

ANNEXURE C 2025

EMERALD

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 / EXCLUSIONS	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

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<p>Benefit Condition were obtained from:</p> <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),

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	Clinics and Psychiatric Facilities <ol style="list-style-type: none"> Accommodation in a general ward, high care ward and intensive care unit; Theatre fees; Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); and Neonatal care. 		<div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/12/10 <hr style="border-top: 1px dotted red;"/> REGISTRAR OF MEDICAL SCHEMES </div>	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care 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

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				<p>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.</p> <ul style="list-style-type: none"> Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols and processes. All In-Hospital treatment and services are subject to hospital authorisation

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				(for Private facilities only, and inclusive of non-PMB one-day admissions), managed care protocols and processes.
B2	Maternity Hospital, home birth or registered birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed

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	<div>REGISTERED BY ME ON</div> <div>2024/12/10</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>			<p>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, the co-

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				<p>payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> • Elective Caesarean Sections may be subjected to second opinion, managed care protocols and processes. • Benefit includes midwife services. • Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
B3	Family Practitioner Services Consultations and visits.	100% of Scheme Rate for non-Network Family Practitioners.	Unlimited. Reimbursement according to the	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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		130% of Scheme Rate for Network Family Practitioners.	Scheme-approved tariff file.	
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 the 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; margin: 10px 0;"> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate. 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' 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-authorisation, managed care protocols and processes.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>Hospital cost included in hospital benefit (B1).</p> <p>Dental Sealants:</p> <p>Excluded under B6:</p> <p>Dentistry and C2: Dental Services, but included under C14: Preventative Care Services for Beneficiaries under 18 years of age.</p> <p>Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.</p>	<p>care protocols and processes, list of approved services, and use of Day Theatres.</p> <ul style="list-style-type: none"> General Anaesthesia and Conscious Sedation: Only applicable to Beneficiaries:- <ul style="list-style-type: none"> up to and including the age of six (6) years; or with severe trauma, subject to pre-authorisation and managed care protocols and processes.

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				<ul style="list-style-type: none"> • Subject to Advanced Radiology authorisation (in addition to hospital pre-authorisation) for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies. • Subject to managed care protocols and processes.
B9	Pathology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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				<ul style="list-style-type: none"> Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis.
B10	Blood Services <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </div>	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. Includes cost of blood, blood equivalents, blood products and the transport thereof. Includes erythropoietin.

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B11	Physiotherapy <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Limited to R6 673 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 10 post-surgery physiotherapy visits (shared with C1.6: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R7 044 per	<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.

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			Beneficiary per event, utilised within sixty (60) days of surgery.	
B13	Organ and Tissue Transplants	100% of Scheme Rate, subject to PMBs.	Limit of R824 901 per Beneficiary per annum. Sub-limit of R28 001 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols and processes.).	<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, including materials and immunosuppressants.

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			foot/shoe/ankle inserts and levelers; <ul style="list-style-type: none"> ○ R701 for crutches per Beneficiary per annum; ○ One (1) wheelchair of up to R7 716 per Beneficiary every twenty-four (24) months of month of receipt of wheelchair; ○ One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R11 223 per hearing aid per 	<ul style="list-style-type: none"> • Once the limit is depleted, the benefit is unlimited for PMBs.

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			<p>Beneficiary every thirty-six (36) months of month of receipt of hearing aid(s);</p> <ul style="list-style-type: none"> One (1) CPAP device of up to R13 328 per Beneficiary every thirty-six (36) months of month of receipt of device; Three (3) pairs of compression stockings of up to R584 per pair per Beneficiary per annum; 	

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> One (1) Pulse Oximeter of up to R467 per Family per annum; and One (1) knee and one (1) back brace of up to R3 499 per brace per Beneficiary per annum. 	
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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				<p>managed care protocols and processes.</p> <ul style="list-style-type: none"> • Subject to Medicine Price List (MPL). • Subject to use of facility as per B1, or a registered alternative. • Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials. • Erythropoietin included in B10: Blood Services.

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				<ul style="list-style-type: none"> Once the limit is depleted, the benefit is unlimited for PMBs. Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced or metastatic solid organ malignant tumours, unless pre-authorized in accordance with paragraph 9.1.13.6 of Annexure E (Exclusions and Limitations) of GEMS Rules.

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B18	Mental Health: Accommodation, theatre fees, medicine, hospital equipment and professional fees of Family Practitioners, Psychiatrists and Psychologists. <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> • Limit of R24 746 per family per annum, shared between B18: Mental Health and C10: Mental Health; • Shared sub-limit with C10: Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual Psychologist 	<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 use of facility as per B1, or a registered alternative. • Maximum of three (3) days hospitalisation by a Family Practitioner.

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

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				<ul style="list-style-type: none"> Excludes Frail Care and recuperative holidays. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.
B20	Medical Technologists <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </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	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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				<ul style="list-style-type: none"> Subject to pre-authorisation, managed care protocols and processes.
B22	Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limit of R2 128 per family per annum, shared between B22: Allied Health Services, B23: Other Professional Health Services, C5: Allied Health Services, and C6: Other Professional Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and services being related to admission diagnosis.
B23	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers,	100% of Scheme Rate, subject to PMBs.	Shared limit as per B22: Allied Health Services; and	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	Registered Counsellors and Orthoptists.	<div>REGISTERED BY ME ON</div> <div>2024/12/10</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>	Sub-limit of R1 652 per family per annum for Social Workers and Registered Counsellors, shared between B23: Other Professional Health Services and C6: Other Professional Health Services.	<ul style="list-style-type: none"> Subject to managed care protocols and processes, and services being related to admission diagnosis.
B24	Alcohol and Drug Dependencies	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation of DSP facility, managed care protocols and processes, and use of

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				DSP facility as per Annexure G (Prescribed Minimum Benefits) of GEMS Rules.
C	OUT-OF-HOSPITAL BENEFITS			
C1	Day-to-Day Block Benefit <ol style="list-style-type: none"> Out-of-Hospital Family Practitioner Services; Out-of-Hospital Specialist Services; Physiotherapy; Maternity (where not covered under C7: Maternity Programme); 	100% of Scheme Rate.	Shared limit between C1.1 and C1.4 – C1.9 of R12 351 per family, and R6 173 per Beneficiary, per annum. <div data-bbox="1008 941 1377 1173" data-label="Text"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Benefit is pro-rated from date of admission of Beneficiary to end of financial year.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	5. Audiology, Occupational Therapy and Speech Therapy; and 6. Pathology and Medical Technology.			<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
C1.1	Family Practitioner (FP) Services Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Benefit includes consultations, visits and approved minor procedures at Family Practitioners, subject to medical necessity and managed care protocols and processes.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<ul style="list-style-type: none"> Limit is pro-rated from date of admission of Member to end of financial year.
C1.2	Primary Care Extender Benefit <div data-bbox="676 805 1050 1034" data-label="Text"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Payable from Risk. Shared limit between: <ul style="list-style-type: none"> C1.1: Family Practitioner (FP) Services; C1.9: Pathology and Medical Technology; and C8.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions, 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). The additional benefit of R2 063 per Beneficiary per annum is: <ul style="list-style-type: none"> In the case of C1.1: Family Practitioner (FP) Services, subject to: <ul style="list-style-type: none"> Use of Network Family Practitioner; and

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			of R2 063 per Beneficiary per annum, when any of aforementioned benefits are exhausted.	<ul style="list-style-type: none"> ▪ Managed care protocols and processes. ○ In the case of C1.9: Pathology and Medical Technology, subject to: <ul style="list-style-type: none"> ▪ Managed care protocols and processes. ○ In the case of C8.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions, subject to:

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> ▪ The Conditions / Remarks provided for in C8: Prescribed Medication and Injection Material. • The additional benefit of R2 063 per Beneficiary per annum shall not be pro-rated, irrespective of the date of Beneficiary registration.
C1.3	Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme	100% of Scheme Rate, subject to PMBs.	<ul style="list-style-type: none"> • Payable from Risk. • Two (2) additional Family Practitioner consultations at a DSP/Network provider, once C1: 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • The additional Family Practitioner

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		<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	Day-to-Day Block Benefit and C1.2: Primary Care Extender Benefit are exhausted.	consultations at a DSP/Network provider are subject to pre-authorisation, managed care protocols and processes.
C1.4	Specialist Services Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists. 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Limit is pro-rated from date of admission of Member to end of financial year.

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		<p>instead of in-hospital.</p> <p>200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms.</p>	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	
C1.5	Physiotherapy	100% of Scheme Rate, subject to PMBs.	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p> <p>Sub-limit of R6 132 per family, and R3 066 per Beneficiary, per annum.</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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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C1.6	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy <div data-bbox="680 580 1052 810" data-label="Text"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R7 044 per Beneficiary per event, utilised within sixty (60) days of surgery.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation, managed care protocols and processes.
C1.7	Maternity Ante- and post-natal care.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit, where not	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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			accessed under C7: Maternity Programme.	<ul style="list-style-type: none"> Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C1.8	Audiology, Occupational Therapy and Speech Therapy <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p> <p>Shared sub-limit with C1.9: Pathology and Medical Technology, of R6 034 per family, and R3 011 per Beneficiary, per annum.</p> <p>Further sub-limit of R4 840 per family, and R2 424 per Beneficiary, per annum.</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. Occupational or speech therapy performed In-Hospital shall be paid from B1.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C1.9	Pathology and Medical Technology <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Shared sub-limit with C1.8: Audiology, Occupational Therapy and Speech Therapy of R3 011 per Beneficiary and R6 034 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. • Includes liquid-based cytology and Hr-HPV DNA pap smears.
C2	Dental Services Conservative and Restorative Dentistry (include plastic dentures); Special Dentistry (includes metal-base dentures); and Surgical Procedures.	100% of Scheme Rate.	Shared limit with B6: Dentistry of R6 900 per Beneficiary per annum, provided that: <ul style="list-style-type: none"> ○ Panoramic X-rays are limited to one (1) per Beneficiary 	<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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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div>REGISTERED BY ME ON</div> <div>2024/12/10</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>every three (3) years;</p> <ul style="list-style-type: none"> ○ Bitewing X-rays are limited to six (6) per Beneficiary per annum; ○ Periapical X-rays are limited to ten (10) per Beneficiary per annum; and ○ Cone Beam Computed Tomography (CBCT) scans are limited to one (1) per Beneficiary per lifetime for surgical procedures. 	<ul style="list-style-type: none"> • Conscious Sedation: Only applicable to Beneficiaries:- <ul style="list-style-type: none"> ○ up to and including the age of nine (9) years; or ○ with severe trauma, subject to pre-authorisation, managed care protocols and processes. • In respect of Conservative and Restorative Dentistry: <ul style="list-style-type: none"> ○ Panoramic, Bitewing and Periapical X-rays included. • In respect of Special Dentistry:

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </div>		Dental Sealants: Excluded under B6: Dentistry and C2: Dental Services, but included under C14: Preventative Care Services for Beneficiaries under 18 years of age. Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.	<ul style="list-style-type: none"> ○ No pre-authorisation required for metal base dentures. ● Implant crowns, bridges, and dentures, subject to pre-authorisation. ● Dental services classified as conservative, restorative and specialised per tariff code.
C3	Optical Services 1. Eye examinations; 2. Frames, lenses and contact lenses	100% of Scheme Rate.	Limited to R5 942 per family per financial year, starting on 01 January and ending on 31 December of the same	<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").



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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>(permanent and disposable); and</p> <p>3. Refractive eye surgery.</p>	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>year ("Family Financial Cycle").</p> <p>Further limited to R3 099 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"), subject to frames not exceeding R1 636.</p>	<ul style="list-style-type: none"> • All Optical services included in benefit. • 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. • Excludes variable tint and photochromic lenses.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div>REGISTERED BY ME ON</div> <div>2024/12/10</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>For Beneficiaries with Keratoconus, the family and Beneficiary limits specified hereinabove shall be subject to an additional optometry booster benefit of R2 751 per family per annum for scleral contact lenses.</p> <p>Limited to:</p> <ul style="list-style-type: none"> One (1) eye examination per Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to 	<ul style="list-style-type: none"> Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>the affected Beneficiary ("Eye Examination Cycle"); and</p> <ul style="list-style-type: none"> One (1) frame and one pair of lenses per Beneficiary per twenty-four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Optical Appliance Cycle"). <p>Save for the financial limits specified hereinabove, no limit</p>	

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>shall apply to the number of contact lenses that may be rendered to a Beneficiary.</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p> <p>Post-cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 744 for both lens and frame, with a sublimit of R293 for the frame.</p>	

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C4	Basic Radiology X-rays and soft tissue ultrasound scans.	100% of Scheme Rate. <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </div>	Sub-limit of R4 930 per Beneficiary and R9 034 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. Includes 2 x 2D ultrasound scans per pregnancy provided for under C7: Maternity Programme. 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.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C5	Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Shared limit as per B22: Allied Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
C6	Other Professional Health Services Limited to Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	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"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
C7	Maternity Programme Ante- and post-natal care.	100% of Scheme Rate, subject to	Paid from Risk, but limited to Maternity Programme Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
		Maternity Programme Protocols. <div> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </div>		Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, C1.7: Maternity shall apply. • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols. ○ 2 x 2D ultrasounds per pregnancy. Alternatively, should

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<p>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.</p> <ul style="list-style-type: none"> Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C8	Prescribed Medication and Injection Material			<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Prescribed, administered and dispensed by healthcare

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> REGISTERED BY ME ON 2024/12/10 <hr style="border-top: 1px dashed red;"/> REGISTRAR OF MEDICAL SCHEMES </div> 1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Limit of R14 847 per family, and R4 950 per Beneficiary, per annum, and sub-limit of R738 per family per annum for homeopathic medicine.	professionals, legally entitled to do so. <ul style="list-style-type: none"> • Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL). • Subject to Annexure E (Exclusions and Limitations) of GEMS Rules. 1. Subject to the following: <ul style="list-style-type: none"> • Managed care protocols, formulary and processes. • Prescription by a healthcare professional, legally entitled to do so.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules.</p>	<p>2. 100% of Scheme Rate, subject to PMBs.</p>	<p>2. Unlimited for PMB chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, but subject to PMB legislation and the following, which</p>	<ul style="list-style-type: none"> A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine, where Formulary exists. 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.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>exceed PMB level of care:</p> <ul style="list-style-type: none"> Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to: <ul style="list-style-type: none"> Limit of R28 324 per Beneficiary per annum for consumables (excluding devices, which are provided for under C11: Medical and Surgical Appliances and Prostheses); and Limited to type one (1) diabetics aged 	<ul style="list-style-type: none"> 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. A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of a non-Chronic Medicine Pharmacy DSP.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>below nineteen (19) years.</p> <p>Limit of R29 897 per family, and R14 847 per Beneficiary, per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules.</p> <p>No benefit for non-PMB chronic conditions not listed in Annexure D of the GEMS Rules.</p>	<ul style="list-style-type: none"> Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, shall be paid from limit for non-PMB chronic conditions listed in Annexure D of the GEMS Rules; and once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation. However, consumables for Continuous Glucose Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged below nineteen (19)

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div> <div>REGISTERED BY ME ON</div> <div>2024/12/10</div> <div>REGISTRAR OF MEDICAL SCHEMES</div> </div>			<p>years shall not be paid from the aforementioned limit, but from the consumable limit for Continuous Glucose Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged below nineteen (19) years only.</p> <ul style="list-style-type: none"> Includes benefit for life-threatening allergies, payable from Risk, and subject to managed care protocols, formulary and processes.
	3. Self-Medication: Over-the-Counter (OTC) Medicine	3. 100% of Scheme Rate.	3. Subject to acute medicine benefit limit	3. Subject to the following:

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	<div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>4. Prescribed medication from hospital stay (TTO).</p>	4. 100% of Scheme Rate.	<p>(C8.1), event limit of R334 per Beneficiary, sub-limit of R1 247 per Beneficiary per annum, and a family annual limit of R1 994.</p> <p>4. Included in acute medication benefit limit (C8.1). Payable from Risk, once acute medication benefit (C8.1) is exhausted.</p>	<ul style="list-style-type: none"> Managed care protocols, Formulary and processes. Only SAHPRA-registered Schedule 0, 1, and 2 medicines payable from the OTC benefit. <p>4. Subject to the following:</p> <ul style="list-style-type: none"> TTO limited to seven (7) days.

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	5. Female Contraceptives: Oral, insertables, injectables and dermal.	5. 100% of Scheme Rate.	5. Subject to acute medicine benefit limit (C8.1) and a sub- limit of R3 757 per Beneficiary per annum.	5. Subject to managed care protocols, Formulary and processes.
C9	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R29 694 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,

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				MDCT, Coronary Angiography, MUGA scans PET scans, MRI scans and Radio-isotope studies.
C10	Mental Health Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists. <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> Limit of R24 746 per family per annum, shared between B18: Mental Health and C10: Mental Health; Sub-limit of R7 338 for Out-of-Hospital Psychologist consultations; Further, shared sub-limit with B18: 	<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 alternative to hospitalisation, In-Hospital benefits (B18) shall apply.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists; and</p> <ul style="list-style-type: none"> Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day. 	
C11	Medical and Surgical Appliances and Prostheses	100% of Scheme Rate, subject to PMBs.	All medical and surgical appliances and prostheses (save for	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>Includes Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics External Prostheses, Compression Stockings, Continuous Glucose Monitors (CGM) and Insulin Pumps.</p> <p>Applicable In- and Out-of-Hospital.</p>		<p>Continuous Glucose Monitors (CGM) and Insulin Pumps): Subject to:</p> <ul style="list-style-type: none"> Shared limit with B14: Prostheses of R56 131 per family per annum for Medical and Surgical Appliances and Prostheses generally; and Sub-limit of R21 901 per family per annum for C:11 Medical and Surgical Appliances and Prosthesis, with further, shared sub- 	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> Subject to managed care protocols and processes. Diabetic accessories and appliances, other than Glucometers, Continuous Glucose Monitors (CGM) and Insulin Pumps, to be pre-authorised and claimed from the chronic medication benefit (C8.2). Foot orthotics and prosthetics, subject to Formulary, managed

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>limits with B14:</p> <p>Prostheses of:</p> <ul style="list-style-type: none"> ○ R6 164 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 761 per Beneficiary per annum for orthotic shoes, foot/shoe/ankle inserts and levelers; ○ R701 for crutches per Beneficiary per annum; ○ One (1) wheelchair of up to R7 716 per 	<p>care protocols and processes.</p> <ul style="list-style-type: none"> • The Scheme has the right to obtain competitive quotes.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>Beneficiary every twenty-four (24) months of month of receipt of wheelchair;</p> <ul style="list-style-type: none"> One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R11 223 per hearing aid per Beneficiary every thirty-six (36) months of month of receipt of hearing aid(s); One (1) CPAP device of up to R13 328 per 	

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>Beneficiary every thirty-six (36) months of month of receipt of device;</p> <ul style="list-style-type: none"> Three (3) pairs of compression stockings of up to R584 per pair per Beneficiary per annum; One (1) Pulse Oximeter of up to R467 per Family per annum; and One (1) knee and one (1) back brace of up to R3 499 per brace per 	

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>Beneficiary per annum.</p> <p>Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to:</p> <ul style="list-style-type: none"> • Limit of R59 531 per family per annum for devices (excluding consumables, which are provided for in the chronic medication benefit (C8.2)); • Sub-limit of one (1) device per Beneficiary every sixty (60) months of 	

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>month of receipt of device;</p> <ul style="list-style-type: none"> Limited to type one (1) diabetics aged below nineteen (19) years. 	
C12	<p>Renal Dialysis</p> <p>Out-of-Hospital</p> <div data-bbox="680 927 1055 1153" data-label="Text"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</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"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Renal Dialysis pre-authorisation, managed care protocols and processes. Subject to use of Renal Dialysis Network DSP; failing which, a co-

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>payment of 30% per event shall apply in accordance with Network rules.</p> <ul style="list-style-type: none"> Includes materials and related pathology tests.
C13	<p>Screening Services</p> <p>Including:</p> <p>Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism,</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 and Hr-HPV DNA tests.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	Mammogram, and other screenings according to evidence-based standard practice. <div> REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES </div>			<ul style="list-style-type: none"> • Infant Hearing Screening for Child Dependants under the age of one (1) year. • Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years. • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C14	Preventative Care Services Includes: 1. All Vaccinations; 2. Dental Sealants; and 3. Dental Polishing.	100% of Scheme Rate.	Paid from Risk. Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum. Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five (5) years for Beneficiaries at risk in accordance with managed care protocols. HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime.	<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, i.e. vaccinations, provided in pharmacies.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>Other Vaccinations: Limited to R950 per Beneficiary per annum.</p> <p>Dental Sealants: Limited to Beneficiaries under 18 years of age, and subject to use of a Network provider.</p> <p>Dental Polishing: Limited to Beneficiaries between the ages of three (3) and nine (9) years (both inclusive). Service may be rendered by a Network or Non-Network provider.</p>	

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C15	HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.
		<div>REGISTERED BY ME ON</div> <div>2024/12/10</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		
C16	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				managed care protocols and processes.
C18	Circumcision	100% Scheme Rate.	Global fee of R1 994 per Beneficiary per annum.	<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. 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.

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REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<ul style="list-style-type: none"> In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or practitioners' rooms.
C19	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, and managed care protocols and processes. Out-of-Hospital benefits (excluding this benefit C19: Chronic Back and

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2024/12/10

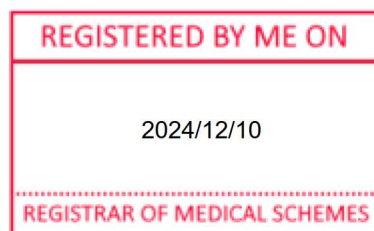
REGISTRAR OF MEDICAL SCHEMES

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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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