

REGISTERED BY ME ON

2026/04/30

REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C 2026

EMERALD VALUE

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

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

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	<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; border-top: 1px dashed red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>Benefit Condition were obtained from:</p> <ul style="list-style-type: none"> ▪ a Designated Service Provider (“DSP”) for that condition; ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to:

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B	IN-HOSPITAL BENEFITS		No overall limit.	
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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	<p>1. Accommodation in a general ward, high care ward and intensive care unit;</p> <p>2. Theatre fees;</p> <p>3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); and</p> <p>4. Neonatal care.</p> <div data-bbox="323 967 695 1192" 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> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> • Subject to use of a State or Network facility; failing which, the Scheme shall not be liable to fund the first R15 000 of the other facility's bill. • 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

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B2	<p>Maternity</p> <p>Hospital, home birth or registered birthing unit.</p> <div data-bbox="319 565 690 792" 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 dashed 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.	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 a State or Network facility, and 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 of an Emergency Medical

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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>Unlimited.</p> <p>Reimbursement according to the Scheme-approved tariff file.</p>	<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

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				processes, and use of facility as per B1.
B4	Specialist Services Consultations and visits. <div data-bbox="327 643 701 870" 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>	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Unlimited. Reimbursement according to the Scheme-approved tariff file.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to Private hospital pre- authorisation, managed care protocols and processes, and use of facility as per B1.
B5	Surgical Procedures	100% of Scheme Rate. 200% of Scheme Rate for procedures specified by managed care, performed in	Unlimited. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to Private hospital pre-

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B6	<p>Dentistry</p> <p>Conservative, Restorative and Specialised dentistry.</p> <p>Surgical Procedures.</p> <div data-bbox="323 678 695 906" 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.	<p>Professional fees, subject to shared limits with C2: Dental Services.</p> <p>Hospital cost included in hospital benefit (B1).</p> <p>Dental Sealants: Excluded under B6: Dentistry and C2: Dental Services, but included under C14: Preventative Care Services for Beneficiaries under 18 years of age.</p> <p>Refer to Annexure E (Exclusions and</p>	<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, list of approved services, and use of Day Theatres within the Network. • General Anaesthesia and Conscious Sedation: Only applicable to Beneficiaries:- <ul style="list-style-type: none"> ○ up to and including the age of six (6) years; or

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B7	Basic Radiology X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). ● Subject to managed care protocols and processes,

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				and use of facility as per B1.
B8	Advanced Radiology <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>	100% of Scheme Rate, subject to PMBs.	Shared limit with C9: Advanced Radiology of R29 694 per family per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Advanced Radiology pre- authorisation (in addition to Private hospital pre- authorisation) for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.

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				<ul style="list-style-type: none"> Subject to managed care protocols and processes, and use of facility as per B1.
B9	Pathology <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.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to managed care protocols and processes, pathology tests being related to admission diagnosis, and use of facility as per B1.
B10	Blood Services	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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B11	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Limited to R6 673 per Beneficiary per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Private hospital pre- authorisation, managed care protocols and processes, services

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				being related to admission diagnosis, and use of facility as per B1.
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> <p style="color: red; font-weight: bold; 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; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate	Limited to 10 post-surgery physiotherapy visits (shared with C1.6: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of 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.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed

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				South Africa, except for cornea tissue.
B14	<p>Prostheses</p> <p>This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.</p> <div data-bbox="317 1068 688 1295" 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; 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"> • Shared limit with C11: Medical and Surgical Appliances and Prostheses of R56 131 per family per annum for Medical and Surgical Appliances and Prostheses generally, plus R56 131 per family per annum for Joint Revisions only; and • Shared sub-limits with C11: Medical 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes, and use of facility as per B1. • Scheme may obtain competitive quotes, or arrange supply of prosthesis. • Bone cement paid from B1, subject to Private

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

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B16	<p>Renal Dialysis</p> <p>In-Hospital</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limit of R353 521 per Beneficiary per annum for chronic dialysis.</p> <p>Acute dialysis included in B1.</p>	<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

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B17	<p>Oncology (Chemo and Radiotherapy)</p> <p>In- and Out-of-Hospital</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limit of R494 945 per family per annum.</p> <p>Sub-limit of R336 702 per family for biological</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

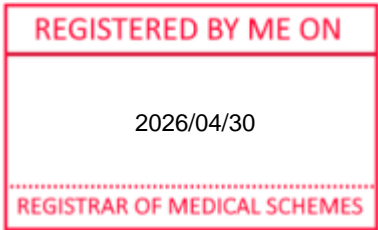
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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2026/04/30</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> Once the limit is depleted, the benefit is unlimited for PMBs. Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced or metastatic solid organ malignant tumours, unless pre-authorized in accordance with paragraph 9.1.13.6 of Annexure E (Exclusions and Limitations) of GEMS Rules.

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B18	<p>Mental Health</p> <p>Accommodation, theatre fees, medicine, hospital equipment, and professional fees of Family Practitioners, Psychiatrists and Psychologists.</p> <div data-bbox="317 821 690 1045" 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> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> • Limit of R24 746 per family per annum, shared between B18: Mental Health and C10: Mental Health; • Shared sub-limit with C10: Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual Psychologist 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Private hospital pre- authorisation, 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.

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

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>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.	Unlimited, subject to PMB legislation.	<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.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<ul style="list-style-type: none"> Includes materials.
B21	Breast Reductions 	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to pre- authorisation, managed care protocols and processes. Subject to use of facility as per B1.
B22	Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limit of R2 128 per family per annum, shared between B22: Allied Health Services, B23: Other Professional Health Services, C5: Allied Health Services,	<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 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>		and C6: Other Professional Health Services.	and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).
B23	<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 B22: Allied Health Services; and</p> <p>Sub-limit of R1 652 per family per annum for Social Workers and Registered Counsellors, shared between B23: Other Professional Health Services and C6: Other Professional Health Services.</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, 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
B24	Alcohol and Drug Dependencies <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>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to pre- authorisation of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of GEMS Rules
C	OUT-OF-HOSPITAL BENEFITS			
C1	Day-to-Day Block Benefit 1. Out-of-Hospital Family Practitioner Services;	100% of Scheme Rate.	Shared limit between C1.1 and C1.4 – C1.9 of R12 351 per family, 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
	2. Out-of-Hospital Specialist Services; 3. Physiotherapy; 4. Maternity (where not covered under C7: Maternity Programme); 5. Audiology, Occupational Therapy and Speech Therapy; and 6. Pathology and Medical Technology.	<div data-bbox="850 560 1220 786" style="border: 1px solid red; padding: 5px; margin: auto;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="color: red; margin: 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	R6 173 per Beneficiary, per annum.	<ul style="list-style-type: none"> • Benefit is pro-rated from date of admission of Beneficiary to end of financial year. • Subject to Network Family Practitioner Nomination and Specialist Referral Rules.
C1.1	Family Practitioner (FP) Services: Member Nominated Network Family Practitioners Consultations, visits and all other Family Practitioner	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Benefit includes consultations, visits and

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>services not specifically provided for otherwise in this Annexure.</p> <div data-bbox="321 678 690 902" 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 black; margin: 5px 0;"/> <p style="text-align: center;">2026/04/30</p> <hr style="border: 0; border-top: 1px dashed red; margin: 5px 0;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.</p>		<p>approved minor procedures at Nominated Network Family Practitioners, subject to medical necessity and managed care protocols and processes.</p> <ul style="list-style-type: none"> • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to use of a Nominated Network Family Practitioner. • A 30% co-payment shall be applied to the

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> <hr style="border-top: 1px dashed red;"/> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>applicable rate specified in the “%Benefit/Tariff” column in respect of all visits to Family Practitioners, other than Nominated Network Family Practitioners, irrespective of whether such other Family Practitioners are on the GEMS Family Practitioner Network or not.</p> <ul style="list-style-type: none"> • Limit is pro-rated from date of admission of Member to end of financial year.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C1.2	<p>Primary Care Extender Benefit</p> <div data-bbox="321 646 693 873" 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>Payable from Risk.</p> <p>Shared limit between:</p> <ul style="list-style-type: none"> • C1.1: Family Practitioner (FP) Services; • C1.9: Pathology and Medical Technology; and • C8.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions, of R2 063 per Beneficiary per annum, when any of aforementioned 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • The additional benefit of R2 063 per Beneficiary per annum is: <ul style="list-style-type: none"> ○ In the case of C1.1: Family Practitioner (FP) Services, subject to: <ul style="list-style-type: none"> ▪ Use of Nominated Network Family Practitioner; and ▪ 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 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>		benefits are exhausted.	<ul style="list-style-type: none"> ○ In the case of C1.9: Pathology and Medical Technology, subject to: <ul style="list-style-type: none"> ▪ Managed care protocols and processes. ● In the case of C8.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions, subject to: <ul style="list-style-type: none"> ▪ The Conditions / Remarks provided for in C8: Prescribed Medication and Injection Material.

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>			<ul style="list-style-type: none"> The additional benefit of R2 063 per Beneficiary per annum shall not be pro-rated, irrespective of the date of Beneficiary registration.
C1.3	<p>Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Payable from Risk.</p> <p>Two (2) additional Family Practitioner consultations at a Nominated Network Family Practitioner, once C1: Day-to-Day Block Benefit and C1.2: Primary Care Extender Benefit are exhausted.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). The additional Family Practitioner consultations at a Nominated Network Family Practitioner are subject to pre- authorisation, managed care protocols and processes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C1.4	<p>Specialist Services</p> <p>Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.</p> <div data-bbox="327 764 701 992" 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>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>Shared limit as per C1: Day-to-Day Block Benefit.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Limit is pro-rated from date of admission of Member to end of financial year. • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to referral by a Nominated Network Family Practitioner; alternatively, pre- authorisation required.

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"> If no referral by a Nominated Network Family Practitioner, or no pre-authorisation, a 30% co-payment shall be applied to the applicable rate specified in the “%Benefit/Tariff” column.
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.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to managed care protocols and processes.
C1.6	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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>Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R7 044 per Beneficiary per event, utilised within sixty (60) days of surgery.</p>	<ul style="list-style-type: none"> • Subject to Private hospital pre-authorisation, managed care protocols and processes.
C1.7	<p>Maternity Ante- and post-natal care.</p>	<p>100% of Scheme Rate.</p>	<p>Shared limit as per C1: Day-to-Day Block Benefit, where not accessed under C7: Maternity Programme.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Includes non-invasive prenatal testing for high-

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				risk pregnancies, subject to pre-authorisation.
C1.8	Audiology, Occupational Therapy and Speech Therapy <div data-bbox="325 776 695 1000" 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.	Shared limit as per C1: Day-to-Day Block Benefit. 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.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes. • Occupational or speech therapy performed In-Hospital shall be paid from B1.
C1.9	Pathology and Medical Technology	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed

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: 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>Shared sub-limit with C1.8: Audiology, Occupational Therapy and Speech Therapy of R3 011 per Beneficiary and R6 034 per family per annum.</p>	<p>Minimum Benefits (“PMBs”).</p> <ul style="list-style-type: none"> • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to managed care protocols and processes. • Includes liquid based cytology and Hr-HPV DNA pap smears.
C2	<p>Dental Services</p> <p>Conservative and Restorative Dentistry (include plastic dentures);</p>	<p>100% of Scheme Rate.</p>	<p>Shared limit with B6: Dentistry of R6 900 per Beneficiary per annum, provided that:</p> <ul style="list-style-type: none"> ○ Panoramic X-rays are limited to one (1) 	<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>Special Dentistry (includes metal-base dentures); and Surgical Procedures.</p> <div data-bbox="331 605 701 829" 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> <hr style="border-top: 1px dashed red; margin: 5px 0 0 0;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>per Beneficiary every three (3) years;</p> <ul style="list-style-type: none"> ○ Bitewing X-rays are limited to six (6) per Beneficiary per annum; ○ Periapical X-rays are limited to ten (10) per Beneficiary per annum; and ○ Cone Beam Computed Tomography (CBCT) scans are limited to one (1) per Beneficiary per lifetime for surgical procedures. 	<ul style="list-style-type: none"> ● Subject to managed care protocols and processes. ● Conscious Sedation: Only applicable to Beneficiaries:- <ul style="list-style-type: none"> ○ up to and including the age of nine (9) years; or ○ with severe trauma, subject to pre-authorisation and managed care protocols and processes. ● In respect of Conservative and Restorative Dentistry: <ul style="list-style-type: none"> ○ Panoramic, Bitewing and Periapical X-rays included.

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>Dental Sealants: Excluded under B6: Dentistry and C2: Dental Services, but included under C14: Preventative Care Services for Beneficiaries under 18 years of age.</p> <p>Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.</p>	<ul style="list-style-type: none"> • In respect of Special Dentistry: <ul style="list-style-type: none"> ○ No pre-authorization required for metal-base dentures. • Implant crowns, bridges, and dentures, subject to pre-authorization. • Dental services classified as conservative, restorative and specialised per tariff code.
C3	<p>Optical Services</p> <ol style="list-style-type: none"> 1. Eye examinations; 2. Frames, lenses and contact lenses 	100% of Scheme Rate.	Limited to R5 942 per family per financial year, starting on 01 January and ending on 31 December of the same	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>(permanent and disposable); and</p> <p>3. Refractive eye surgery.</p> <div data-bbox="331 592 701 816" 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> <hr style="border: 0.5px solid 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>		<p>year (“Family Financial Cycle”).</p> <p>Further limited to R3 099 per Beneficiary for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected Beneficiary following the end of such previous two (2) year period (if any) ended on 31 December (“Beneficiary Financial Cycle”), subject to frames not exceeding R1 636.</p>	<ul style="list-style-type: none"> • All Optical services included in benefit. • Subject to Optical Managed Care protocols and processes. • Optical benefit is not pro-rated irrespective of date of Beneficiary registration. • Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation. • Excludes variable tint and photochromic lenses.

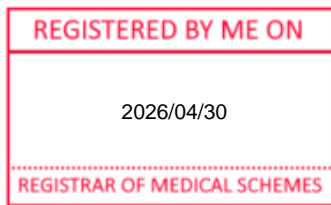
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>For Beneficiaries with Keratoconus, the family and Beneficiary limits specified hereinabove shall be subject to an additional optometry booster benefit of R2 751 per family per annum for scleral contact lenses.</p> <p>Limited to:</p> <ul style="list-style-type: none"> • One (1) eye examination per Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered 	<ul style="list-style-type: none"> • Refer to Annexure E (Exclusions and Limitations) of GEMS Rules for Optometry Exclusions.

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>to the affected Beneficiary (“Eye Examination Cycle”); and</p> <ul style="list-style-type: none"> One (1) frame and one (1) pair of lenses per Beneficiary per twenty-four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary (“Optical Appliance Cycle”). <p>Save for the financial limits specified</p>	

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>hereinabove, no limit shall apply to the number of contact lenses that may be rendered to a Beneficiary.</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p> <p>Post-cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 744 for both lens and frame,</p>	

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			with a sublimit of R293 for the frame.	
C4	Basic Radiology X-rays and soft tissue ultrasound scans. <div data-bbox="327 753 701 977" 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.	Sub-limit of R4 930 per Beneficiary and R9 034 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). 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	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<ul style="list-style-type: none"> Subject to Specialist Referral Rules.
C5	Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Shared limit as per B22: Allied Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to managed care protocols and processes.
C6	Other Professional Health Services Limited to Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limit and sub-limit as per B22: Allied Health Services and B23: Other Professional Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to managed care protocols and processes.
C7	Maternity Programme Ante- and post-natal care.	100% of Scheme Rate, but subject to	Paid from Risk, but limited to Maternity Programme Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed



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	<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; border-top: 1px dashed red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	Maternity Programme Protocols.		<p>Minimum Benefits (“PMBs”).</p> <ul style="list-style-type: none"> • Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, C1.7: Maternity shall apply. • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols. ○ 2 x 2D ultrasounds per pregnancy. Alternatively, should any such 2D scan be

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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>substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.</p> <ul style="list-style-type: none"> ○ Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C8	Prescribed Medication and Injection Material			<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). ● Prescribed, administered and dispensed by healthcare professionals, 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>REGISTERED BY ME ON</p> <p>2026/04/30</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>1. Acute Medical Conditions.</p>	<p>1. 100% of Scheme Rate.</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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. • A 30% co-payment shall apply to voluntary use of Out-of-Formulary

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="317 989 690 1218" 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> <hr style="border-top: 1px dashed red;"/> <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 	<p>medicine, where Formulary exists.</p> <ul style="list-style-type: none"> • Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> • Prior application and approval, Formulary, 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

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>Insulin Pumps: Subject to:</p> <ul style="list-style-type: none"> ○ Limit of R28 324 per Beneficiary per annum for consumables (excluding devices, which are provided for under C11: Medical and Surgical Appliances and Prostheses); and ○ Limited to type one (1) diabetics aged below nineteen (19) years. <p>Limit of R29 897 per family, and R14 847</p>	<p>GEMS Rules, subject to use of Chronic Medicine Pharmacy DSP, as provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p> <ul style="list-style-type: none"> ● A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine and voluntary use of non-Chronic Medicine Pharmacy DSP. ● Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, shall be

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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>per Beneficiary, per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules.</p> <p>No benefit for non-PMB chronic conditions not listed in Annexure D of GEMS Rules.</p>	<p>paid from limit for non-PMB chronic conditions listed in Annexure D of GEMS Rules; and once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation. However, consumables for Continuous Glucose Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged below nineteen (19) years shall not be paid from the aforementioned limit, but from the consumable limit for Continuous Glucose</p>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div data-bbox="321 435 695 659" 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 dashed 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> <p data-bbox="304 946 726 1036">3. Self-Medication: Over-the-Counter (OTC) Medicine.</p>	<p data-bbox="758 946 1052 1036">3. 100% of Scheme Rate.</p>	<p data-bbox="1108 946 1451 1312">3. Subject to acute medicine benefit limit (C8.1), event limit of R334 per Beneficiary, sub-limit of R1 247 per Beneficiary per</p>	<p data-bbox="1535 289 1856 540">Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged below nineteen (19) years only.</p> <ul style="list-style-type: none"> <li data-bbox="1472 565 1885 873">● Includes benefit for life threatening allergies, payable from Risk, and subject to managed care protocols, formulary and processes. <p data-bbox="1478 946 1864 987">3. Subject to the following:</p> <ul style="list-style-type: none"> <li data-bbox="1472 1011 1885 1149">● Managed care protocols, Formulary and processes. <li data-bbox="1472 1174 1885 1263">● Only SAHPRA-registered Schedule 0, 1,

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>4. Prescribed medication from hospital stay (TTO).</p> <div data-bbox="333 686 705 911" 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> <p>5. Female Contraceptives: Oral, insertables, injectables and dermal.</p>	<p>4. 100% of Scheme Rate.</p> <p>5. 100% of Scheme Rate.</p>	<p>annum, and a family annual limit of R1 994.</p> <p>4. Included in acute medication benefit limit (C8.1). Payable from Risk, once acute medication benefit limit (C8.1) is exhausted.</p> <p>5. Subject to acute medicine benefit limit and a sub-limit of R3 757 per Beneficiary per annum.</p>	<p>and 2 medicines payable from the OTC benefit.</p> <p>4. Subject to the following:</p> <ul style="list-style-type: none"> • TTO limited to seven (7) days. <p>5. Subject to managed care protocols, Formulary and processes.</p>

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C9	Advanced 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 PMBs.	Shared limit with B8: Advanced Radiology of R29 694 per family per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • 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,

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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>MDCT, Coronary Angiography, MUGA scans PET scans, MRI scans and Radio-isotope studies.</p>
C10	<p>Mental Health</p> <p>Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> • Limit of R24 746 per family per annum, shared between B18: Mental Health and C10: Mental Health; • Sub-limit of R7 338 for Out-of-Hospital Psychologist consultations; • Further, shared sub-limit with B18: 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes. • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Services by Family Practitioners: Subject to

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> <hr style="border-top: 1px dashed red;"/> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists; and</p> <ul style="list-style-type: none"> • Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day. 	<p>nomination and use of a DSP/Network Family Practitioner; failing which, a 30% co-payment shall apply.</p> <ul style="list-style-type: none"> • Services by Psychiatrists and Psychologists: Subject to referral by a Nominated Network Family Practitioner, or pre-authorisation; failing which, a 30% co-payment shall apply. • If Out-of-Hospital treatment is offered as an alternative to hospitalisation, In-

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				Hospital benefits (B18) shall apply.
C11	Medical and Surgical Appliances and Prostheses Includes: 1. Hearing Aids; 2. Wheelchairs; 3. Mobility Scooters; 4. Oxygen Cylinders; 5. Pulse Oximeters; 6. Nebulizers; 7. Positive Airway Pressure (PAP) Devices, i.e. Continuous Positive Airway Pressure (CPAP), Auto-adjusting Positive Airway Pressure (APAP), Bilevel Positive Airway	100% of Scheme Rate, subject to PMBs. <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>	All medical and surgical appliances and prostheses (save for Continuous Glucose Monitors (CGM) and Insulin Pumps): Subject to: <ul style="list-style-type: none"> Shared limit with B14: Prostheses of R56 131 per family per annum for Medical and Surgical Appliances and Prostheses generally; and 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Subject to managed care protocols and processes. Diabetic accessories and appliances, other than Glucometers, Continuous Glucose Monitors (CGM) and Insulin Pumps, to be pre-authorised and claimed from the chronic medication benefit (C8.2).

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>Pressure (BIPAP) and Variable Positive Airway Pressure (VPAP) Devices;</p> <p>8. Glucometers;</p> <p>9. Colostomy Kits;</p> <p>10. Diabetic Equipment;</p> <p>11. Foot Orthotics;</p> <p>12. External Prostheses;</p> <p>13. Compression Stockings;</p> <p>14. Continuous Glucose Monitors (CGM); and</p> <p>15. Insulin Pumps.</p> <p>Applicable In- and Out-of-Hospital.</p>	<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"> • Sub-limit of R21 901 per family per annum for C:11 Medical and Surgical Appliances and Prostheses, 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 annum for orthotic shoes, 	<ul style="list-style-type: none"> • 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
	<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>foot/shoe/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 	

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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>Beneficiary every thirty-six (36) months of month of receipt of hearing aid(s);</p> <ul style="list-style-type: none"> o One (1) CPAP device (including accessories) of up to R13 328 per Beneficiary every thirty-six (36) months of month of receipt of device; or one (1) APAP, BIPAP or VPAP device (including accessories) of up to R19 623 per Beneficiary every 	

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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>thirty-six (36) months of month of receipt of device; however, if a device is clinically indicated, but not prescribed by the Scheme's managed care protocols and processes, the device shall be funded in accordance with the limits applicable to CPAP devices;</p> <ul style="list-style-type: none"> o Three (3) pairs of compression stockings of up to R584 per pair per 	

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>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 5px 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 (C8.2));</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
C12	<p>Renal Dialysis</p> <p>Out-of-Hospital</p> <div data-bbox="323 561 695 786" 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 dashed 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; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • 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-payment of 30% per event shall apply in accordance with Network rules. • Includes materials and related pathology tests.

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C13	<p>Screening Services:</p> <p>Including:</p> <p>Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism, Mammogram, and other screenings according to evidence-based standard practice.</p>	100% of Scheme Rate.	<p>Payable from Risk.</p> <p>All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). All subject to managed care protocols and processes. Pap Smears include liquid-based cytology and Hr-HPV DNA tests. Infant Hearing Screening for Child Dependents under the age of one (1) year. Childhood Hearing Screening for Child Dependents up to and

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 2026/04/30

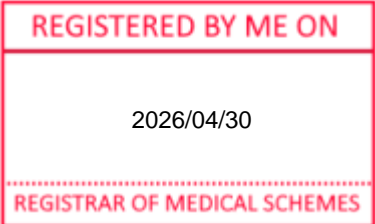
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p 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>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.
C14	<p>Preventative Care Services</p> <p>Includes:</p> <ol style="list-style-type: none"> 1. All Vaccinations; 2. Dental Sealants; and 3. Dental Polishing. 	100% of Scheme Rate.	<p>Paid from Risk.</p> <p>Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum.</p> <p>Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes. • Includes preventative care services, i.e.

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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>(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>	<p>vaccinations, provided in pharmacies.</p>

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>Dental Polishing: Limited to Beneficiaries between the ages of three (3) and nine (9) years (both inclusive). Service may be rendered by a Network or Non-Network provider.</p>	
C15	HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes. • Pre-exposure prophylaxis included for high-risk Beneficiaries,

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				subject to managed care protocols and processes.
C16	Infertility <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 0;">2026/04/30</p> <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 pre- authorisation of facility and service(s), managed care protocols and processes, and use of a DSP (i.e. State or Network) facility; failing which, the Scheme shall not be liable to fund the first R15 000 of the other facility’s bill.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C17	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.
C18	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

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>DSP / Nominated 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.
C19	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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>			<ul style="list-style-type: none"> • Subject to registration on Chronic Back and Neck Rehabilitation Programme, and managed care protocols and processes. • Out-of-Hospital benefits (excluding this benefit C19: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.

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

REGISTERED BY ME ON

2026/04/30

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REGISTRAR OF MEDICAL SCHEMES

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 16:00:22 GMT+2)

Mpho Rabada

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Dr Vuyo Gqola

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