

REGISTERED BY ME ON

2026/04/30

REGISTRAR OF MEDICAL SCHEMES

**ANNEXURE C 2026**

**ONYX**

**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	<b>STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)</b>	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"><li>As provided for in Annexure G of the Rules.</li><li>Prescribed Minimum Benefits (“PMBs”) are not subject to the monetary benefit limits stated in this Annexure and shall be paid in full, where the diagnosis, treatment and care of a Prescribed Minimum Benefit Condition were obtained from:<ul style="list-style-type: none"><li>a Designated Service Provider (“DSP”) for that condition;</li></ul></li></ul>

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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"> <li>▪ a non-DSP, if no DSP for that condition exists; or</li> <li>▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: <ul style="list-style-type: none"> <li>▪ Authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and</li> <li>▪ The Act.</li> </ul> </li> </ul>

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				<ul style="list-style-type: none"> <li>This Rule supersedes all other benefit provisions in this Annexure.</li> </ul>
<b>B</b>	<b>IN-HOSPITAL BENEFITS</b>		No overall limit.  Sub-limits as provided for.	
<b>B1</b>	<b>Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities</b>  1. Accommodation in a general ward, high care ward and intensive care unit;  2. Theatre fees;  3. Medicines, materials and hospital equipment	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Hospital authorisation for admission to a Private facility must be obtained from the Scheme’s managed care provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical</li> </ul>

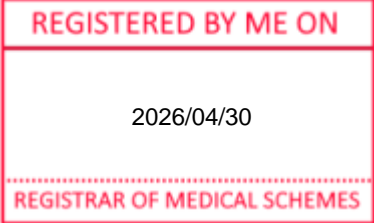
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	<p>(includes bone cement for prostheses); and</p> <p>4. Neonatal care.</p> <div data-bbox="367 581 741 808" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;"><b>REGISTERED BY ME ON</b></p> <p style="text-align: center; margin: 5px 0 0 0;">2026/04/30</p> <hr style="border-top: 1px dashed red; margin: 0 0 5px 0;"/> <p style="text-align: center; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>			<p>Condition), failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> <li>• In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply.</li> <li>• Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols.</li> </ul>

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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"> <li>All In-Hospital treatment and services are subject to hospital authorisation (for Private facilities only, and inclusive of non-PMB one-day admissions), managed care protocols and processes.</li> <li>A co-payment of R1000 per scope shall apply in respect of elective colonoscopies and gastroscopies performed in acute hospitals.</li> </ul>
<b>B2</b>	<p><b>Maternity</b></p> <p>Hospital, home birth or registered birthing unit.</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Unlimited, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to managed care protocols and processes.</li> </ul>

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<b>B3</b>	<p><b>Family Practitioner Services</b></p> <p>Consultations and visits.</p>	<p>100% of Scheme Rate for non-Network Family Practitioners.</p>	<p>Unlimited.</p> <p>Reimbursement according to the Scheme-approved tariff file.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</p>

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		130% of Scheme Rate for Network Family Practitioners.		
<b>B4</b>	<b>Specialist Services</b> Consultations and visits.	100% of Scheme Rate for non-Network Specialists.  130% of Scheme Rate for Network Specialists.	Unlimited.  Reimbursement as per Scheme-approved tariff file.	All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).
<b>B5</b>	<b>Surgical Procedures</b>  	100% of Scheme Rate.  200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.	Unlimited.  Refer to Annexure E of the GEMS Rules.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to Private hospital pre-authorisation, managed care protocols and processes.</li> <li>• Includes:</li> </ul>

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<b>B6</b>	<p><b>Dentistry</b></p> <p>Conservative, Restorative and Specialized Dentistry.</p> <p>Surgical Procedures.</p>	100% of Scheme Rate.	<p>Professional fees, subject to shared limits with C3: Dental Services.</p> <p>Hospital cost included in hospital benefit (B1).</p> <p>Dental Sealants: Excluded under B6: Dentistry and C3: Dental</p>	<ul style="list-style-type: none"> <li>● All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>● Subject to Private hospital pre-authorisation, managed care protocols and processes, list of approved services, and use of Day Theatres.</li> </ul>

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<b>B7</b>	<p><b>Basic Radiology</b></p> <p>X-rays and soft tissue ultrasound scans.</p>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> </ul>

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				<ul style="list-style-type: none"> <li>Subject to managed care protocols and processes.</li> </ul>
<b>B8</b>	<b>Advanced Radiology</b>  <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 C5: Advanced Radiology of R37 123 per family per annum.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to Advanced Radiology 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.</li> <li>Subject to managed care protocols and processes.</li> </ul>

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<b>B9</b>	<b>Pathology</b>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis.</li> </ul>
<b>B10</b>	<b>Blood Services</b>  <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.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to managed care protocols and processes.</li> <li>Includes cost of blood, blood equivalents, blood products and the transport thereof.</li> <li>Includes Erythropoietin.</li> </ul>

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B11	<b>Physiotherapy</b>	100% of Scheme Rate, subject to PMBs.	Limited to R6 673 per Beneficiary per annum.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to pre-authorisation, managed care protocols and processes, and services being related to admission diagnosis.</li> </ul>
B12	<b>Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy</b>  <div data-bbox="348 1097 722 1321" 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 C1.9: 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"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to pre-authorisation, and managed care protocols and processes.</li> </ul>

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B13	<p><b>Organ and Tissue Transplants</b></p> <div data-bbox="348 618 720 841" 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>Limit of R824 901 per Beneficiary per annum.</p> <p>Sub-limit of R28 001 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to Private hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1.</li> <li>• Limit includes all costs associated with the transplant, including materials and immunosuppressants.</li> <li>• Erythropoietin included in B10: Blood Services.</li> <li>• Organ harvesting is limited to the Republic of South Africa, except for cornea tissue.</li> </ul>

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<b>B14</b>	<p><b>Prostheses</b></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="348 1016 722 1243" 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, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> <li>• Shared limit with C7: Medical and Surgical Appliances and Prostheses of R75 823 per family per annum for Medical and Surgical Appliances and Prostheses generally, plus R75 823 per family per annum for Joint Revisions only; and</li> <li>• Shared sub-limits with C7: Medical and Surgical Appliances and Prostheses of:</li> </ul>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to managed care protocols and processes.</li> <li>• Scheme may obtain competitive quotes or arrange supply of prosthesis.</li> <li>• Bone cement paid from B1, subject to Private hospital pre-authorisation.</li> <li>• Foot orthotics and prosthetics, subject to formulary, managed care protocols and processes.</li> <li>• Subject to the prostheses and/or device(s) being</li> </ul>

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B15	<b>Emergency Services (Casualty Department)</b>  <div data-bbox="348 613 720 841" 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 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"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to use of facility as per B1, or other registered emergency facility.</li> <li>• Subject to Private hospital authorisation, managed care protocols and processes.</li> <li>• Cost to be defrayed from C1.1: Family Practitioner (FP) Services, for non-PMB and unauthorised events.</li> </ul>
B16	<b>Renal Dialysis</b>  In-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R353 521 per Beneficiary per annum for chronic dialysis.  Acute dialysis included in B1.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to Private hospital pre-authorisation, managed</li> </ul>

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<b>B17</b>	<p><b>Oncology (Chemo and Radiotherapy)</b></p> <p>In- and Out-of-Hospital</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limit of R649 619 per family per annum.</p> <p>Sub-limit of R439 078 per family for biological</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> </ul>

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<b>B18</b>	<p><b>Mental Health</b></p> <p>Accommodation, theatre fees, medicine, hospital equipment, and professional fees of Family Practitioners, Psychiatrists, and Psychologists.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> <li>Limit of R51 966 per family per annum;</li> <li>Shared sub-limit with C1.10: Mental Health of R2 879 per family per</li> </ul>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to Private hospital pre-authorization, managed care protocols and processes.</li> </ul>

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<b>B19</b>	<p><b>Alternatives to Hospitalisation</b></p> <p>1. Sub-acute Hospitals, Physical Rehabilitation, Private Nursing and Intravenous (IV) Therapy.</p>	<p>1. 100% of Scheme Rate, subject to PMBs.</p>	<p>1. Unlimited, subject to PMB legislation.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to pre-authorisation of alternative facility and</li> </ul>

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	2. Hospice.  <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>	2. 100% of cost, but subject to PMB legislation.	2. Unlimited, but subject to PMB legislation.	services, and managed care protocols and processes. <ul style="list-style-type: none"> <li>• Includes home nursing, but subject to managed care protocols and processes.</li> <li>• Excludes Frail Care and recuperative holidays.</li> <li>• Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.</li> </ul>
<b>B20</b>	<b>Medical Technologists</b>	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to Private hospital pre-authorisation and case management.</li> <li>• Includes materials.</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B21	<b>Breast Reductions</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to pre-authorisation, managed care protocols and processes.</li> </ul>
B22	<b>Allied Health Services:</b> Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to managed care protocols and processes, and services being related to admission diagnosis.</li> <li>• Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				authorisation, managed care protocols and processes.
B23	<p><b>Other Professional Health Services</b></p> <p>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.</p> <div data-bbox="365 889 739 1117" 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; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	<p>Shared limit as per C1: Day-to-Day Block Benefit; 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 C1.7: Other Professional Health Services.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre- authorisation, managed care protocols and processes.</li> <li>• Subject to managed care protocols and processes, and services being related to admission diagnosis.</li> </ul>
B24	<b>Alcohol and Drug Dependencies</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> </ul>

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"> <li>Subject to pre-authorisation of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</li> </ul>
<b>C</b>	<b>OUT-OF-HOSPITAL BENEFITS</b>			
<b>C1</b>	<b>Day-to-Day Block Benefit</b> <ol style="list-style-type: none"> <li>1. Family Practitioner Services;</li> <li>2. Specialist Services;</li> <li>3. Basic Radiology;</li> <li>4. Pathology;</li> <li>5. Allied Health Services;</li> </ol>	100% of Scheme Rate.	Limit of R25 973 per family, and R12 986 per Beneficiary, per annum, shared between B22: Allied Health Services, B23: Other Professional Health Services, C1.1 and C1.3 – C1.12.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Benefit is pro-rated from date of admission of Beneficiary to end of financial year.</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>6. Other Professional Health Services;</p> <p>7. Physiotherapy;</p> <p>8. Audiology;</p> <p>9. Occupational Therapy;</p> <p>10. Speech Therapy;</p> <p>11. Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy;</p> <p>12. Mental Health;</p> <p>13. Maternity (where not covered under C2: Maternity Programme); and</p> <p>14. Female Contraceptives.</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>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C1.1	<p><b>Family Practitioner (FP) Services</b></p> <p>Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure</p> <div data-bbox="348 760 722 987" 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 Family Practitioners.</p> <p>130% of Scheme Rate for Network Family Practitioners.</p> <p>Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.</p>	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Benefit covers consultations, visits and approved minor procedures at Family Practitioners, subject to medical necessity and managed care protocols and processes.</li> <li>• Limit is pro-rated from date of admission of Member to end of financial year.</li> </ul>
C1.2	<p><b>Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on</b></p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Payable from Risk.</p> <p>One (1) additional Family Practitioner consultation at DSP/Network provider,</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• The additional Family Practitioner consultation at a</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<b>Disease Management Programme.</b>		once Block Benefit is exhausted.	DSP/Network provider is subject to pre-authorisation, managed care protocols and processes.
<b>C1.3</b>	<b>Specialist Services</b> Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.  <div data-bbox="386 967 756 1192" 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 for non-Network Specialists. 130% of Scheme Rate for Network Specialists. 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital. Reimbursement at 200% of Scheme Rate	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Limit is pro-rated from date of admission of Member to end of financial year.</li> </ul>

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>	for cataract procedures, performed by Ophthalmologists in their rooms.		
<b>C1.4</b>	<p><b>Basic Radiology</b></p> <p>X-rays and soft tissue ultrasound scans.</p>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Includes 2 x 2D ultrasound scans per pregnancy provided for by C2: 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.</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C1.5	<p><b>Pathology and Medical Technology</b></p> <div data-bbox="359 493 735 721" 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.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to managed care protocols and processes.</li> <li>• Includes liquid-based cytology and Hr-HPV DNA pap smears.</li> </ul>
C1.6	<p><b>Allied Health Services:</b> Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.</p>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Includes medicines prescribed by the Allied Health professionals listed in this C1.6: Allied Health Services.</li> <li>• Services performed in hospital, or in lieu of</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				hospitalisation, shall be paid from B1, subject to pre- authorisation, managed care protocols and processes.
C1.7	<p><b>Other Professional Health Services</b></p> <p>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.</p> <div data-bbox="354 997 726 1224" 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>Shared limit as per C1: Day-to-Day Block Benefit; 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 C1.7: Other Professional Health Services.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Includes medicines prescribed by the health professionals listed under this C1.7: Other Professional Health Services.</li> <li>• Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre- authorisation, managed care protocols and processes.</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C1.8	<p><b>Physiotherapy, Audiology, Occupational Therapy and Speech Therapy</b></p> <div data-bbox="352 574 726 802" 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.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Physiotherapy, Audiology, Occupational Therapy and Speech Therapy performed In-Hospital, or in lieu of hospitalisation, shall be paid from B1, subject to managed care protocols and processes.</li> </ul>
C1.9	<p><b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b></p>	100% of Scheme Rate.	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p> <p>Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to Private hospital pre-authorisation and managed care protocols and processes.</li> </ul>

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>or Revision Surgery Physiotherapy) up to a limit of R7 044 per Beneficiary per event, utilised within sixty (60) days of surgery.</p>	
C1.10	<p><b>Mental Health</b></p> <p>Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> <li>• Shared limit as per C1: Day-to-Day Block Benefit;</li> <li>• Shared sub-limit with B18: Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists; and</li> </ul>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to managed care protocols and processes.</li> <li>• If Out-of-Hospital treatment is offered as alternative to hospitalisation, In-Hospital benefits (B1) shall apply.</li> </ul>

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>		<ul style="list-style-type: none"> <li>Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.</li> </ul>	
C1.11	<b>Maternity</b> Ante- and post-natal care	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.  Ante-natal visits, where not accessed under Maternity Programme.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorization.</li> </ul>
C1.12	<b>Female Contraceptives:</b> Oral, insertables, injectables and dermal.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Sublimit of R4 707 per family per annum.	<ul style="list-style-type: none"> <li>• Subject to managed care protocols, formulary and processes.</li> </ul>
C2	<p><b>Maternity Programme</b> Ante- and post-natal care.</p> <div data-bbox="352 721 722 945" 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, but subject to Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to registration on Maternity Programme, and managed care protocols and processes.</li> <li>• If not registered on Maternity Programme, C1.11: Maternity shall apply.</li> <li>• Includes: <ul style="list-style-type: none"> <li>○ Benefits defined in managed care protocols.</li> <li>○ 2 x 2D ultrasounds per pregnancy. Alternatively,</li> </ul> </li> </ul>

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>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.</p> <ul style="list-style-type: none"> <li>○ Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.</li> </ul>
<b>C3</b>	<p><b>Dental Services</b></p> <p>Conservative and Restorative Dentistry (includes plastic dentures);</p> <p>Special Dentistry (includes metal-base dentures): and</p> <p>Surgical Procedures.</p>	100% of Scheme Rate.	<p>Shared limit with B6: Dentistry of R12 310 per Beneficiary per annum, provided that:</p> <ul style="list-style-type: none"> <li>○ Panoramic X-rays are limited to one (1) per Beneficiary every three (3) years;</li> <li>○ Bitewing X-rays are limited to six (6) per</li> </ul>	<ul style="list-style-type: none"> <li>● All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>● Subject to managed care protocols and processes.</li> <li>● Conscious Sedation: Only applicable to Beneficiaries:- <ul style="list-style-type: none"> <li>○ up to and including the age of nine (9) years; or</li> </ul> </li> </ul>

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>		<p>Beneficiary per annum;</p> <ul style="list-style-type: none"> <li>○ Periapical X-rays are limited to ten (10) per Beneficiary per annum; and</li> <li>○ Cone Beam Computed Tomography (CBCT) scans are limited to one (1) per Beneficiary per lifetime for surgical procedures.</li> </ul> <p>Dental Sealants: Excluded under B6: Dentistry and C3: Dental Services, but included under C10: Preventative</p>	<ul style="list-style-type: none"> <li>○ with severe trauma, subject to pre-authorisation, managed care protocols and processes.</li> <li>● In respect of Conservative and Restorative Dentistry: <ul style="list-style-type: none"> <li>○ Panoramic, Bitewing and Periapical X-rays included.</li> </ul> </li> <li>● In respect of Special Dentistry: <ul style="list-style-type: none"> <li>○ No pre-authorisation required for metal-base dentures.</li> </ul> </li> <li>● Implant crowns, bridges, and dentures, subject to pre-authorisation.</li> </ul>

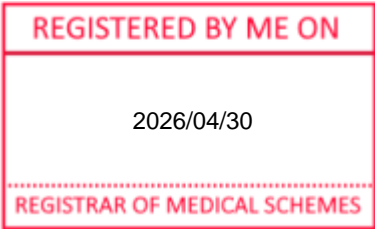
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>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"> <li>Dental services classified as conservative, restorative and specialised per tariff code.</li> </ul>
<b>C4</b>	<b>Prescribed Medication and Injection Material</b>			<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so.</li> <li>Subject to Drug Reference Price (DRP) and Medicine Exclusion List (MEL).</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>1. Acute Medical Conditions.</p> <div data-bbox="352 813 726 1040" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;"><b>REGISTERED BY ME ON</b></p> <p style="text-align: center; margin: 5px 0 5px 0;">2026/04/30</p> <p style="text-align: center; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	<p>1. 100% of Scheme Rate.</p>	<p>1. Limit of R23 368 per family, and R8 343 per Beneficiary, per annum, and sub-limit of R738 per family per annum for homeopathic medicine.</p>	<ul style="list-style-type: none"> <li>• Subject to Annexure E (Exclusions and Limitations) of GEMS Rules.</li> </ul> <p>1. Subject to the following:</p> <ul style="list-style-type: none"> <li>• Managed care protocols, formulary and processes.</li> <li>• Prescription by a healthcare professional, legally entitled to do so.</li> <li>• A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine, where Formulary exists.</li> <li>• Benefit includes prescribed maternity vitamin supplements.</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>2. Chronic Medical Conditions listed in DTP PMB, DTP CDL and Annexure D of the GEMS Rules</p> <div data-bbox="367 703 741 930" 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>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"> <li>• Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to: <ul style="list-style-type: none"> <li>○ Limit of R28 324 per Beneficiary per annum for consumables (excluding devices,</li> </ul> </li> </ul>	<p>2. Subject to the following:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Medicine for chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, subject to use of Chronic Medicine Pharmacy DSP.</li> <li>• A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of non-Chronic Medicine Pharmacy</li> </ul>

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>which are provided for under C7: Medical and Surgical Appliances and Prostheses); and</p> <ul style="list-style-type: none"> <li>○ Limited to type one (1) diabetics aged below nineteen (19) years.</li> </ul> <p>Limit of R51 966 per family, and R25 353 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</p>	<p>DSP, as provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p> <ul style="list-style-type: none"> <li>● Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, shall be paid from limit for non-PMB chronic conditions listed in Annexure D of the GEMS Rules; and once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation. However, consumables for Continuous Glucose Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged below nineteen (19) years</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div data-bbox="359 370 730 594" 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 data-bbox="338 1057 758 1146">3. Self-Medication: Over-the-Counter (OTC) Medicine.</p>	<p data-bbox="789 1057 1083 1146">3. 100% of Scheme Rate.</p>	<p data-bbox="1138 289 1484 431">conditions not listed in Annexure D of the GEMS Rules.</p> <p data-bbox="1138 1057 1493 1365">3. Subject to acute medicine benefit limit (C4.1), event limit of R415 per Beneficiary, annual Beneficiary limit of</p>	<p data-bbox="1570 289 1997 708">shall not be paid from the aforementioned limit, but from the consumable limit for Continuous Glucose Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged below nineteen (19) years only.</p> <ul style="list-style-type: none"> <li data-bbox="1505 732 1997 984">● Includes benefit for life threatening allergies, payable from Risk, and subject to managed care protocols, formulary and processes.</li> </ul> <p data-bbox="1514 1057 1902 1094">3. Subject to the following:</p> <ul style="list-style-type: none"> <li data-bbox="1505 1118 1944 1203">● Managed care protocols, Formulary and processes.</li> <li data-bbox="1505 1227 1934 1317">● Only SAHPRA-registered schedule 0, 1 and 2</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	4. Prescribed medication from hospital stay (TTO).	4. 100% of Scheme Rate.	R1 521, and a limit of R2 519 per family per annum.  4. Shared limit with acute medication benefit limit (C4.1). Payable from Risk, once acute medication benefit limit (C4.1) is exhausted.	medicines payable from the OTC benefit.  4. Subject to the following: <ul style="list-style-type: none"> <li>• TTO limited to seven (7) days.</li> </ul>
<b>C5</b>	<b>Advanced Radiology</b>  	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R37 123 per family per annum.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to Advanced Radiology pre-authorisation, managed care protocols and processes.</li> </ul>

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>			<ul style="list-style-type: none"> <li>Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.</li> </ul>
<b>C6</b>	<p><b>Optical Services</b></p> <ol style="list-style-type: none"> <li>Eye examinations;</li> <li>Frames, lenses and contact lenses (permanent and disposable); and</li> <li>Refractive eye surgery.</li> </ol>	100% of Scheme Rate.	<p>Limited to R7 033 per family per financial year, starting on 01 January and ending on 31 December of the same year ("Family Financial Cycle").</p> <p>Further limited to R3 659 per Beneficiary for every two (2) financial years, calculated from 01 January of the year</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>All Optical services included in benefit.</li> <li>Subject to the Optical Managed Care protocols and processes.</li> <li>Optical benefit is not pro-rated irrespective of date of Beneficiary registration.</li> </ul>

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>		<p>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 R2 645.</p> <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</p>	<ul style="list-style-type: none"> <li>• Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation.</li> <li>• Excludes variable tint and photochromic lenses.</li> <li>• Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.</li> </ul>

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>annum for scleral contact lenses.</p> <p>Limited to:</p> <ul style="list-style-type: none"> <li>• One (1) eye examination per Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary (“Eye Examination Cycle”); and</li> <li>• One (1) frame and one (1) pair of lenses per Beneficiary per</li> </ul>	

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>twenty-four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary (“Optical Appliance Cycle”).</p> <p>Save for the financial limits specified 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</p>	

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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 dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>funded in an Optical Appliance Cycle, not both.</p> <p>Post-cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 744 for both lens and frame, with a sublimit of R293 for the frame.</p>	
<b>C7</b>	<p><b>Medical and Surgical Appliances and Prostheses</b></p> <p>Include:</p> <ol style="list-style-type: none"> <li>1. Hearing Aids;</li> <li>2. Wheelchairs;</li> <li>3. Mobility Scooters;</li> <li>4. Oxygen Cylinders;</li> </ol>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>All medical and surgical appliances and prostheses (save for Continuous Glucose Monitors (CGM) and Insulin Pumps): Subject to:</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to managed care protocols and processes.</li> <li>• Diabetic accessories and appliances, other than</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	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; 14. Continuous Glucose Monitors (CGM); and		<ul style="list-style-type: none"> <li>• Shared limit with B14: Prostheses of R75 823 per family per annum for Medical and Surgical Appliances and Prostheses generally; and</li> <li>• Sub-limit of R25 349 per family per annum for C7: Medical and Surgical Appliances and Prosthesis, with further, shared sub-limits with B14: Prostheses of:               <ul style="list-style-type: none"> <li>○ R6 164 per Beneficiary per</li> </ul> </li> </ul>	<p>Glucometers, Continuous Glucose Monitors (CGM) and Insulin Pumps, to be pre-authorised and claimed from the chronic medication benefit (C4.2).</p> <ul style="list-style-type: none"> <li>• Foot orthotics and prosthetics, subject to Formulary, managed care protocols and processes.</li> <li>• The Scheme has the right to obtain competitive quotes.</li> </ul> <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2026/04/30</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>15. Insulin Pumps.</p> <p>Applicable In- and Out-of-Hospital.</p> <div data-bbox="354 607 728 833" 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>annum for foot orthotics and prosthetics, with a sub-limit of R1 761 per Beneficiary per annum for orthotic shoes, foot/shoe/ankle inserts and levelers;</p> <ul style="list-style-type: none"> <li>o R701 for crutches per Beneficiary per annum;</li> <li>o One (1) wheelchair of up to R7 716 per Beneficiary every thirty-six (36) months of month of receipt of wheelchair;</li> </ul>	

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 0;">2026/04/30</p> <p style="color: red; margin: 0; border-top: 1px dashed red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> <li>o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R11 223 per hearing aid per Beneficiary every thirty-six (36) months of month of receipt of hearing aid(s);</li> <li>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</li> </ul>	

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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>one (1) APAP, BIPAP or VPAP device (including accessories) of up to R19 623 per Beneficiary every 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</p>	

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>limits applicable to CPAP devices;</p> <ul style="list-style-type: none"> <li>o Three (3) pairs of compression stockings of up to R584 per pair per Beneficiary per annum;</li> <li>o One (1) Pulse Oximeter of up to R467 per Family per annum; and</li> <li>o One (1) knee and one (1) back brace of up to R3 499 per brace per Beneficiary per annum.</li> </ul>	

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 0;">2026/04/30</p> <p style="color: red; margin: 0; border-top: 1px dashed red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to:</p> <ul style="list-style-type: none"> <li>• Limit of R59 531 per family per annum for devices (excluding consumables, which are provided for in the chronic medication benefit (C4.2));</li> <li>• Sub-limit of one (1) device per Beneficiary every sixty (60) months of month of receipt of device; and</li> </ul>	

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<ul style="list-style-type: none"> <li>Limited to type one (1) diabetics aged below nineteen (19) years.</li> </ul>	
C8	<b>Renal Dialysis</b> Out-of-Hospital  <div data-bbox="348 792 720 1016" 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 cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to Renal Dialysis pre-authorisation, managed care protocols and processes.</li> <li>Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30% per event shall apply in accordance with Network rules.</li> <li>Includes materials and related pathology tests.</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C9	<p><b>Screening Services</b></p> <p>Including:</p> <p>Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, 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"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• All subject to managed care protocols and processes.</li> <li>• Pap Smears include liquid-based cytology and Hr-HPV DNA tests.</li> <li>• Infant Hearing Screening for Child Dependants under the age of one (1) year.</li> <li>• Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years.</li> <li>• Neonatal Hypothyroidism screening test - TSH</li> </ul>

REGISTERED BY ME ON  
 2026/04/30  
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 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 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>(Thyrotropin) - tariff 4507 only.</p> <ul style="list-style-type: none"> <li>Includes screening services provided in pharmacies.</li> </ul>
<b>C10</b>	<p><b>Preventative Care Services</b></p> <p>Includes:</p> <ol style="list-style-type: none"> <li>All Vaccinations;</li> <li>Dental Sealants; and</li> <li>Dental Polishing.</li> </ol>	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 (5) years for Beneficiaries at risk in accordance with managed care protocols.</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to managed care protocols and processes.</li> <li>Includes preventative care services, i.e. vaccinations, provided in pharmacies.</li> </ul>

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2026/04/30</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<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>Dental Polishing: Limited to Beneficiaries between the ages of three (3) and nine (9) years (both inclusive). Service may be rendered by a Network</p>	

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			or Non-Network provider.	
C11	<b>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</b>  <div data-bbox="352 727 726 954" 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 cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to managed care protocols and processes.</li> <li>Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.</li> </ul>
C12	<b>Infertility</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>Subject to pre-authorisation of facility and service(s), managed care protocols and</li> </ul>

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>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.</p>
<b>C13</b>	<b>Emergency Assistance (Road and Air)</b>	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to use of Emergency Medical Services DSP, and managed care protocols and processes.</li> </ul>
<b>C14</b>	<b>Circumcision</b>	100% Scheme Rate.	Global fee of R1 994 per Beneficiary per annum.  Refer to Annexure E (Exclusions and	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to pre-authorisation of facility and services, and</li> </ul>

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>		Limitations) of GEMS Rules.	<p>managed care protocols and processes.</p> <ul style="list-style-type: none"> <li>• Limit applies to: <ul style="list-style-type: none"> <li>○ All related costs, e.g. consultations, medication etc.; and</li> <li>○ All post-op care within a month of procedure.</li> </ul> </li> <li>• In-Hospital benefits shall apply for circumcisions performed in practitioners' rooms.</li> </ul>
<b>C15</b>	<b>Chronic Back and Neck Rehabilitation Programme</b>	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).</li> <li>• Subject to registration on Chronic Back and Neck Rehabilitation Programme,</li> </ul>

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<p>and managed care protocols and processes.</p> <ul style="list-style-type: none"> <li>Out-of-Hospital benefits (excluding this benefit C15: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.</li> </ul>

**REGISTERED BY ME ON**  
 2026/04/30  
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**REGISTRAR OF MEDICAL SCHEMES**

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

**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 15:09:55 GMT+2)



Mpho Rabada (Dec 16, 2025 16:27:18 GMT+2)



Dr Vuyo Gqola (Dec 29, 2025 14:44:54 GMT+2)

NT  
NT

MR  
MR

VG  
VG