REGISTERED BY ME ON

2024/12/10

REGISTRAR OF MEDICAL SCHEMES

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 |
|----|----------------------|--------------------|---------------------------|----------------------------|
| Α | STATUTORY PRESCRIBED | 100% of cost, but | Unlimited, but subject to | As provided for in |
| | MINIMUM BENEFITS | subject to PMB | PMB legislation. | Annexure G of the |
| | (PMBs) | legislation. | | GEMS Rules. |
| | | | | Prescribed Minimum |
| | | | | Benefits ("PMBs") are |
| | | | | not subject to the |
| | | | | monetary benefit limits |
| | | | 4 | stated in this Annexure |
| | | | | and shall be paid in full, |
| | | | | where the diagnosis, |
| | | | | treatment and care of a |
| | | | | Prescribed Minimum |

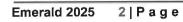






| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--|---------------------|---|
| | | | | Benefit Condition were |
| | | | | obtained from: |
| | 2024 | D BY ME ON /12/10 EDICAL SCHEMES | | a Designated Service Provider ("DSP") for 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), |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|---------------------------|--------------------|---------------------------|----------------------------------|
| | | | | subject to: |
| | | | | Authorisation, |
| | | | | managed care |
| | | | | protocols, formulary |
| | | | | and processes, as |
| | REGISTERE | D BY ME ON | | specified under B: In- |
| | NEO/OTENE | D D I III C OIL | | Hospital Benefits and |
| | 2024 | 1/12/10 | | C: Out-of-Hospital |
| | | | | Benefits; and |
| | REGISTRAR OF N | MEDICAL SCHEMES | | The Act. |
| | | | | This Rule supersedes all |
| | | | | other benefit provisions |
| | | | | in this Annexure. |
| В | IN-HOSPITAL BENEFITS | | No overall limit. | |
| B1 | Public Hospitals, Private | 100% of Scheme | Unlimited, but subject to | All limits are subject to |
| | Hospitals, Registered | Rate, subject to | PMB legislation. | A: Statutory Prescribed |
| | Unattached Theatres, Day | PMBs. | · | |
| | | | | |



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| NO | SERVICE / BENEFIT | % BENEF | IT / TARIFF | LIMITS / EX | CLUSIONS | CC | ONDITIONS / REMARKS |
|------|--|---------|-----------------|-------------|----------|----|---|
| Clin | ics and Psychiatric | | | | | | Minimum Benefits |
| Faci | lities | | | | | | ("PMBs"). |
| 3 | . Accommodation in a general ward, high care ward and intensive care unit; 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); and 4. Neonatal care. | | REGISTERED 2024 | /12/10 | | | 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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| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--------------------|---------------------|----------------------------|
| | | | | facility for an Emergency |
| | | | | Medical Condition, the |
| | | | | Scheme must be notified |
| | | | | of such admission within |
| | | | | one (1) working day |
| | DECISTEDE | D BY ME ON | | after the admission, |
| | REGISTERE | D BY ME ON | | failing which, a co- |
| | 202 | 4/12/10 | | payment of R1 000 per |
| | | | | admission shall apply. |
| | | MEDICAL SCHEMES | | 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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| NO | SERVICE / BENEFIT | % BENEFIT | / TARIFF | LIMITS / EX | CLUSIONS | C | ONDITIONS / REMARKS |
|----|--|---|----------|------------------------------------|----------|---|---|
| | | | | | | | (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 subject to PM legislation. | 5 | Unlimited, bu PMB legislati | - | • | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). |
| | | | 2024 | D BY ME ON 1/12/10 IEDICAL SCHEMES | | • | Subject to managed care protocols and processes. Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--------------------|---------------------|--|
| | | | | 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, |
| | REGISTERE | D BY ME ON | | a co-payment of R1 000 |
| | | | | per admission shall |
| | 202 | 4/12/10 | | apply. |
| | REGISTRAR OF N | MEDICAL SCHEMES | | 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- |



| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|--------------------------------|-------------------------------------|--------------------------|---|
| | REGISTERED 2024 REGISTRAR OF M | /12/10 | | payment of R1 000 per admission shall apply. Elective Caesarean Sections may be subjected to second opinion, managed care protocols and processes. Benefit includes midwife services. Includes non-invasive prenatal testing for highrisk pregnancies, subject to pre-authorisation. |
| В3 | Family Practitioner Services | 100% of Scheme Rate for non-Network | Unlimited. Reimbursement | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). |
| | Consultations and visits. | Family Practitioners. | according to the | willimitatii benenta (i wba). |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|---|--|--|--|
| | | 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. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). |
| B5 | REGISTERED BY ME ON 2024/12/10 REGISTRAR OF MEDICAL SCHEMES | 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. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital preauthorisation, managed care protocols and processes. |



| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|---|--|--|---|
| | 2024 | D BY ME ON /12/10 EDICAL SCHEMES | | Includes: Hospital procedures performed in practitioner's rooms, as approved by the Scheme; Maxillofacial Surgery; and Surgical removal of impacted teeth (In-Hospital and Out-of-Hospital). |
| В6 | Dentistry Conservative, Restorative and Specialised Dentistry. Surgical Procedures. | 100% of Scheme Rate. | Professional fees, subject to shared limits with C2: Dental Services. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital preauthorisation, managed |

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| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|----------------------------------|---|--|
| | 2024 | D BY ME ON /12/10 EDICAL SCHEMES | Hospital cost included in hospital benefit (B1). 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 GEMS Rules. | care protocols and processes, list of approved services, and use of Day Theatres. General Anaesthesia and Conscious Sedation: Only applicable to Beneficiaries:- up to and including the age of six (6) years; or with severe trauma, subject to preauthorisation and managed care protocols and processes. |



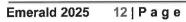




| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|--------------------|---|---|---|
| В7 | 2024 | D BY ME ON 1/12/10 1EDICAL SCHEMES 100% of Scheme Rate. | Unlimited. | Implant crowns, bridges, and dentures, subject to pre-authorisation. Services classified as conservative, restorative and specialised per tariff code. All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. |
| В8 | Advanced Radiology | 100% of Scheme Rate, subject to PMBs. | Shared limit with C9: Advanced Radiology of R29 694 per family per annum. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). |









| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|----------------------------------|--------------------|---------------------|--|
| | | | | Subject to Advanced Radiology authorisation (in addition to hospital pre-authorisation) for |
| | REGISTERED 2024/ REGISTRAR OF ME | 12/10 | | Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies. Subject to managed |
| P0 | Dathology | 100% of Scheme | Unlimited. | care protocols and processes. • All limits are subject to A: |
| B9 | Pathology | Rate. | Omminited. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). |



| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|-------------------|---|--|--|
| | | | | Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis. |
| B10 | 2024 | 100% of Scheme Rate, subject to PMBs. D BY ME ON 1/12/10 IEDICAL SCHEMES | Unlimited, but subject to PMB legislation. | 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. |



| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|---|---|---|--|
| B11 | 2024 | 100% of Scheme Rate, subject to PMBs. D BY ME ON 1/12/10 IEDICAL SCHEMES | Limited to R6 673 per Beneficiary per annum. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital preauthorisation, 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 | All limits are subject to A: Statutory Prescribed Minimum Benefits |



| NO | SERVICE / B | BENEFIT | % BENEFIT | / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|-----------------|--------------------------------------|-----------------------|----------|--|--|
| B13 | Organ and Tissu | Ie . | 100% of Sch | | Beneficiary per event, utilised within sixty (60) days of surgery. Limit of R824 901 per Beneficiary per annum. | All limits are subject to A: Statutory Prescribed |
| | Tunopiano | REGISTERED 2024 REGISTRAR OF M | PMBs. PMB ON /12/10 | | Sub-limit of R28 001 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols and processes.). | Minimum Benefits ("PMBs"). Subject to hospital preauthorisation, managed care protocols and processes, and use of facility as per B1. Limit includes all costs associated with the transplant, including materials and immunosuppressants. |







| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|--|--|--|--|
| | 2024 | D BY ME ON 1/12/10 IEDICAL SCHEMES | | Authorised erythropoietin is included in limits listed in B10: Blood Services. Organ harvesting is limited to the Republic of South Africa, except for cornea tissue. |
| B14 | Prostheses 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 | 100% of Scheme Rate, subject to PMBs. | Subject to: Shared limit with C11: Medical and Surgical Appliances and Prostheses of R56 131 per family per annum for Medical and Surgical Appliances and Prostheses | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Scheme may obtain competitive quotes, or |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LI | WITS / EXCLUSIONS | C | ONDITIONS / REMARKS |
|----|--|--------------------|----|---|---|---|
| | prostheses and internal devices. REGISTERED 2024 | /12/10 | • | generally, plus R56 131 per family per annum for Joint Revisions only; and Shared sub-limits with C11: Medical and Surgical Appliances and Prostheses of: 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, | • | arrange supply of prosthesis. Bone cement paid from B1, subject to hospital pre-authorisation. Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes. Subject to the prostheses and/or device(s) being related to the admission diagnosis and procedure. |





| NO SERV | /ICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|---------|----------------|--------------------------------------|---|--|
| | 202 | ED BY ME ON 24/12/10 MEDICAL SCHEMES | foot/shoe/ankle inserts and levelers; o R701 for crutches per Beneficiary per annum; o One (1) wheelchair of up to R7 716 per Beneficiary every twenty-four (24) months of month of receipt of wheelchair; o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R11 223 per hearing aid per | Once the limit is depleted, the benefit is unlimited for PMBs. |



| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--|--|----------------------|
| NO | REGISTEREI 2024 | % BENEFIT / TARIFF D BY ME ON /12/10 EDICAL SCHEMES | Beneficiary every thirty-six (36) months of month of receipt of hearing aid(s); o One (1) CPAP device of up to R13 328 per Beneficiary every thirty-six (36) months of month of receipt of device; o Three (3) pairs of compression stockings of up to | CONDITIONS / REMARKS |
| | | | R584 per pair per Beneficiary per annum; | |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
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| | 2024 | D BY ME ON /12/10 EDICAL SCHEMES | o One (1) Pulse Oximeter of up to R467 per Family per annum; and o 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). | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of facility as per B1, or other registered emergency facility. |





| NO | SERVICE / BE | NEFIT | % BENEFIT / | TARIFF | LIMITS / EXCLUSIONS | C | ONDITIONS / REMARKS |
|-----|----------------------------|-------|--|--------|--|---|--|
| | | 202 | D BY ME ON 4/12/10 MEDICAL SCHEMES | | | • | Subject to hospital authorisation, managed care protocols and processes. Cost to be defrayed from C1.1: Family Practitioner (FP) Services, for non-PMB and unauthorised events. |
| B16 | Renal Dialysis In-Hospital | | 100% of Sche Rate, subject PMBs. | | Limit of R353 521 per Beneficiary per annum for chronic dialysis. Acute dialysis included in B1. | • | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital preauthorisation, managed care protocols and processes, and use of facility as per B1. |



| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|---|---|--|--|
| | 2024 | D BY ME ON 1/12/10 IEDICAL SCHEMES | | Includes related materials, and related pathology and radiology tests, but subject to managed care protocols and processes. Erythropoietin included in B10: Blood Services. Once the limit is depleted, the benefit is unlimited for PMBs. |
| B17 | Oncology (Chemo and Radiotherapy) In- and Out-of-Hospital | 100% of Scheme Rate, subject to PMBs. | Limit of R494 945 per family per annum. Sub-limit of R336 702 per family for biological and similar specialised medicine. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Oncology preauthorisation and |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
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| | | | | managed care protocols and processes. Subject to Medicine Price List (MPL). Subject to use of facility as per B1, or a registered alternative. |
| | 2024 | O BY ME ON /12/10 IEDICAL SCHEMES | | Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials. |
| | | | | Erythropoietin included in B10: Blood Services. |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|--|--------------------|---------------------|--------------------------|
| | | | | Once the limit is |
| | | | | depleted, the benefit is |
| | | | | unlimited for PMBs. |
| | | | | Excludes new |
| | | | | chemotherapeutic |
| | | | | medicines that have not |
| | | | | convincingly |
| | | | | demonstrated a survival |
| | REGISTERE | O BY ME ON | | advantage of more than |
| | THE STATE OF THE S | | | three (3) months in |
| | 2024 | /12/10 | | advanced or metastatic |
| | | | | solid organ malignant |
| | REGISTRAR OF M | EDICAL SCHEMES | | tumours, unless pre- |
| | | | | authorised in |
| | | | | accordance with |
| | | | | paragraph 9.1.13.6 of |
| | | | | Annexure E (Exclusions |
| | | | | and Limitations) of |
| | | | | GEMS Rules. |
| | | | | |







| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|---|--------------------|--|---|
| B18 | Mental Health: Accommodation, theatre fees, medicine, hospital equipment and professional fees of Family Practitioners, Psychiatrists and Psychologists. REGISTERED 2024 | /12/10 | Subject to: 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) | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital preauthorisation 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. |
| | | | individual Psychologist | |





| NO | SERVICE / BEN | NEFIT | % BENEFIT | / TARIFF | LI | MITS / EXCLUSIONS | C | ONDITIONS / REMARKS |
|-----|--------------------|---------------|----------------|-----------|----|-----------------------|---|---------------------------|
| | | | | | | consultation and | | |
| | | | | | | one (1) group | | |
| | | | | | | Psychologist | | |
| | | ı | | | | consultation per | | |
| | | | | | | day. | | |
| B19 | Alternatives to | | | | | | • | All limits are subject to |
| | Hospitalisation | | | | | | | A: Statutory Prescribed |
| | | | | | | | | Minimum Benefits |
| | 1. Sub-acute Hospi | tals, | 1. 100% of | Scheme | 1. | Unlimited, subject to | | ("PMBs"). |
| | Physical Rehabil | itation | Rate, sub | ject to | | PMB legislation. | • | Subject to pre- |
| | and Private Nurs | sing. | PMBs. | | | | | authorisation of |
| | | | | | | | | alternative facility and |
| | 2. Hospice | | 2. 100% of | cost, but | 2. | Unlimited, but | | services, and managed |
| | | | subject to | PMB | | subject to PMB | | care protocols and |
| | | | legislatio | n. | | legislation. | | processes. |
| | REGISTERE | | D BY ME ON | | | | • | Includes home nursing, |
| | | | | | | | | but subject to managed |
| | | 2024 | | | | | | care protocols and |
| | RE | EGISTRAR OF M | EDICAL SCHEMES | | | | | processes. |

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| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|--|---|--|--|
| | | | | Excludes Frail Care and recuperative holidays. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules. |
| B20 | Medical Technologists REGISTERED 2024 | 12/10 | Unlimited, subject to PMB legislation. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital preauthorisation and case management. Includes materials. |
| B21 | Breast Reductions | 100% of Scheme Rate, subject to PMBs. | Unlimited, subject to PMB legislation. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). |

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| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|---|---|--|---|
| B22 | Allied Health Services: | 100% of Scheme | Limit of R2 128 per | Subject to pre- authorisation, managed care protocols and processes. All limits are subject to |
| | Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners. | Rate, subject to PMBs. | family per annum, shared between B22: Allied Health Services, B23: Other Professional Health Services, C5: Allied Health Services, and C6: Other Professional Health Services. | 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 BY ME ON | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). |



REGISTERED BY ME ON

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2024/12/10

REGISTRAR OF MEDICAL SCHEMES

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| NO | SERVICE / B | ENEFIT | % BENEFIT | / TARIFF | LIMITS / EXCLUSIONS | C | ONDITIONS / REMARKS |
|-----|------------------|----------------|----------------|----------|-------------------------|---|---------------------------|
| | Registered Couns | sellors and | | | Sub-limit of R1 652 per | • | Subject to managed |
| | Orthoptists. | | | | family per annum for | | care protocols and |
| | | | | | Social Workers and | | processes, and services |
| | | | | | Registered Counsellors, | | being related to |
| | | REGISTERED | BY ME ON | | shared between B23: | | admission diagnosis. |
| | | | | | Other Professional | | |
| | | 2024 | /12/10 | | Health Services and C6: | | |
| | | REGISTRAR OF M | EDICAL SCHEMES | | Other Professional | | |
| | | | | | Health Services. | | |
| B24 | Alcohol and Dru | a | 100% of cos | t, but | Limited to PMBs. | • | All limits are subject to |
| | Dependencies | • | subject to Pl | | | | A: Statutory Prescribed |
| | • | | legislation. | | | | Minimum Benefits |
| | | | | | | | ("PMBs"). |
| | | | | | | | Subject to pre- |
| | | | | | | | authorisation of DSP |
| | | | | | | | facility, managed care |
| | | | | | | | protocols and |
| | | | | | | | processes, and use of |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|---|--------------------|--|--|
| | | | | DSP facility as per Annexure G (Prescribed |
| | | | | Minimum Benefits) of |
| | | | | GEMS Rules. |
| С | OUT-OF-HOSPITAL BENEFITS | | | |
| C1 | Day-to-Day Block Benefit | 100% of Scheme | Shared limit between | All limits are subject to |
| | Out-of-Hospital Family Practitioner Services; Out-of-Hospital Specialist Services; Physiotherapy; Maternity (where not covered under C7: | | C1.1 and C1.4 – C1.9 of R12 351 per family, and R6 173 per Beneficiary, per annum. D BY ME ON | A: Statutory Prescribed Minimum Benefits ("PMBs"). Benefit is pro-rated from date of admission of Beneficiary to end of financial year. |
| | Maternity Programme); | REGISTRAR OF M | EDICAL SCHEMES | |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS | |
|------|--|--|---------------------------|--|--|
| C1.1 | 5. Audiology, Occupational Therapy and Speech Therapy; and 6. Pathology and Medical Technology. Family Practitioner (FP) | 100% of Scheme Rate | | D BY ME ON /12/10 EDICAL SCHEMES All limits are subject to | |
| 01.1 | Services Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure. | 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. | Day-to-Day Block Benefit. | 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. | |



| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|------|-----------------------|--|--|--|
| C1.2 | Primary Care Extender | 100% of Scheme | Payable from Risk. | Limit is pro-rated from date of admission of Member to end of financial year. All limits are subject to |
| G1.2 | Benefit REGISTER | Rate, subject to PMBs. ED BY ME ON 24/12/10 MEDICAL SCHEMES | Shared limit between: 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, | A: Statutory Prescribed Minimum Benefits ("PMBs"). The additional benefit of R2 063 per Beneficiary per annum is: In the case of C1.1: Family Practitioner (FP) Services, subject to: Use of Network Family Practitioner; and |

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| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|--------------------------------|--------------------|---|---|
| | REGISTERED 2024 REGISTRAR OF M | /12/10 | of R2 063 per Beneficiary per annum, when any of aforementioned benefits are exhausted. | Managed care protocols and processes. In the case of C1.9: Pathology and Medical Technology, subject to: Managed care protocols and processes. In the case of C8.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions, subject to: |







| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|------|---|---|--|--|
| | | D BY ME ON /12/10 EDICAL SCHEMES | | 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. | Payable from Risk. Two (2) additional Family Practitioner consultations at a DSP/Network provider, once C1: | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). The additional Family Practitioner |



| NO | SERVICE / BI | ENEFIT | % BENEFIT | / TARIFF | LIMITS / EXCLUSIONS | CC | ONDITIONS / REMARKS |
|---------|---|---|--|--|--|----|--|
| NO C1.4 | Specialist Service Consultations, visiother Specialist sespecifically provide otherwise in this A | REGISTERE 2024 REGISTRAR OF M es its and all ervices not ed for | % BENEFIT D BY ME ON 1/12/10 100% of So Rate for no Network Sp 130% of So Rate for Ne | cheme on- pecialists. cheme etwork | Day-to-Day Block Benefit and C1.2: Primary Care Extender Benefit are exhausted. Shared limit as per C1: Day-to-Day Block Benefit. | | consultations at a DSP/Network provider are subject to pre- authorisation, managed care protocols and processes. All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Limit is pro-rated from date of admission of |
| | | | 200% of So Rate for pro- specified by managed of performed practitioner | ocedures y care, in | | | Member to end of financial year. |







| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|------|-------------------|--|--|---|
| | | instead of in- hospital. 200% of Scheme | REGISTERE | D BY ME ON |
| | | Rate for cataract procedures performed by Ophthalmologists in their rooms. | 202 | 4/12/10 MEDICAL SCHEMES |
| C1.5 | Physiotherapy | 100% of Scheme Rate, subject to PMBs. | Shared limit as per C1: Day-to-Day Block Benefit. Sub-limit of R6 132 per family, and R3 066 per Beneficiary, per annum. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. |



| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|------|----------------------------|-----------------------|----------------------------|---------------------------|
| C1.6 | Post Hip, Knee and | 100% of Scheme | Shared limit as per C1: | All limits are subject to |
| | Shoulder Replacement or | Rate. | Day-to-Day Block | A: Statutory Prescribed |
| | Revision Physiotherapy | | Benefit. | Minimum Benefits |
| | | | Limited to 10 post- | ("PMBs"). |
| | | | surgery physiotherapy | Subject to hospital pre- |
| | PECICTERE | DVMEON | visits (shared with B12: | authorisation, managed |
| | REGISTERE | D BY ME ON 1/12/10 | Post Hip, Knee and | care protocols and |
| | 2024 | | Shoulder Replacement | processes. |
| | | | or Revision Surgery | |
| | REGISTRAR OF M | EDICAL SCHEMES | Physiotherapy) up to a | |
| | | | limit of R7 044 per | |
| | | | Beneficiary per event, | |
| | | | utilised within sixty (60) | |
| | | | days of surgery. | |
| C1.7 | Maternity | 100% of Scheme | Shared limit as per C1: | All limits are subject to |
| | Ante- and post-natal care. | Rate. | Day-to-Day Block | A: Statutory Prescribed |
| | Tanto and poor natal salo. | | Benefit, where not | Minimum Benefits |
| | | | | ("PMBs"). |



| NO | SERVICE / B | ENEFIT | % BENEFIT | / TARIFF | LIMITS / EXCLUSIONS | C | ONDITIONS / REMARKS |
|------|-------------|-----------------|-----------|----------|--|---|--|
| | | | | | accessed under C7: Maternity Programme. | • | Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation. |
| C1.8 | , | | Rate. | | Shared limit as per C1: Day-to-Day Block Benefit. | • | All limits are subject to A: Statutory Prescribed Minimum Benefits |
| | | REGISTERED 2024 | /12/10 | | Shared sub-limit with C1.9: Pathology and Medical Technology, of R6 034 per family, and R3 011 per Beneficiary, per annum. Further sub-limit of R4 840 per family, and R2 424 per Beneficiary, per annum. | • | ("PMBs"). Subject to managed care protocols and processes. Occupational or speech therapy performed In-Hospital shall be paid from B1. |

| NO | SERVICE / B | ENEFIT | % BENEFIT | / TARIFF | LIMITS / EXCLUSIONS | C | ONDITIONS / REMARKS |
|------|---|-----------------------------------|--|----------|---|---|---|
| C1.9 | Technology REGISTERE | | 100% of Scheme Rate. D BY ME ON 1/12/10 IEDICAL SCHEMES | | 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. | | 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 Dentistry (include dentures); Special Dentistry metal-base dentur Surgical Procedur | plastic (includes res); and | 100% of Sch Rate. | ieme | Shared limit with B6: Dentistry of R6 900 per Beneficiary per annum, provided that: Panoramic X-rays are limited to one (1) per Beneficiary | • | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. |





| NO SERVICE / | BENEFIT % BEN | EFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|--------------|---|---------------|--|---|
| | REGISTERED BY ME (2024/12/10 REGISTRAR OF MEDICAL SCH | | every three (3) years; 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. | subject to pre- authorisation, managed care protocols and processes. In respect of |

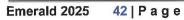
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| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|--|---|--|--|
| | 2024 | D BY ME ON J12/10 SEDICAL SCHEMES | Dental Sealants: Excluded under B6: Dentistry and C2: Dental Services, but included under C14: Preventative Care Services for Beneficiaries under 18 years of age. Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules. | 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 | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). |







| NO | | SERVICE / BI | ENEFIT | % BENEFIT | / TARIFF | LIMITS / EXCLUSIONS | C | ONDITIONS / REMARKS |
|----|----|--|------------------------------------|--------------------|----------|---|---|--|
| | 3. | (permanent and disposable); and Refractive eye | nd and e surgery. REGISTERE | D BY ME ON H/12/10 | | year ("Family Financial Cycle"). 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 | | 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. |
| | | | | | | exceeding R1 636. | | |







| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--------------------|-------------------------|-----------------------|
| | | | For Beneficiaries with | Refer to Annexure E |
| | | | Keratoconus, the family | (Exclusions and |
| | | | and Beneficiary limits | Limitations) of the |
| | | | specified hereinabove | GEMS Rules for |
| | | | shall be subject to an | Optometry Exclusions. |
| | | | additional optometry | |
| | REGISTERE | D BY ME ON | booster benefit of | |
| | 2024 | /12/10 | R2 751 per family per | |
| | 2024 | /12/10 | annum for scleral | |
| | REGISTRAR OF M | EDICAL SCHEMES | contact lenses. | |
| | | | Limited to: | |
| | | | • One (1) eye | |
| | | | examination per | |
| | | | Beneficiary per | |
| | | | twelve (12) month | |
| | | | period, calculated | |
| | | | from the month | |
| | | | within which same | |
| | | | was last rendered to | |

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| NO | SERVICE / BENEFIT | % BENEFIT | / TARIFF | LIN | MITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|-----------------|----------|------|----------------------|----------------------|
| | | | | | the affected | |
| | | | | | Beneficiary ("Eye | |
| | | | | | Examination | |
| | | | | | Cycle"); and | |
| | REGISTERE | D BY ME ON | | • | One (1) frame and | |
| | 2024 | 1/12/10 | | | one pair of lenses | |
| | | | | | per Beneficiary per | |
| | | MEDICAL SCHEMES | | | twenty-four (24) | |
| | | | | | month period, | |
| | | | | | calculated from the | |
| | | | | | month within which | |
| | | | | | same was last | |
| | | | | | rendered to the | |
| | | | | | affected Beneficiary | |
| | | | | | ("Optical Appliance | |
| | | | | | Cycle"). | |
| | | | | Sav | e for the financial | |
| | | | | limi | ts specified | |
| | | | | | einabove, no limit | |

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| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--------------------|--------------------------|----------------------|
| | | | shall apply to the | |
| | | | number of contact | |
| | | | lenses that may be | |
| | | | rendered to a | |
| | | | Beneficiary. | |
| | REGISTER | ED BY ME ON | Either spectacles or | |
| | 202 | 24/12/10 | contact lenses shall be | |
| | | | funded in an Optical | |
| | REGISTRAR OF | MEDICAL SCHEMES | Appliance Cycle, not | |
| | | | both. | |
| | | | 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. | |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|--|--|--|--|
| C4 | Basic Radiology X-rays and soft tissue ultrasound scans. REGISTERED 2024 | 100% of Scheme Rate. DBY ME ON /12/10 EDICAL SCHEMES | Sub-limit of R4 930 per Beneficiary and R9 034 per family per annum. | 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. |







| NO | SERVICE / BENEFIT | % BENEF | IT / TARIFF | LIMITS / EXCLUSIONS | | C | ONDITIONS / REMARKS |
|-----------|---|------------------------------------|----------------|---|---------|---|--|
| C5 | Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners. | 100% of So Rate, subje PMBs. | REGISTERE 2024 | Shared limit and Allied Health D BY ME ON 1/12/10 IEDICAL SCHEMES | | • | 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 So Rate, subje PMBs. | | Shared limit and sub- limit as per B22: Allied Health Services and B23: Other Professional Health Services. | | • | 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 So Rate, subje | | Paid from Ris | ternity | • | All limits are subject to A: Statutory Prescribed |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|---------------------|---------------------|-------------------------|
| | | Maternity Programme | | Minimum Benefits |
| | | Protocols. | | ("PMBs"). |
| | | | | Subject to registration |
| | | | | on Maternity |
| | | | | Programme, and |
| | | | | managed care protocols |
| | REGISTERE | D BY ME ON | | and processes. |
| | 2004 | 440440 | | If not registered on |
| | 2024 | /12/10 | | Maternity Programme, |
| | REGISTRAR OF M | EDICAL SCHEMES | | C1.7: Maternity shall |
| | | | | apply. |
| | | | | Includes: |
| | | | | o Benefits defined in |
| | | | | managed care |
| | | | | protocols. |
| | | | | o 2 x 2D ultrasounds |
| | | | | per pregnancy. |
| | | | | Alternatively, should |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|---------------------------|--------------------|---------------------|---------------------------|
| | | | | any such 2D scan be |
| | | | | substituted with a |
| | | 1 | | 3D/4D scan, such |
| | | | | 3D/4D scan shall be |
| | REGISTERED | BY ME ON | | funded up to the cost |
| | | | | of a 2D scan. |
| | 2024/ | /12/10 | | Non-invasive prenatal |
| | REGISTRAR OF MI | EDICAL SCHEMES | | testing for high-risk |
| | | | | pregnancies, subject |
| | | | | to pre-authorisation. |
| C8 | Prescribed Medication and | | | All limits are subject to |
| | Injection Material | | | 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 |
|----|---------------------------|--|---|--|
| | | D BY ME ON /12/10 EDICAL SCHEMES | | professionals, legally entitled to do so. Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL). Subject to Annexure E (Exclusions and Limitations) of GEMS Rules. |
| | 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. | Subject to the following: Managed care protocols, formulary and processes. Prescription by a healthcare professional, legally entitled to do so. |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|---|--|--|
| | 202 | 24/12/10 MEDICAL SCHEMES 2. 100% of Scheme Rate, subject to PMBs. | 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 | A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine, where Formulary exists. Benefit includes prescribed maternity vitamin supplements. Subject to the following: Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a healthcare professional legally entitled to do so. |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LI | MITS / EXCLUSIONS | C | ONDITIONS / REMARKS |
|----|-------------------|--------------------|----|----------------------|----|--------------------------|
| | | | | exceed PMB level of | • | Medicine for chronic |
| | | | | care: | | conditions listed in PMB |
| | | | • | Continuous Glucose | | DTP, PMB CDL and |
| | | | | Monitors (CGM) and | | Annexure D of the |
| | | | | Insulin Pumps: | 11 | GEMS Rules, subject to |
| | | | | Subject to: | | use of Chronic Medicine |
| | REGISTERE | D BY ME ON | 0 | Limit of R28 324 per | | Pharmacy DSP, as |
| | 7,000,010 | | | Beneficiary per | | provided for in Annexure |
| | 2024 | 1/12/10 | | annum for | | G (Prescribed Minimum |
| | | | | consumables | | Benefits) of the GEMS |
| | REGISTRAR OF N | MEDICAL SCHEMES | | (excluding devices, | | Rules. |
| | | | | which are provided | • | A 30% co-payment shall |
| | | | | for under C11: | | apply for voluntary use |
| | | | | Medical and Surgical | | of Out-of-Formulary |
| | | | | Appliances and | | medicine and voluntary |
| | | | | Prostheses); and | | use of a non-Chronic |
| | | | 0 | Limited to type one | | Medicine Pharmacy |
| | | | | (1) diabetics aged | | DSP. |
| | | | | | | |



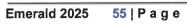


| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--------------------|-----------------------|----------------------------|
| | | | below nineteen (19) | Chronic Medical |
| | | | years. | Conditions listed in PMB |
| | | | | DTP, PMB CDL and |
| | | | Limit of R29 897 per | Annexure D of the |
| | | | family, and R14 847 | GEMS Rules, shall be |
| | | | per Beneficiary, per | paid from limit for non- |
| | REGISTERE | D BY ME ON | annum for non-PMB | PMB chronic conditions |
| | | | chronic conditions | listed in Annexure D of |
| | 2024 | /12/10 | listed in Annexure D | the GEMS Rules; and |
| | DECISTRAD OF M | EDICAL SCHEMES | of the GEMS Rules. | once limit is exhausted, |
| | REGISTRAR OF M | EDICAE SCHEMES | | benefit shall be unlimited |
| | | | No benefit for non- | for PMBs, but subject to |
| | | | PMB chronic | PMB legislation. |
| | | | conditions not listed | However, consumables |
| | | | in Annexure D of the | for Continuous Glucose |
| | | | GEMS Rules. | Monitors (CGM) and |
| | | | | Insulin Pumps for type |
| | | | | one (1) diabetics aged |
| | | | | below nineteen (19) |



| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------------------|--------------------|------------------------|--|
| | | | | years shall not be paid |
| | | | | from the aforementioned |
| | | | | limit, but from the |
| | | | | consumable limit for |
| | | | | Continuous Glucose |
| | | | | Monitors (CGM) and |
| 1 | REGISTERED | D BY ME ON | | Insulin Pumps for type |
| | 2024/ | /12/10 | | one (1) diabetics aged |
| | 202 1/ | 12/10 | | below nineteen (19) |
| | REGISTRAR OF MI | EDICAL SCHEMES | | years only. |
| | | | | Includes benefit for life- |
| | | | | threatening allergies, |
| | | | | payable from Risk, and |
| | | | | subject to managed care |
| | | | | protocols, formulary and |
| | | | | processes. |
| | | | | |
| | 3. Self-Medication: Over-the- | 3. 100% of Scheme | 3. Subject to acute | 3. Subject to the following: |
| | Counter (OTC) Medicine | Rate. | medicine benefit limit | |







| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|---|--------------------|---|--|
| 4. | Prescribed medication from hospital stay (TTO). | 12/10 | (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. 4. Included in acute medication benefit limit (C8.1). Payable from Risk, once acute medication benefit (C8.1) is exhausted. | Managed care protocols, Formulary and processes. Only SAHPRA-registered Schedule 0, 1, and 2 medicines payable from the OTC benefit. Subject to the following: TTO limited to seven (7) days. |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|--|---------------------------------------|---|--|
| | 5. Female Contraceptives: Oral, insertables, injectables and dermal. | 5. 100% of Scheme Rate. | 5. Subject to acute medicine benefit limit (C8.1) and a sublimit of R3 757 per Beneficiary per annum. | 5. Subject to managed care protocols, Formulary and processes. |
| C9 | Advanced Radiology REGISTERED | 100% of Scheme Rate, subject to PMBs. | Shared limit with B8: Advanced Radiology of R29 694 per family per annum. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Advanced Radiology pre- |
| | REGISTRAR OF MI | 112/10 EDICAL SCHEMES | | authorisation, managed care protocols and processes. Specific authorisation is required for Angiography, CT scans, |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|-------------------|--------------------|---|---|
| | | | | MDCT, Coronary Angiography, MUGA scans PET scans, MRI |
| | | | | scans and Radio-isotope studies. |
| C10 | 2 | DMRe | Subject to: 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: | Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. If Out-of-Hospital treatment is offered as alternative to hospital benefits (B18) |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|---------------------------|------------------------|--------------------------|---------------------------|
| | | | Mental Health of | |
| | | | R2 879 per family | |
| | | | per annum for | |
| | | | services by | |
| | | | Educational and | |
| | REGISTERED | D BY ME ON | Industrial | |
| | | | Psychologists; and | |
| | 2024 | /12/10 EDICAL SCHEMES | • Limit of one (1) | |
| | REGISTRAR OF M | | individual | |
| | | | Psychologist | |
| | | | consultation and | |
| | | | one (1) group | |
| | | | Psychologist | |
| | | | consultation per | |
| | | | day. | |
| C11 | Medical and Surgical | 100% of Scheme | All medical and surgical | All limits are subject to |
| | Appliances and Prostheses | Rate, subject to | appliances and | A: Statutory Prescribed |
| | | PMBs. | prostheses (save for | |



| NO | SERVICE / B | ENEFIT | % BENEFIT / TAF | RIFF | LIMITS / EXCLUSIONS | С | ONDITIONS / REMARKS |
|----|---|--|-----------------|------|--|---|--|
| NO | Includes Hearing Wheelchairs, Mod Scooters, Oxyger Pulse Oximeters, CPAP Devices, G Colostomy Kits, D Equipment, Foot | Aids, Dility To Cylinders, Nebulizers, Glucometers, Diabetic Orthotics | % BENEFIT / TAF | RIFF | Continuous Glucose Monitors (CGM) and Insulin Pumps): Subject to: Shared limit with B14: Prostheses of R56 131 per family | | Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Diabetic accessories and appliances, other |
| | External Prosthes Compression Sto Continuous Gluco (CGM) and Insulin Applicable In- and Hospital. | ckings, ose Monitors n Pumps. | | | per annum for Medical and Surgical Appliances and Prostheses generally; and Sub-limit of R21 90 | | than Glucometers, Continuous Glucose Monitors (CGM) and Insulin Pumps, to be pre-authorised and claimed from the chronic |
| | | , | /12/10 | | per family per annum for C:11 Medical and Surgical Appliances and Prosthesis, with further, shared sub- | 1 | 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 |
|----|-------------------|----------------------|---|---|
| NO | REGISTERED | D BY ME ON /12/10 | limits with B14: Prostheses of: o 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; o R701 for crutches per Beneficiary per | care protocols and processes. The Scheme has the right to obtain competitive quotes. |
| | | | per Beneficiary per annum; o One (1) wheelchair of up to R7 716 per | |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--------------------|-----------------------|----------------------|
| | | | Beneficiary every | |
| | | | twenty-four (24) | |
| | | | months of month of | |
| | | | receipt of | |
| | | | wheelchair; | |
| | | | o One (1) unilateral | |
| | | | hearing aid, or one | |
| | REGISTERE | D BY ME ON | (1) pair of bilateral | |
| | | | hearing aids, of up | |
| | 2024 | 4/12/10 | to R11 223 per | |
| | REGISTRAR OF M | MEDICAL SCHEMES | hearing aid per | |
| | | | Beneficiary every | |
| | | | thirty-six (36) | |
| | | | months of month of | |
| | | | receipt of hearing | |
| | | | aid(s); | |
| | | | o One (1) CPAP | |
| | | | device of up to | |
| | | | R13 328 per | |



11.

| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--------------------|---|----------------------|
| | | | Beneficiary every | |
| | | | thirty-six (36) months of month of receipt of device; | |
| | | | o Three (3) pairs of compression stockings of up to | |
| | REGISTERE | D BY ME ON | R584 per pair per | |
| | 202 | 4/12/10 | Beneficiary per annum; | |
| | | MEDICAL SCHEMES | 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 | |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--|---|----------------------|
| | 2024 | D BY ME ON /12/10 EDICAL SCHEMES | Beneficiary per annum. Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to: 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 | |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|-------------------|---|--|---|
| | | | month of receipt of device; Limited to type one (1) diabetics aged below nineteen (19) years. | |
| C12 | 2024 | 100% of cost, but subject to PMB legislation. D BY ME ON /12/10 EDICAL SCHEMES | Limited to PMBs. | 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 |
|-----|---|--|---|--|
| | | D BY ME ON /12/10 EDICAL SCHEMES | | payment of 30% per event shall apply in accordance with Network rules. Includes materials and related pathology tests. |
| C13 | Screening Services Including: 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, | 100% of Scheme Rate. | Payable from Risk. All screenings are limited to one (1) of each per annum, unless otherwise indicated herein. | 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. |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|---|--------------------|---------------------|---|
| | Mammogram, and other screenings according to evidence-based standard practice. REGISTERED 2024 | /12/10 | | 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. |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|---|---|--|---|
| C14 | Preventative Care Services | 100% of Scheme | Paid from Risk. | All limits are subject to |
| C14 | Includes: 1. All Vaccinations; 2. Dental Sealants; and 3. Dental Polishing. REGISTERED 2024 | Rate. O BY ME ON /12/10 EDICAL SCHEMES | 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. | A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Includes preventative care services, i.e. vaccinations, provided in pharmacies. |







| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--------------------|--------------------------|----------------------|
| | | | Other Vaccinations: | |
| | | | Limited to R950 per | |
| | | | Beneficiary per annum. | |
| | | | Dental Sealants: Limited | |
| | | | to Beneficiaries under | |
| | | | 18 years of age, and | |
| | | | subject to use of a | |
| | REGISTERE | D BY ME ON | Network provider. | |
| | 2024 | H/12/10 | Dental Polishing: | |
| | 2024 | 12/10 | Limited to Beneficiaries | |
| | | IEDICAL SCHEMES | between the ages of | |
| | | | three (3) and nine (9) | |
| | | | years (both inclusive). | |
| | | | Service may be | |
| | | | rendered by a Network | |
| | | | or Non-Network | |
| | | | provider. | |







| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS | | |
|-----|-------------------|---|---------------------|---|--|--|
| C15 | 202 | 100% of cost, but subject to PMB legislation. D BY ME ON 4/12/10 MEDICAL SCHEMES | Limited to PMBs. | 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. | | |
| C16 | Infertility | 100% of cost, but subject to PMB legislation. | Limited to PMBs. | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). | | |



| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|----------------------|--------------------|---------------------------|----------------------------|
| | | | | Subject to pre- |
| | | | | authorisation of facility |
| | | | | and service(s), managed |
| | | | | care protocols and |
| | REGISTERE | D BY ME ON | | processes, and use of a |
| | | | | DSP (i.e. State or |
| | 2024 | /12/10 | | Network) facility; failing |
| | REGISTRAR OF M | IEDICAL SCHEMES | | which, the Scheme shall |
| | | | | not be liable to fund the |
| | | | | first R15 000 of the other |
| | | | | facility's bill. |
| C17 | Emergency Assistance | 100% of cost, but | Unlimited, but subject to | All limits are subject to |
| | (Road and Air) | subject to PMB | PMB legislation. | A: Statutory Prescribed |
| | | legislation. | | Minimum Benefits |
| | | | | ("PMBs"). |
| | | | | Subject to use of |
| | | | | Emergency Medical |
| | | | | Services DSP, and |

D

| NO | SERVICE / B | ENEFIT | % BENEFIT | / TARIFF | LIMITS / EXCLUSIONS | CC | ONDITIONS / REMARKS |
|-----|--------------|------------|----------------------|----------|--|----|---|
| | | | | | | | managed care protocols and processes. |
| C18 | Circumcision | REGISTERED | 100% Scher | ne Rate. | Global fee of R1 994 per Beneficiary per annum. | • | All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre- authorisation of facility |
| | | | 12/10 EDICAL SCHEMES | | | | and services, and managed care protocols and processes. Limit applies to: o All related costs, e.g. consultations, medication etc.; and o All post-op care within a month of procedure. |



| NO | SERVICE / BE | ENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|-----|--|-----------|--|---|--|
| | | | | | In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or practitioners' rooms. |
| C19 | Chronic Back and Rehabilitation Pro | REGISTERE | Negotiated Rate. D BY ME ON 4/12/10 MEDICAL SCHEMES | Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits. | 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 |





| NO | SERVICE / BENEFIT | % BENEFIT / TARIFF | LIMITS / EXCLUSIONS | CONDITIONS / REMARKS |
|----|-------------------|--------------------|---------------------|--------------------------|
| | | | | Neck Rehabilitation |
| | | | | Programme) shall apply, |
| | REGISTERED | D BY ME ON | | if not registered on the |
| | 1120121121 | | | Chronic Back and Neck |
| | 2024 | /12/10 | | Rehabilitation |
| | REGISTRAR OF M | EDICAL SCHEMES | | Programme. |

| Legend: | | | | |
|-------------|--|--|--|--|
| Scheme Rate | See Rule 4.36 of the GEMS Rules. | | | |
| CDL | Chronic Disease List | | | |
| Chronic DSP | Chronic Designated Service Provider. Subject to Annexure G of the GEMS Rules. | | | |
| DTP | Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act. | | | |
| PDF | Professional Dispensing Fee | | | |
| РМВ | Prescribed Minimum Benefit | | | |





| SEP | Single Exit Price |
|-----|---------------------|
| тто | Treatment Taken Out |

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

REGISTERED BY ME ON

2024/12/10

REGISTRAR OF MEDICAL SCHEMES



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