

REGISTERED BY ME ON

2021/11/12

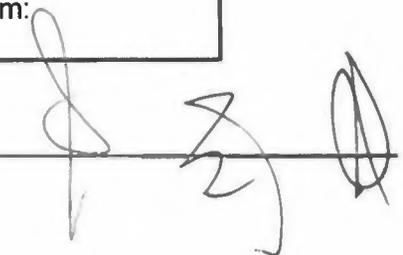
REGISTRAR OF MEDICAL SCHEMES

**ANNEXURE C 2022**

**EMERALD VALUE**

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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
A	<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>



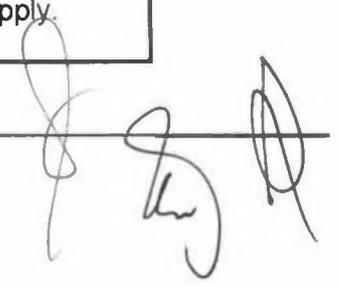
	<p style="text-align: center; border: 1px solid red; padding: 5px;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; border: 1px solid red; padding: 5px;">REGISTRAR OF MEDICAL SCHEMES</p>			<ul style="list-style-type: 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: <ul style="list-style-type: none"> <li>▪ Authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital</li> </ul> </li> </ul>
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<b>B</b>	<b>IN-HOSPITAL BENEFITS</b>		No overall limit.	
<b>B1</b>	<p><b>Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities</b></p> <ol style="list-style-type: none"> <li>1. Accommodation in a general ward, high care ward and intensive care unit;</li> <li>2. Theatre fees;</li> <li>3. Medicines, materials and hospital equipment</li> </ol>	100% of Scheme Rate, subject to PMBs.	Unlimited, 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 a State or Network facility; failing which, the Scheme shall not be liable to fund the first R12 000 of the other facility's bill.</li> <li>• Hospital authorisation for admission to a Private</li> </ul>

	<p>(includes bone cement for prostheses (B14)); and</p> <p>4. Neonatal care.</p> <div data-bbox="421 922 796 1145" 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>			<p>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.</p> <ul style="list-style-type: none"> <li>• In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, a</li> </ul>
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<b>B2</b>	<b>Maternity</b> Hospital, home birth or registered birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed</li> </ul>

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				pregnancies, subject to pre- authorisation.
<b>B3</b>	<b>Family Practitioner Services</b> Consultations and visits.	100% of Scheme Rate for non-Network Family Practitioners.  130% of Scheme Rate for Network Family Practitioners.	Unlimited.  Reimbursement according to the 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, managed care protocols and processes, and use of facility as per B1.</li> </ul>
<b>B4</b>	<b>Specialist Services</b> Consultations and visits.  <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> <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 for non-Network Specialists.  130% of Scheme Rate for Network Specialists.	Unlimited.  Reimbursement according to the Scheme-approved tariff file.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to hospital pre- authorisation, managed care protocols and</li> </ul>

				processes, and use of facility as per B1.
<b>B5</b>	<b>Surgical Procedures</b>	<p>100% of Scheme Rate.</p> <p>200% of Scheme Rate for procedures specified by managed care, performed in doctor's rooms instead of in hospital.</p>	<p>Unlimited.</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>• Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1, or doctor's rooms.</li> <li>• Includes hospital procedures performed in practitioner's rooms, as approved by Scheme.</li> <li>• Excludes Osseo-integrated Implants, all implant-related</li> </ul>

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				procedures and Orthognathic Surgery.
<b>B6</b>	<b>Dentistry</b> Conservative, restorative and specialised dentistry.  <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.	Professional fees, subject to shared limit with C2: Dental Services of R5 916 per Beneficiary per annum.  Hospital cost included in hospital benefit (B1).  Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	<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>• Lingual and labial frenectomies under general anaesthesia for Beneficiaries under the age of eight (8) years, subject to managed healthcare programme and pre-authorisation.</li> </ul>

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<b>B7</b>	<b>Basic Radiology</b>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed</li> </ul>

	X-rays and soft tissue ultrasound scans.			<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes, and use of facility as per B1.</li> </ul>
<b>B8</b>	<p><b>Advanced Radiology</b></p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <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.	Shared limit with C9: Advanced Radiology of R25 458 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 Advanced Radiology pre-authorisation (in addition to hospital pre-authorisation) for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.</li> </ul>

				<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes, and use of facility as per B1.</li> </ul>
<b>B9</b>	<b>Pathology</b>  <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>	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 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 Minimum Benefits ("PMBs").</li> </ul>

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<b>B11</b>	<b>Physiotherapy</b>	100% of Scheme Rate, subject to PMBs.	Limited to R5 722 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>

				diagnosis, and use of facility as per B1.
<b>B12</b>	<b>Post Hip, Knee and Shoulder Replacement or Revision Surgery</b> <b>Physiotherapy</b> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <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 C1.6: 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.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1.</li> </ul>
<b>B13</b>	<b>Organ and Tissue Transplants</b>	100% of Scheme Rate, subject to PMBs.	Limit of R707 210 per Beneficiary per annum.  Sub-limit of R24 007 per Beneficiary per	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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<b>B14</b>	<b>Prostheses</b>	100% of Scheme Rate, subject to PMBs.	Subject to:	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed</li> </ul>

	<p>This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 5px 20px;">2021/11/12</p> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> <li>• Shared limit with C11: Medical and Surgical Appliances and Prostheses of R48 123 per family per annum for Medical and Surgical Appliances and Prostheses generally, plus R48 123 per family per annum for Joint Revisions only; and</li> <li>• Shared sub-limits with C11: Medical and Surgical</li> </ul>	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> <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-authorisation.</li> <li>• Foot orthotics and prosthetics, subject to formulary, managed care protocols and processes.</li> <li>• Subject to the prostheses and/or device(s) being</li> </ul>
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<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	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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<b>B16</b>	<b>Renal Dialysis</b> In-Hospital	100% of Scheme Rate, subject to PMBs.	<p>Limit of R303 083 per Beneficiary per annum for chronic dialysis.</p> <p>Acute dialysis included in B1.</p>	<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</li> </ul>

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<b>B17</b>	<p><b>Oncology (Chemo and Radiotherapy)</b></p> <p>In- and Out-of-Hospital</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limit of R424 330 per family per annum.</p> <p>Sub-limit of R288 664 per family for biological and similar specialised medicine.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to Oncology pre- authorisation, managed</li> </ul>

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<p><b>B18</b></p>	<p><b>Mental Health</b></p> <p>Accommodation, theatre fees, medicine, hospital equipment, and 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>• Limit of R21 216 per family per annum, shared between B18: Mental Health and C10: 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, managed care protocols and processes.</li> </ul>

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

	<p>1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing.</p> <p>2. Hospice</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; 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. Unlimited, subject to PMB legislation.</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.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

				<ul style="list-style-type: none"> <li>• Subject to hospital pre- authorisation, case management, and use of facility as per B1.</li> <li>• Includes materials.</li> </ul>
<b>B21</b>	<b>Breast Reductions</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 Scheme Rate, subject to PMBs.	Unlimited, 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 pre- authorisation, managed care protocols and processes.</li> <li>• Subject to use of facility as per B1.</li> </ul>
<b>B22</b>	<b>Allied Health Services:</b> Limited to Chiropractors, Homeopaths, Phytotherapists,	100% of Scheme Rate, subject to PMBs.	Limit of R1 824 per family per annum, shared between B22: Allied Health	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

	<p>Acupuncturists and Chinese Medicine Practitioners.</p> <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>Services, B23: Other Professional Health Services, C5: Allied Health Services, and C6: Other Professional Health Services.</p>	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes, and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).</li> </ul>
<b>B23</b>	<p><b>Other Professional Health Services</b></p> <p>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Shared limit as per B22: Allied Health Services; and Sub-limit of R914 per family per annum for Social Workers and Registered Counsellors, shared between B23: Other Professional Health Services and C6: Other Professional Health Services.</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, and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).</li> </ul>

<b>B24</b>	<b>Alcohol and Drug Dependencies</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2021/11/12</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of 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>			
<b>C1</b>	<b>Day-to-Day Block Benefit</b> 1. Out-of-Hospital Family Practitioner Services; 2. Out-of-Hospital Specialist Services;	100% of Scheme Rate.	Shared limit between C1.1 and C1.4 – C1.9 of R10 589 per family, and R5 292 per Beneficiary, per annum.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Benefit is pro-rated from date of admission of</li> </ul>

	<p>3. Physiotherapy;</p> <p>4. Maternity (where not covered under C7: Maternity Programme);</p> <p>5. Audiology, Occupational Therapy and Speech Therapy; and</p> <p>6. Pathology and Medical Technology.</p>			<p>Beneficiary to end of financial year.</p> <ul style="list-style-type: none"> <li>• Subject to Network Family Practitioner Nomination and Specialist Referral Rules.</li> </ul>
<b>C1.1</b>	<p><b>Family Practitioner (FP) Services: Member Nominated Network Family Practitioners</b></p> <p>Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.</p>	<p>100% of Scheme Rate for non-Network Family Practitioners.</p> <p>130% of Scheme Rate for Network Family Practitioners.</p> <p>Reimbursement at 200% of Scheme Rate for procedures specified by managed</p>	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Benefit includes consultations, visits and approved minor procedures at Nominated Network Family Practitioners, subject to medical</li> </ul>

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				<p>GEMS Family Practitioner Network or not.</p> <ul style="list-style-type: none"> <li>Limit is pro-rated from date of admission of Member to end of financial year.</li> </ul>
C1.2	<p><b>Primary Care Extender Benefit</b></p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <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, subject to PMBs.</p>	<p>Payable from Risk.</p> <p>Shared limit between:</p> <ul style="list-style-type: none"> <li>C1.1: Family Practitioner (FP) Services;</li> <li>C1.9: Pathology and Medical Technology; and</li> <li>C8.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions,</li> </ul>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>The additional benefit of R814 per Beneficiary per annum is: <ul style="list-style-type: none"> <li>In the case of C1.1: Family Practitioner (FP) Services, subject to: <ul style="list-style-type: none"> <li>Use of Nominated Network Family Practitioner; and</li> </ul> </li> </ul> </li> </ul>

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<b>C1.3</b>	<b>Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme.</b>	100% of Scheme Rate, subject to PMBs.	Payable from Risk. Two (2) additional Family Practitioner consultations at a Nominated Network Family Practitioner, once Block Benefit is exhausted.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>The additional Family Practitioner consultations at a Nominated Network Family Practitioner are subject to pre-authorization, managed care protocols and processes.</li> </ul>

<p><b>C1.4</b></p>	<p><b>Specialist Services</b></p> <p>Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <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 by Ophthalmologists in their rooms.</p>	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Limit is pro-rated from date of admission of Member to end of financial year.</li> <li>• Subject to Network Family Practitioner Nomination and Specialist Referral Rules.</li> <li>• Subject to referral by a Nominated Network Family Practitioner; alternatively, pre-authorisation required.</li> <li>• If no referral by a Nominated Network Family Practitioner, or no pre-authorisation, a 30% co-payment shall be applied to the applicable rate</li> </ul>
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				specified in the "%Benefit/Tariff" column.
<b>C1.5</b>	<b>Physiotherapy</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Shared limit as per C1: Day-to-Day Block Benefit.  Sub-limit of R5 257 per family, and R2 628 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 managed care protocols and processes.</li> </ul>
<b>C1.6</b>	<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.  Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder	<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.</li> </ul>

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<b>C1.7</b>	<b>Maternity</b> Ante- and post-natal care.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit, where not accessed under C7: Maternity Programme.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.</li> </ul>
<b>C1.8</b>	<b>Audiology, Occupational Therapy and Speech Therapy</b>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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<b>C1.9</b>	<b>Pathology and Medical Technology</b>	100% of Scheme Rate.	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p> <p>Shared sub-limit with C1.8: Audiology, Occupational Therapy and Speech Therapy of R2</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to Network Family Practitioner Nomination and Specialist Referral Rules.</li> </ul>

			582 per Beneficiary and R5 174 per family per annum.	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Includes liquid based cytology pap smears.</li> </ul>
<b>C2</b>	<p><b>Dental Services</b></p> <p>Conservative and Restorative Dentistry (include plastic dentures); and</p> <p>Special Dentistry (includes metal-base dentures).</p>	<p>100% of Scheme Rate.</p> <p>200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctor's rooms.</p>	<p>Shared limit with B6: Dentistry of R5 916 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"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• General anaesthesia and conscious sedation for dentistry, subject to pre-authorization and managed care protocols and processes. Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars.</li> </ul>

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**REGISTRAR OF MEDICAL SCHEMES**

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<b>C3</b>	<p><b>Optical Services</b></p> <ol style="list-style-type: none"> <li>1. Eye examinations;</li> <li>2. Frames, lenses and contact lenses (permanent and disposable); and</li> </ol>	<p>100% of Scheme Rate.</p>	<p>Limited to R5 094 per family per financial year, starting on 01 January and ending on 31 December of the same year</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• All Optical services included in benefit.</li> </ul>

	<p>3. Refractive eye surgery.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2021/11/12</p> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>("Family Financial Cycle").</p> <p>Further limited to R2 658 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 December ("Beneficiary Financial Cycle"),</p>	<ul style="list-style-type: none"> <li>• Subject to Optical Managed Care protocols and processes.</li> <li>• Optical benefit is not pro-rated irrespective of date of Beneficiary registration.</li> <li>• Includes tinted lenses, up to a tint of 35%, for 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 GEMS Rules for Optometry Exclusions.</li> </ul>
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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>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>C4</b>	<p><b>Basic Radiology</b></p> <p>X-rays and soft tissue ultrasound scans.</p>	<p>100% of Scheme Rate.</p>	<p>Sub-limit of R4 226 per Beneficiary and R7 745 per family per annum.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Includes 2 x 2D ultrasound scans per pregnancy provided for under C7: Maternity Programme. Alternatively, should any</li> </ul>

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<b>C5</b>	<p><b>Allied Health Services:</b> Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.</p>	100% of Scheme Rate, subject to PMBs.	Shared limit as per B22: Allied Health Services.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> </ul>
<b>C6</b>	<p><b>Other Professional Health Services</b> Limited to Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.</p>	100% of Scheme Rate, subject to PMBs.	Shared limit and sub-limit as per B22: Allied Health Services and B23: Other Professional 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>

<p><b>C7</b></p>	<p><b>Maternity Programme</b> Ante- and post-natal care.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <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, but subject to Maternity Programme Protocols.</p>	<p>Paid from Risk, but limited to Maternity Programme Benefits.</p>	<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, C1.7: Maternity shall apply.</li> <li>• Includes: <ul style="list-style-type: none"> <li>○ Benefits defined in managed care protocols.</li> <li>○ 2 x 2D ultrasounds per pregnancy.</li> </ul> <p>Alternatively, should any such 2D scan be</p> </li> </ul>
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	<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>			<p>substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.</p> <ul style="list-style-type: none"> <li>○ Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.</li> </ul>
<b>C8</b>	<b>Prescribed Medication and Injection Material</b>			<ul style="list-style-type: none"> <li>● All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>● Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so.</li> <li>● Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL).</li> </ul>

	<p>1. Acute Medical Conditions.</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>1. 100% of Scheme Rate.</p>	<p>1. Limit of R12 728 per family, and R4 243 per Beneficiary, per annum, and sub-limit of R633 per family per annum for homeopathic medicine.</p>	<ul style="list-style-type: none"> <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> <li>• Prescription by a healthcare professional, legally entitled to do so.</li> <li>• A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine, where Formulary exists.</li> <li>• Benefit includes prescribed maternity vitamin supplements.</li> </ul>
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	<p>2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <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. 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 R25 631 per family, and R12 728 per Beneficiary, per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules. No benefit for non-PMB chronic conditions not listed in Annexure D of GEMS Rules.</p>	<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 Rules, subject to use of Chronic Medicine Pharmacy DSP, as provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</li> </ul>
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	<p>3. Self-Medication: Over-the-Counter (OTC) Medicine.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>4. Prescribed medication from hospital stay (TTO).</p>	<p>3. 100% of Scheme Rate.</p> <p>4. 100% of Scheme Rate.</p>	<p>3. Subject to acute medicine benefit limit (C8.1), event limit of R286 per Beneficiary, sub-limit of R1 069 per Beneficiary per annum, and a family annual limit of R1 709.</p> <p>4. Included in acute medication benefit limit (C8.1). Payable from Risk, once acute medication benefit</p>	<p>protocols, formulary and processes.</p> <p>3. Subject to the following:</p> <ul style="list-style-type: none"> <li>• Managed care protocols, Formulary and processes.</li> <li>• Only SAHPRA-registered Schedule 0, 1, and 2 medicines payable from the OTC benefit.</li> </ul> <p>4. Subject to the following:</p> <ul style="list-style-type: none"> <li>• TTO limited to seven (7) days.</li> </ul>
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	5. Female Contraceptives: Oral, insertables, injectables and dermal.	5. 100% of Scheme Rate.	limit (C8.1) is exhausted.  5. Subject to acute medicine benefit limit and a sub- limit of R3 221 per Beneficiary per annum.	5. Subject to managed care protocols, Formulary and processes.
<b>C9</b>	<b>Advanced Radiology</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R25 458 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 Network Family Practitioner Nomination and Specialist Referral Rules.</li> <li>• Subject to Advanced Radiology pre-authorisation managed care protocols</li> </ul>

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<b>C10</b>	<p><b>Mental Health</b></p> <p>Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> <li>• Limit of R21 216 per family per annum, shared between B18: Mental Health and C10: Mental Health;</li> <li>• Sub-limit of R6 291 for Out-of-Hospital</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>• Subject to Network Family Practitioner Nomination and Specialist Referral Rules.</li> <li>• Services by Family Practitioners: Subject to</li> </ul>

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<p><b>C11</b></p>	<p><b>Medical and Surgical Appliances and Prostheses</b></p> <p>Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics, External Prostheses and Compression Stockings.</p> <p>Applicable In- and Out-of-Hospital.</p> <div style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <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, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> <li>• Shared limit with B14: Prostheses of R48 123 per family per annum for Medical and Surgical Appliances and Prostheses generally; and</li> <li>• Sub-limit of R18 776 per family per annum for C:11 Medical and Surgical Appliances and Prostheses, with further, shared sub-limits with</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-authorised and claimed from the chronic medication benefit (C8.2).</li> <li>• Foot orthotics and prosthetics, subject to Formulary and managed care protocols and processes.</li> </ul>
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<b>C12</b>	<b>Renal Dialysis</b> Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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<b>C13</b>	<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,</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"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• All subject to managed care protocols and processes.</li> </ul>

	<p>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; 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>• Pap Smears include liquid-based cytology.</li> <li>• Infant Hearing Screening for Child Dependants under the age of one (1) year.</li> <li>• Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years.</li> <li>• Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only.</li> <li>• Includes screening services provided in pharmacies.</li> </ul>
<p><b>C14</b></p>	<p><b>Preventative Care Services</b> Includes all vaccinations.</p>	<p>100% of Scheme Rate.</p>	<p>Paid from Risk. Influenza Vaccinations: Limited</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed</li> </ul>

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			Beneficiary per annum.	
<b>C15</b>	<b>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.</li> </ul>
<b>C16</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),</li> </ul>

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<b>C17</b>	<b>Emergency Assistance (Road and Air)</b>	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>

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<b>C18</b>	<b>Circumcision</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 0;">2021/11/12</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	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-authorization of facility and services, managed care protocols and processes, and use of DSP / Nominated Network Family Practitioner.</li> <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</li> </ul>
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				performed in hospitals, Day Clinics or doctors' rooms.
<b>C19</b>	<b>Chronic Back and Neck Rehabilitation Programme</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to registration on Chronic Back and Neck Rehabilitation Programme, and managed care protocols and processes.</li> <li>• Out-of-Hospital benefits (excluding this benefit C19: 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
<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.

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