment Taken Out

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

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