

REGISTERED BY ME ON

2026/04/30

REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C 2026

BERYL

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

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / 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 Benefit Condition were obtained from:

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> ▪ a Designated Service Provider (“DSP”) for that condition; ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: ▪ Authorisation, managed care protocols, formulary and

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B	IN-HOSPITAL BENEFITS	100% of Scheme Rate, subject to PMBs.	Subject to overall hospital limit of R1 460 702 per family per annum and such sub-limits as provided for.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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	<p>Clinics and Psychiatric Facilities:</p> <ol style="list-style-type: none"> 1. Accommodation in a general ward, high care ward and intensive care unit (ICU); 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); 4. Confinements and midwives; and 5. Neonatal care. 		<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2026/04/30</p> <p>-----</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply. • In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within

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				respect of elective colonoscopies and gastroscopies performed in acute hospitals.
B2	<p>Maternity</p> <p>Hospital, home birth or accredited birthing unit.</p> <div data-bbox="369 816 743 1040" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	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 care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event

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B3	<p>Family Practitioner Services</p> <p>Consultations and visits.</p>	<p>100% of Scheme Rate for non-Network Family Practitioners.</p> <p>130% of Scheme Rate for Network Family Practitioners.</p>	<p>Subject to annual hospital limit specified under B: In-Hospital Benefits.</p> <p>Reimbursement according to Scheme-approved tariff file.</p> <p>Childbirth by a Family Practitioner.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Private hospital pre-authorisation and use of facility as per B1.

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B4	Specialist Services Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to Private hospital pre-authorisation and use of facility as per B1.
B5	Surgical Procedures <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2026/04/30</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate. 200% of Scheme Rate for procedures specified by managed care, performed in practitioners’ rooms instead of in hospital.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Maxillofacial surgery and surgical removal of impacted teeth, subject to an annual sub-limit of R29 213 per family. Refer to Annexure E (Exclusions and	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to Private hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1, or practitioners’ rooms. Includes:

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B6	<p>Dentistry</p> <p>Conservative and Restorative Dentistry.</p> <p>Surgical Procedures.</p>	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and Out-of-Hospital dentistry limits specified under C5: Dental Services.	<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). ● Subject to Private hospital pre-authorisation, managed care protocols

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B7	Basic Radiology <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2026/04/30</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to managed care protocols and processes, and use of facility as per B1.
B8	Advanced Radiology	100% of Scheme Rate, subject to PMB.	Subject to: <ul style="list-style-type: none"> Annual hospital limit specified under B: In-Hospital Benefits; Sub-limit of R15 183 per Family per annum; and Further sub-limit of one (1) Computed Tomography (CT) or Magnetic Resonance 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to Advanced Radiology pre- authorisation (in addition to Private hospital pre- authorisation), managed care protocols and processes, list of

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B9	Pathology	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes, pathology tests being related to admission diagnosis, and use of facility as per B1.

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B10	Blood Services <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Unlimited, 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.
B11	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R6 344 per Beneficiary per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Private hospital pre-authorisation, managed care protocols

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				and processes, services being related to admission diagnosis, and use of facility as per B1.
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy <div data-bbox="363 808 737 1036" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2026/04/30</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C15: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of 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 Private hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1.
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	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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

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	<p>This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary and permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.</p> <div data-bbox="365 919 739 1146" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limits of R43 823 per family per annum for Prostheses generally, plus R43 823 per family per annum for Joint Revisions only; and • Shared sub-limits with C16: Medical and Surgical Appliances and Prostheses of: <ul style="list-style-type: none"> ○ R6 164 per Beneficiary per annum for foot 	<ul style="list-style-type: none"> • Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes, and use of facility as per B1. • Scheme may obtain competitive quotes or arrange supply of prosthesis. • Bone cement paid from B1, subject to hospital pre-authorisation. • Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes.

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B15	Emergency Services (Casualty Department)	100% of cost, but subject to PMB legislation.	Limited to PMBs (Emergency Medical Condition, as defined in Section 4 of the main	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed

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B16	Renal Dialysis In-Hospital	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R292 135 per family per annum for chronic dialysis.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Private hospital pre-authorisation, managed care protocols

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B17	<p>Oncology (Chemo and Radiotherapy)</p> <p>In- and Out-of-Hospital</p>	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R292 135 per family per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Oncology pre-authorisation and

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B18	<p>Mental Health</p> <p>Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family</p>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> Annual hospital limit specified under B: In-Hospital Benefits; 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	Practitioners, Psychiatrists and Psychologists. <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> • Sub-limit of R23 523 per Beneficiary per annum, less the Beneficiary's usage of the sub-limit of R13 272 per family per annum under C19: Mental Health; • Further, shared sub-limit with C19: Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual 	<ul style="list-style-type: none"> • Subject to Private hospital pre-authorisation and managed care protocols and processes. • Subject to use of facility as per B1. • Maximum of three (3) days hospitalisation by a Family Practitioner.

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B19	<p>Alternatives to Hospitalisation</p> <p>1. Sub-acute Hospitals, Physical Rehabilitation Private Nursing and Intravenous (IV) Therapy.</p> <p>2. Hospice</p>	<p>1. 100% of Scheme Rate, subject to PMBs.</p> <p>2. 100% of cost, but subject to PMB legislation.</p>	<p>1. Subject to annual hospital limit specified under B: In-Hospital Benefits.</p> <p>2. Unlimited, but subject to PMB legislation.</p>	<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

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 20px;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>care protocols and processes.</p> <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	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R29 213 per family per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Private hospital pre-authorisation, case management, and use of facility as per B1. • Includes materials.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B21	Breast Reductions	No benefit.	No benefit, unless PMB.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B22	<p>Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.</p> <div data-bbox="373 894 747 1122" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> Annual hospital limit specified under B: In-Hospital Benefits; and Sub-limit of R4 255 per family, and R2 830 per Beneficiary, per annum; <p>all of which limits are shared between B22: Allied Health Services and B23:</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to referral by a Family Practitioner or Specialist, managed care protocols and processes, and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Other Professional Health Services.	
B23	<p>Other Professional Health Services</p> <p>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.</p> <div data-bbox="365 821 739 1045" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Shared limits as per B22: Allied Health Services; and Further sub-limit of R2 046 per family per annum for Social Workers and Registered Counsellors.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to referral by a Family Practitioner or Specialist, managed care protocols and processes, and use of facility as per B1 (subject to the service(s) being related to the 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”).

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> Subject to pre- authorisation of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of GEMS Rules.
C	OUT-OF-HOSPITAL BENEFITS			
C1	Family Practitioner Services Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.			<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>1. DSP/Network providers.</p> <div data-bbox="373 483 743 708" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <hr style="border: 0; border-top: 1px solid red;"/> <p style="text-align: center;">2026/04/30</p> <hr style="border: 0; border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>1. 100% of Scheme Rate.</p>	<p>1. Unlimited.</p>	<p>1. Benefit includes consultations, visits and approved minor procedures at DSP/Network providers, subject to medical necessity and managed care protocols and processes.</p> <p>Consultations: Ninth (9th) and subsequent consultations per Beneficiary per annum, subject to pre-authorization.</p>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>2. Voluntary use of non-DSP / Out-of-Network providers.</p> <p>3. Emergency Medical Conditions at DSP/Network providers or registered emergency facility, or involuntary use of non-DSP / Out-of-Network providers for PMBs.</p> <div data-bbox="367 1031 739 1258" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>2. 70% of Scheme Rate (30% Member co-payment).</p> <p>3. 100% of cost, but subject to PMB legislation.</p> <p style="text-align: center;">Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p> <p>4. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, done in practitioners'</p>	<p>2. Limited to three (3) visits per family per annum and R1 445 per event.</p> <p>3. Unlimited for PMBs, but subject to PMB legislation.</p>	<p>2. Member must pay the claim and submit the claim with proof of payment for reimbursement.</p> <p>3. Treatment for Emergency Medical Condition (as defined in Section 4 of the main body and Annexure G of the GEMS Rules) at DSP/Network provider or registered emergency medical facility.</p> <p>4. Subject to managed care protocols and processes. Refer to Family Practitioner Guide.</p>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
		rooms instead of in hospital.		
C2	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, Mammogram, and other screenings according to evidence-based standard practice.	100% of Scheme Rate.	Paid from Risk. All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.	<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. Infant Hearing Screening for Child Dependents under the age of one (1) year. Childhood Hearing Screening for Child

REGISTERED BY ME ON
 2026/04/30

REGISTRAR OF MEDICAL SCHEMES

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>2026/04/30</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>Dependants up to and including the age of seven (7) years.</p> <ul style="list-style-type: none"> • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.
C3	<p>Preventative Care Services</p> <p>Includes:</p> <p>All Vaccinations; and</p> <p>Dental Sealants.</p>	100% of Scheme Rate.	<p>Paid from Risk.</p> <p>Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum.</p> <p>Pneumococcal Vaccinations: Limited to one (1) course per</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.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Beneficiary every five (5) years for Beneficiaries at risk in accordance with managed care protocols.</p> <p>HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime.</p> <p>Other Vaccinations: Limited to 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>	<ul style="list-style-type: none"> Includes preventative care services provided in pharmacies.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C4	<p>Specialist Services</p> <p>Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.</p> <div data-bbox="363 672 737 898" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of Scheme Rate for non-Network Specialists.</p> <p>130% of Scheme Rate for Network Specialists.</p> <p>200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.</p> <p>200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.</p>	<p>Limited to five (5) consultations or R5 255 per family, and three (3) consultations or R3 505 per Beneficiary, per annum.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to: <ul style="list-style-type: none"> ○ DSP/Network Family Practitioner referral; ○ Pre-authorisation for each visit, procedure or referral; ○ List of approved services for radiology and pathology; ○ Treatment plans; and ○ Managed care protocols and processes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C5	<p>Dental Services</p> <p>1. Examinations. 2. Preventative Treatment.</p> <div data-bbox="363 786 737 1013" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <hr style="border: 0; border-top: 1px solid red; margin: 2px 0;"/> <p style="text-align: center; margin: 0;">2026/04/30</p> <hr style="border: 0; border-top: 1px dashed red; margin: 2px 0;"/> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>3. Conditions with pain and sepsis.</p>	100% of Scheme Rate, subject to PMBs.	<p>1 and 2: Two (2) treatment events per Beneficiary per annum.</p> <p>Dental Sealants: Excluded under B6: Dentistry and C5: Dental Services, but included under C3: Preventative Care Services for Beneficiaries under 18 years of age.</p> <p>3: Two (2) events per Beneficiary</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). <p>1 and 2: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network.</p> <p>3, 4, 5, 6, 7, 8, 9 and 10: Subject to list of approved</p>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>4. Fillings.</p> <p>5. Clinically indicated dental services, including extractions.</p> <p>6. Intra-oral radiography.</p> <p>7. Extra-oral radiography.</p> <div data-bbox="367 982 739 1209" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>per annum, subject to PMBs.</p> <p>4: Unlimited at Dental DSP/Network.</p> <p>5, 6 and 7: One (1) event per Beneficiary per annum, provided that:</p> <ul style="list-style-type: none"> ○ Panoramic x-rays are limit of one (1) per Beneficiary every three (3) years; ○ Bitewing x-rays are limited to four (4) per Beneficiary per annum; and ○ Cone Beam Computed 	<p>services, managed care protocols and processes, and use of Dental DSP/Network.</p> <p>In respect of Conservative and Restorative Dentistry:</p> <ul style="list-style-type: none"> ○ Panoramic and Bitewing x-rays included. <p>Dental services classified as conservative, restorative and specialised per tariff code.</p> <p>4 and 5: Conscious Sedation: Only applicable to Beneficiaries:-</p> <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.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div data-bbox="365 315 737 542" style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p data-bbox="340 672 718 756">8. Clinically indicated root canal treatments.</p> <p data-bbox="340 948 760 980">9. Emergency non-DSP visit.</p> <p data-bbox="340 1224 634 1256">10. Plastic Dentures.</p>		<p data-bbox="1230 289 1528 594">Tomography (CBCT) scans are limited to one (1) per Beneficiary per lifetime for surgical procedures.</p> <p data-bbox="1180 672 1533 867">8: Limited to one (1) root canal treatment per Beneficiary per annum, subject to PMBs.</p> <p data-bbox="1180 948 1512 1143">9: Emergency Out-of-Network visit, limited to one (1) event per Beneficiary per annum.</p> <p data-bbox="1180 1224 1503 1360">10: In accordance with the approved Scheme Tariff.</p>	

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>11. Periodontal Programme</p> <div data-bbox="359 427 735 651" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>12. Specialised Dentistry.</p>	<p>12: 100% of cost, but subject to PMB legislation.</p>	<p>11: Paid from Risk, but limited to Periodontal Programme benefits.</p> <p>12: Limited to PMBs.</p> <p>Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.</p>	<p>11: Subject to registration on Periodontal Programme, pre-authorisation, managed care protocols and processes, and use of Dental DSP/Network. If not registered on Periodontal Programme, no Periodontal benefit.</p> <p>12: Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p>
C6	<p>Prescribed Medication and Injection Material</p>			<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div data-bbox="359 350 737 578" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <hr style="border: 0.5px dashed red;"/> <p style="text-align: center; margin: 0;">2026/04/30</p> <hr style="border: 0.5px dashed red;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>1. Acute Medical Conditions.</p>	<p>1. 100% of Scheme Rate.</p>	<p>1. Unlimited, save for the limit of R738 per family per annum for homeopathic medicine.</p>	<p>Minimum Benefits (“PMBs”).</p> <ul style="list-style-type: none"> • Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so. • Subject to Drug Reference Price (DRP) and Medicine Exclusion List (MEL). • Subject to Annexure E (Exclusions and Limitations) of GEMS Rules. <p>1. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, formulary and processes. • Prescription by a healthcare professional, legally entitled to do so.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Prescription by a dispensing Family Practitioner, dispensed by a DSP/Network Pharmacy: Limited to three (3) scripts of up to R253 each per Beneficiary per annum.</p>	<ul style="list-style-type: none"> • Dispensed by a DSP/Network dispensing Family Practitioner or DSP/Network Pharmacy. • A 30% co-payment shall apply for: <ul style="list-style-type: none"> ○ voluntary use of Out-of-Formulary medicine; and ○ voluntary use of a non-DSP / Out-of-Network dispensing Family Practitioner or non-DSP / Out-of-Network pharmacy. • The dispensing fee is as per the contracted Network Pharmacy Rate.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules</p> <div data-bbox="352 883 726 1110" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2026/04/30</p> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>2. 100% of Scheme Rate, subject to PMBs.</p>	<p>2. Unlimited for PMB chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, but subject to PMB legislation and the following, which 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"> • Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> • Prior application and approval, Formulary, Drug Reference Price (DRP), managed care protocols and processes, and prescription by a healthcare professional, legally entitled to do so. • Medicine for chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, subject to use of Chronic Medicine Pharmacy DSP, as

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>2026/04/30</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> ○ Limit of R28 324 per Beneficiary per annum for consumables (excluding devices, which are provided for under C16: Medical and Surgical Appliances and Prostheses); and ○ Limited to type one (1) diabetics aged below nineteen (19) years. <p>Limit of R5 567 per Beneficiary per annum for non-PMB chronic conditions</p>	<p>provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p> <ul style="list-style-type: none"> ● A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of a non-Chronic Medicine Pharmacy DSP. ● 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 GEMS Rules; and once limit is exhausted, benefit shall

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>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>	<p>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) 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>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>3. Self-Medication: Over-the-Counter (OTC) Medicine.</p> <div data-bbox="373 500 743 724" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2026/04/30</p> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>3. 100% of Scheme Rate.</p>	<p>3. Limited to R120 per Beneficiary per event and R334 per Beneficiary per annum.</p>	<p>3. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, Formulary and processes. • For minor ailments, dispensed by a Network Pharmacy or Network Family Practitioner. • A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine or voluntary use of a non-Network Pharmacy or non-Network Family Practitioner. • Only SAHPRA-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	4. Female Contraceptives: Oral, insertables, injectables and dermal.	4. 100% of Scheme Rate.	4. Limited to R3 757 per Beneficiary per annum.	4. Subject to managed care protocols, Formulary and processes.
C7	Basic Radiology X-rays and soft tissue ultrasound scans. <div data-bbox="365 724 737 948" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2026/04/30</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to referral by a Family Practitioner or Specialist, and list of approved services specified in the GEMS Radiology Request Form, and managed care protocols and processes. • 2 x 2D ultrasound scans per pregnancy provided for by C21: Maternity. Alternatively, should any

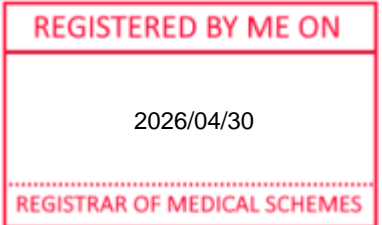
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>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>
C8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limit of R15 183 per Family per annum; and • Further sub-limit of one (1) Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) scan per Beneficiary 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, and use of facility as per B1. • Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography,

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		all of which limits are shared between B8: Advanced Radiology and C8: Advanced Radiology.	MUGA scans, PET scans, MRI scans and Radio-isotope studies.
C9	Pathology and Medical Technology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to list of approved services, specified in the GEMS Pathology Clinical Request Form. • Pathology pre- authorisation is required for certain tests, as stipulated on the managed

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				care Pathology Clinical Request Form.
C10	<p>Optical Services</p> <p>Eye examinations, frames, lenses and contact lenses (permanent or disposable).</p> <div data-bbox="359 716 730 938" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <hr style="border: 0.5px dashed red;"/> <p style="text-align: center;">2026/04/30</p> <hr style="border: 0.5px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	<p>Limited to R1 924 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 (“Financial Cycle”).</p> <p>Limited to:</p> <ul style="list-style-type: none"> • One (1) eye examination per 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to use of GEMS Optical Network. • 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

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <hr style="border-top: 1px dotted red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary (“Eye Examination Cycle”); and</p> <ul style="list-style-type: none"> • One (1) frame (subject to the approved list of frames) and one (1) pair of either single vision lenses or bifocal lenses, or 4 x boxes of disposable contact lenses, or 	<p>photophobia, subject to pre-authorisation.</p> <ul style="list-style-type: none"> • Excludes variable tint and photochromic lenses. • Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>one (1) set of permanent contact lenses,</p> <p>per Beneficiary per twenty-four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary (“Optical Appliance Cycle”).</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p>	

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			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.	
C11	Allied Health Services Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limit of R4 255 per family, and R2 830 per Beneficiary, per annum, shared between C11: Allied Health Services, C12: Other Professional Health Services, C13: Physiotherapy, and C14: Audiology, Occupational Therapy and Speech Therapy.	<ul style="list-style-type: none"> • 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
C12	<p>Other Professional Health Services</p> <p>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.</p>	100% of Scheme Rate, subject to PMBs.	<p>Shared limit as per C11: Allied Health Services; and</p> <p>Sub-limit of R2 128 per family per annum for Social Workers and Registered Counsellors.</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.
C13	<p>Physiotherapy</p> <div data-bbox="352 829 726 1057" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: 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.
C14	<p>Audiology, Occupational Therapy and Speech Therapy</p>	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<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.
C15	<p>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</p> <div data-bbox="367 678 741 906" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R7 044 per Beneficiary per event, utilised within 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-authorization and managed care protocols and processes.
C16	<p>Medical and Surgical Appliances and Prostheses:</p> <p>Includes:</p> <ol style="list-style-type: none"> Hearing Aids; Wheelchairs; 	100% of Scheme Rate, subject to PMBs.	All medical and surgical appliances and prostheses (save for Continuous Glucose Monitors (CGM) and	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	3. Mobility Scooters; 4. Oxygen Cylinders; 5. Pulse Oximeters; 6. Nebulisers; 7. Positive Airway Pressure (PAP) Devices, i.e. Continuous Positive Airway Pressure (CPAP), Auto-adjusting Positive Airway Pressure (APAP), Bilevel Positive Airway Pressure (BIPAP) and Variable Positive Airway Pressure (VPAP) Devices; 8. Glucometers; 9. Colostomy Kits; 10. Diabetic Equipment; 11. Foot Orthotics; 12. External Prostheses; 13. Compression Stockings;	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	Insulin Pumps): Subject to: <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; and • Sub-limit of R14 606 per family per annum, with further, shared sub-limits with B14: Prostheses of: <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 	<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-authorized and claimed from the chronic medication benefit (C6.2). • Foot orthotics and prosthetics, subject to Formulary and managed care protocols and processes. • The Scheme has the right to obtain competitive quotes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>14. Continuous Glucose Monitors (CGM); and 15. Insulin Pumps.</p> <p>Applicable In- and Out-of-Hospital.</p> <div data-bbox="373 722 745 950" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2026/04/30</p> <hr style="border-top: 1px dashed red; margin: 5px 0 0 0;"/> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>annum for orthotic shoes, foot/shoes/ankle inserts and levelers;</p> <ul style="list-style-type: none"> • R701 for crutches per Beneficiary per annum; • One (1) wheelchair of up to R7 716 per Beneficiary every thirty-six (36) 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 Beneficiary 	

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>every thirty-six (36) months of month of receipt of hearing aid(s);</p> <ul style="list-style-type: none"> • One (1) CPAP, APAP, BIPAP or VPAP device (including accessories) 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 	

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Beneficiary per annum;</p> <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. <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 	

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>devices (excluding consumables, which are provided for in the chronic medication benefit (C6.2));</p> <ul style="list-style-type: none"> • Sub-limit of one (1) device per Beneficiary every sixty (60) months of month of receipt of device; and • Limited to type one (1) diabetics aged below nineteen (19) years. 	

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C17	<p>Renal Dialysis</p> <p>Out-of-Hospital</p> <div data-bbox="380 467 753 695" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <hr style="border: 0; border-top: 1px solid red; margin: 5px 0;"/> <p style="text-align: center; margin: 0;">2026/04/30</p> <hr style="border: 0; border-top: 1px dashed red; margin: 5px 0;"/> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Renal Dialysis pre-authorisation and managed care protocols and processes. • Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30% per event shall apply in accordance with Network rules. • Includes materials and related pathology tests.

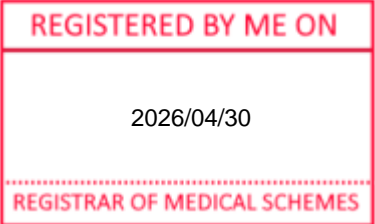
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<ul style="list-style-type: none"> Once the limit is depleted, the benefit is unlimited for PMBs.
C18	<p>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</p> <div data-bbox="359 800 732 1027" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to managed care protocols and processes. Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.
C19	<p>Mental Health</p> <p>Consultations, assessments, treatment and counselling by Family Practitioners,</p>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> Annual hospital limit specified under B: In-Hospital Benefits; 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	Psychiatrists and Psychologists. <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 20px;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> • Sub-limit of R13 272 per family per annum, less the sum total of the Beneficiaries' usage of the sub-limit of R23 523 per Beneficiary per annum under B18: Mental Health; • Further, shared sub-limit with B18: Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists; and 	<ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Subject to use of a DSP/Network Family Practitioner or DSP/Network Specialist. • If a non-DSP / Out-of-Network Family Practitioner or non-DSP / Out-of-Network Specialist is used, a 30% co-payment shall apply. • If Out-of-Hospital treatment is offered as alternative to hospitalisation, In-Hospital benefits (B1) shall apply.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day. 	
C20	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to pre- authorisation of facility and service(s), managed care protocols and processes, and use of a DSP (i.e. State or Network) facility; failing

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				which, the Scheme shall not be liable to fund the first R15 000 of the other facility's bill.
C21	<p>Maternity Programme Ante- and post-natal care.</p> <div data-bbox="363 716 737 943" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <hr style="border: 0; border-top: 1px solid red; margin: 5px 0;"/> <p style="text-align: center; margin: 0;">2026/04/30</p> <hr style="border: 0; border-top: 1px dashed red; margin: 5px 0;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C21: Maternity Programme) shall apply.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 20px;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols. ○ 2 x 2D ultrasound scans per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan. ○ Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C22	Emergency Assistance (Road and Air) 	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to use of Emergency Medical Services DSP, and managed care protocols and processes.
C23	Circumcision	100% Scheme Rate.	Global fee of R1 994 per Beneficiary per annum. 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 pre- authorisation of facility and services, managed care protocols and processes, and use of

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2026/04/30</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>DSP/Network Family Practitioner.</p> <ul style="list-style-type: none"> • Limit applies to: <ul style="list-style-type: none"> ○ All related costs, e.g. consultations, medication etc.; and ○ All post-op care within a month of procedure. • In-Hospital benefits shall apply for circumcisions performed in practitioners' rooms.
C24	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

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
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Legend:		REGISTERED BY ME ON 2026/04/30 REGISTRAR OF MEDICAL SCHEMES
Scheme Rate	See Rule 4.36 of the GEMS Rules.	
CDL	Chronic Disease List	
Chronic DSP	Chronic Designated Service Provider. Subject to Annexure G of the GEMS Rules.	
DTP	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.	
PDF	Professional Dispensing Fee	
PMB	Prescribed Minimum Benefit	
SEP	Single Exit Price	
TTO	Treatment Taken Out	

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

Nomzamo Tutu

Nomzamo Tutu (Dec 15, 2025 16:09:29 GMT+2)



Mpho Rabada (Dec 16, 2025 16:18:04 GMT+2)



Dr Vuyo Gqola (Dec 22, 2025 11:38:01 GMT+2)