**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 |
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| A | **STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)** | 100% of cost, but subject to PMB legislation. | Unlimited, but subject to PMB legislation. | • As provided for in Annexure G of the Rules.<br>• 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:<br>▪ a Designated Service Provider ("DSP") for that condition; |

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| | | | | ▪ a non-DSP, if no DSP for that condition exists; or<br>▪ 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),<br>subject to:<br>▪ Authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and<br>▪ The Act. |



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| | | | | • This Rule supersedes all other benefit provisions in this Annexure. |
| **B** | **IN-HOSPITAL BENEFITS** | | No overall limit.<br>Sub-limits as provided for. | |
| **B1** | **Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities**<br>1. Accommodation in a general ward, high care ward and intensive care unit;<br>2. Theatre fees;<br>3. Medicines, materials and hospital equipment | 100% of Scheme Rate, subject to PMBs. | Unlimited, but subject to PMB legislation. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• 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 |

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| | (includes bone cement for prostheses); and<br>4. Neonatal care. | | | Condition), failing which, a co-payment of R1 000 per admission shall apply.<br>• 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.<br>• Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols. |

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| | | | | • 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.<br>• A co-payment of R1000 per scope shall apply in respect of all non-PMB / elective scopes performed in acute hospitals. |
| **B2** | **Maternity**<br>Hospital, home birth or registered birthing unit. | 100% of cost, but subject to PMB legislation. | Unlimited, but subject to PMB legislation. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to managed care protocols and processes. |

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| | | | | • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply.<br>• 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 |



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| | | | | which, the co-payment of R1 000 per admission shall apply.<br>• Elective Caesarean Sections may be subjected to second opinion and managed care protocols.<br>• Benefit includes midwife services.<br>• Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation. |
| **B3** | **Family Practitioner Services**<br>Consultations and visits. | 100% of Scheme Rate for non-Network Family Practitioners. | Unlimited.<br>Reimbursement according to the Scheme-approved tariff file. | All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). |



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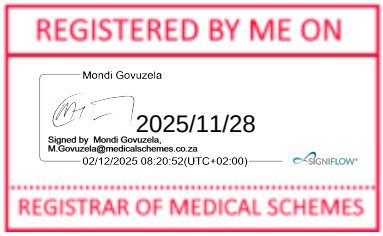
| | | 130% of Scheme Rate for Network Family Practitioners. | | |
| **B4** | **Specialist Services**<br>Consultations and visits. | 100% of Scheme Rate for non-Network Specialists.<br>130% of Scheme Rate for Network Specialists. | Unlimited.<br>Reimbursement as per Scheme-approved tariff file. | All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). |
| **B5** | **Surgical Procedures** | 100% of Scheme Rate.<br>200% of Scheme Rate for procedures specified by managed care, performed in practitioners’ rooms instead of in hospital. | Unlimited.<br>Refer to Annexure E of the GEMS Rules. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to Private hospital pre-authorisation, managed care protocols and processes.<br>• Includes: |





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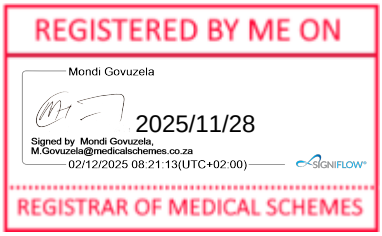
| | | | | ○ Hospital procedures performed in practitioners' rooms, as approved by the Scheme;<br>○ Maxillofacial Surgery; and<br>○ Surgical removal of impacted teeth (In-Hospital and Out-of-Hospital). |
| **B6** | **Dentistry**<br>Conservative, Restorative and Specialized Dentistry.<br>Surgical Procedures. | 100% of Scheme Rate. | Professional fees, subject to shared limits with C3: Dental Services.<br>Hospital cost included in hospital benefit (B1).<br>Dental Sealants: Excluded under B6: Dentistry and C3: Dental | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• Subject to Private hospital pre-authorisation, managed care protocols and processes, list of approved services, and use of Day Theatres. |





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| | | | Services, but included under C10: Preventative Care Services for Beneficiaries under 18 years of age.<br>Refer to Annexure E (Exclusions and Limitations) of GEMS Rules. | • General Anaesthesia and Conscious Sedation: Only applicable to Beneficiaries:-<br>○ up to and including the age of six (6) years; or<br>○ with severe trauma, subject to pre-authorisation and managed care protocols and processes.<br>• Implant crowns, bridges, and dentures, subject to pre-authorisation.<br>• Services classified as conservative, restorative and specialised per tariff code. |
| **B7** | **Basic Radiology**<br>X-rays and soft tissue ultrasound scans. | 100% of Scheme Rate. | Unlimited. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). |



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| | | | | • Subject to managed care protocols and processes. |
| **B8** | **Advanced Radiology** | 100% of Scheme Rate, subject to PMBs. | Shared limit with C5: Advanced Radiology of R37 123 per family per annum. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• 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.<br>• Subject to managed care protocols and processes. |



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| **B9** | **Pathology** | 100% of Scheme Rate. | Unlimited. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis. |
| **B10** | **Blood Services** | 100% of Scheme Rate, subject to PMBs. | Unlimited, but subject to PMB legislation. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to managed care protocols and processes.<br>• Includes cost of blood, blood equivalents, blood products and the transport thereof.<br>• Includes Erythropoietin. |



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| **B11** | **Physiotherapy** | 100% of Scheme Rate, subject to PMBs. | Limited to R6 673 per Beneficiary per annum. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to pre-authorisation, managed care protocols and processes, and services being related to admission diagnosis. |
| **B12** | **Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy** | 100% of Scheme Rate. | Limited to 10 post-surgery physiotherapy visits (shared with C1.9: 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. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to pre-authorisation, and managed care protocols and processes. |



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| **B13** | **Organ and Tissue Transplants** | 100% of Scheme Rate, subject to PMBs. | Limit of R824 901 per Beneficiary per annum.<br>Sub-limit of R28 001 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.). | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to Private hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1.<br>• Limit includes all costs associated with the transplant, including materials and immunosuppressants.<br>• Erythropoietin included in B10: Blood Services.<br>• Organ harvesting is limited to the Republic of South Africa, except for cornea tissue. |



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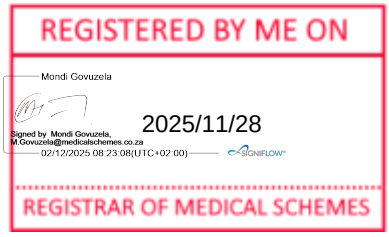
| **B14** | **Prostheses**<br>This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices. | 100% of Scheme Rate, subject to PMBs. | Subject to:<br>• 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<br>• Shared sub-limits with C7: Medical and Surgical Appliances and Prostheses of: | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to managed care protocols and processes.<br>• Scheme may obtain competitive quotes or arrange supply of prosthesis.<br>• Bone cement paid from B1, subject to Private hospital pre-authorisation.<br>• Foot orthotics and prosthetics, subject to formulary, managed care protocols and processes.<br>• Subject to the prostheses and/or device(s) being |





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| | | | ○ R6 164 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 761 per Beneficiary per annum for orthotic shoes, foot/shoe/ankle inserts and levelers;<br>○ R701 for crutches per Beneficiary per annum;<br>○ One (1) wheelchair of up to R7 716 per Beneficiary every thirty-six (36) months of month of | related to the admission diagnosis and procedure.<br>• Once the limit is depleted, the benefit is unlimited for PMBs. |



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| | | | receipt of wheelchair;<br>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);<br>o One (1) CPAP device (including accessories) of up to R13 328 per Beneficiary every thirty-six (36) | |



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| | | | 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 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 | |



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| | | | accordance with the limits applicable to CPAP devices;<br>o Three (3) pairs of compression stockings of up to R584 per pair per Beneficiary per annum;<br>o One (1) Pulse Oximeter of up to R467 per Family per annum; and<br>o One (1) knee and one (1) back brace of up to R3 499 per brace per Beneficiary per annum. | |

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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.). | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to use of facility as per B1, or other registered emergency facility.<br>• Subject to Private hospital authorisation, managed care protocols and processes.<br>• Cost to be defrayed from C1.1: Family Practitioner (FP) Services, for non-PMB and unauthorised events. |
| **B16** | **Renal Dialysis**<br>In-Hospital | 100% of Scheme Rate, subject to PMBs. | Limit of R353 521 per Beneficiary per annum for chronic dialysis.<br>Acute dialysis included in B1. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to Private hospital pre-authorisation, managed |

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| | | | | care protocols and processes, and use of facility as per B1.<br>• Includes related materials, and related pathology and radiology tests, but subject to managed care protocols and processes.<br>• Erythropoietin included in B10: Blood Services.<br>• Once the limit is depleted, the benefit is unlimited for PMBs. |
| **B17** | **Oncology (Chemo and Radiotherapy)**<br>In- and Out-of-Hospital | 100% of Scheme Rate, subject to PMBs. | Limit of R649 619 per family per annum.<br>Sub-limit of R439 078 per family for biological | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). |



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| | | | and similar specialised medicines. | • Subject to Oncology pre-authorisation, managed care protocols and processes.<br>• Subject to Medicine Price List (MPL).<br>• Subject to use of facility as per B1, or a registered alternative.<br>• Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials.<br>• Erythropoietin included in B10: Blood Services.<br>• Once the limit is depleted, the benefit is unlimited for PMBs. |

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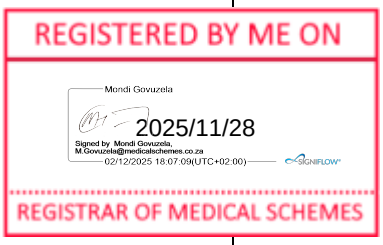
| |  | | | • Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced or metastatic solid organ malignant tumours, unless pre-authorised in accordance with paragraph 9.1.13.6 of Annexure E (Exclusions and Limitations) of GEMS Rules. |
| **B18** | **Mental Health**<br>Accommodation, theatre fees, medicine, hospital equipment, and professional fees of Family Practitioners, Psychiatrists, and Psychologists. | 100% of Scheme Rate, subject to PMBs. | Subject to:<br>• Limit of R51 966 per family per annum;<br>• Shared sub-limit with C1.10: Mental Health of R2 879 per family per | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to Private hospital pre-authorisation, managed care protocols and processes. |

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| | | | annum for services by Educational and Industrial Psychologists; and<br>• Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day. | • Subject to use of facility as per B1, or a registered alternative.<br>• Maximum of three (3) days hospitalisation by a Family Practitioner. |
| **B19** | **Alternatives to Hospitalisation**<br><br>1. Sub-acute Hospitals, Physical Rehabilitation, Private Nursing and Intravenous (IV) Therapy. | 1. 100% of Scheme Rate, subject to PMBs. | 1. Unlimited, subject to PMB legislation. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to pre-authorisation of alternative facility and |



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| | 2. Hospice. | 2. 100% of cost, but subject to PMB legislation. | 2. Unlimited, but subject to PMB legislation. | services, and managed care protocols and processes.<br>• Includes home nursing, but subject to managed care protocols and processes.<br>• Excludes Frail Care and recuperative holidays.<br>• 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. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to Private hospital pre-authorisation and case management.<br>• Includes materials. |

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| **B21** | **Breast Reductions** | 100% of Scheme Rate, subject to PMBs. | Unlimited, subject to PMB legislation. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to pre-authorisation, managed care protocols and processes. |
| **B22** | **Allied Health Services:**<br>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. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to managed care protocols and processes, and services being related to admission diagnosis.<br>• Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre- |



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| | | | | authorisation, managed care protocols and processes. |
| **B23** | **Other Professional Health Services**<br>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists. | 100% of Scheme Rate, subject to PMBs. | Shared limit as per C1: Day-to-Day Block Benefit; and<br>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. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorisation, managed care protocols and processes.<br>• Subject to managed care protocols and processes, and services being related to admission diagnosis. |
| **B24** | **Alcohol and Drug Dependencies** | 100% of cost, but subject to PMB legislation. | Limited to PMBs. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). |



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| | | | | • 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. |
| **C** | **OUT-OF-HOSPITAL BENEFITS** | | | |
| **C1** | **Day-to-Day Block Benefit**<br>1. Family Practitioner Services;<br>2. Specialist Services;<br>3. Basic Radiology;<br>4. Pathology;<br>5. Allied Health Services; | 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 Heath Services, C1.1 and C1.3 – C1.12. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Benefit is pro-rated from date of admission of Beneficiary to end of financial year. |



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| | 6. Other Professional Health Services;<br>7. Physiotherapy;<br>8. Audiology;<br>9. Occupational Therapy;<br>10. Speech Therapy;<br>11. Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy;<br>12. Mental Health;<br>13. Maternity (where not covered under C2: Maternity Programme); and<br>14. Female Contraceptives. | | | |



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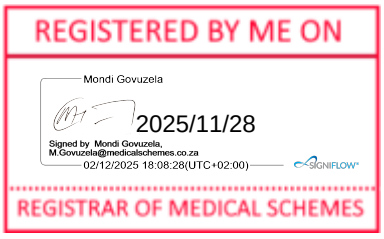

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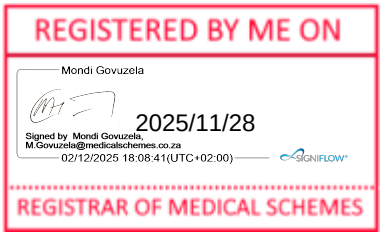
| C1.1 | **Family Practitioner (FP) Services**<br>Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure | 100% of Scheme Rate for non-Network Family Practitioners.<br>130% of Scheme Rate for Network Family Practitioners.<br>Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital. | Shared limit as per C1: Day-to-Day Block Benefit. | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• Benefit covers consultations, visits and approved minor procedures at Family Practitioners, subject to medical necessity and managed care protocols and processes.<br>• Limit is pro-rated from date of admission of Member to end of financial year. |
| C1.2 | **Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on** | 100% of Scheme Rate, subject to PMBs. | Payable from Risk.<br>One (1) additional Family Practitioner consultation at DSP/Network provider, | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• The additional Family Practitioner consultation at a |





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| | **Disease Management Programme.** | | once Block Benefit is exhausted. | DSP/Network provider is subject to pre-authorisation, managed care protocols and processes. |
| **C1.3** | **Specialist Services**<br>Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure. | 100% of Scheme Rate for non-Network Specialists.<br>130% of Scheme Rate for Network Specialists.<br>200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.<br>Reimbursement at 200% of Scheme Rate | Shared limit as per C1: Day-to-Day Block Benefit. | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• Limit is pro-rated from date of admission of Member to end of financial year. |



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| | | for cataract procedures, performed by Ophthalmologists in their rooms. | | |
| **C1.4** | **Basic Radiology**<br>X-rays and soft tissue ultrasound scans. | 100% of Scheme Rate. | Shared limit as per C1: Day-to-Day Block Benefit. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• 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. |



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| C1.5 | **Pathology and Medical Technology** | 100% of Scheme Rate. | Shared limit as per C1: Day-to-Day Block Benefit. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to managed care protocols and processes.<br>• Includes liquid-based cytology and Hr-HPV DNA pap smears. |
| C1.6 | **Allied Health Services:**<br>Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners. | 100% of Scheme Rate. | Shared limit as per C1: Day-to-Day Block Benefit. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Includes medicines prescribed by the Allied Health professionals listed in this C1.6: Allied Health Services.<br>• Services performed in hospital, or in lieu of |

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| | | | | hospitalisation, shall be paid from B1, subject to pre-authorisation, managed care protocols and processes. |
| **C1.7** | **Other Professional Health Services**<br>Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists. | 100% of Scheme Rate. | Shared limit as per C1: Day-to-Day Block Benefit; and<br>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. | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• Includes medicines prescribed by the health professionals listed under this C1.7: Other Professional Health Services.<br>• Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorisation, managed care protocols and processes. |



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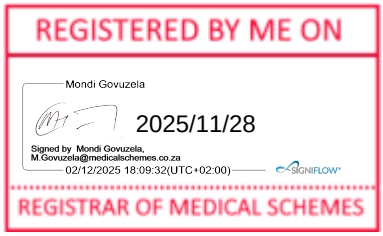

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| **C1.8** | **Physiotherapy, Audiology, Occupational Therapy and Speech Therapy** | 100% of Scheme Rate. | Shared limit as per C1: Day-to-Day Block Benefit. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Physiotherapy, 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. |
| **C1.9** | **Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy** | 100% of Scheme Rate. | Shared limit as per C1: Day-to-Day Block Benefit.<br>Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to Private hospital pre-authorisation and managed care protocols and processes. |



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| | | | or Revision Surgery Physiotherapy) up to a limit of R7 044 per Beneficiary per event, utilised within sixty (60) days of surgery. | |
| **C1.10** | **Mental Health**<br>Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists. | 100% of Scheme Rate, subject to PMBs. | Subject to:<br>• Shared limit as per C1: Day-to-Day Block Benefit;<br>• Shared sub-limit with B18: Mental Health of R2 879 per family per annum for services by Educational and Industrial Psychologists; and | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to managed care protocols and processes.<br>• If Out-of-Hospital treatment is offered as alternative to hospitalisation, In-Hospital benefits (B1) shall apply. |



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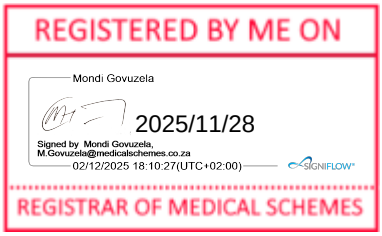
| | | | • Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day. | |
| **C1.11** | **Maternity**<br>Ante- and post-natal care | 100% of Scheme Rate. | Shared limit as per C1: Day-to-Day Block Benefit.<br>Ante-natal visits, where not accessed under Maternity Programme. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation. |
| **C1.12** | **Female Contraceptives:**<br>Oral, insertables, injectables and dermal. | 100% of Scheme Rate. | Shared limit as per C1: Day-to-Day Block Benefit. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). |





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| | | | Sublimit of R4 707 per family per annum. | • Subject to managed care protocols, formulary and processes. |
| C2 | **Maternity Programme**<br>Ante- and post-natal care. | 100% of Scheme Rate, but subject to Maternity Programme Protocols. | Paid from Risk, but limited to Maternity Programme Benefits. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to registration on Maternity Programme, and managed care protocols and processes.<br>• If not registered on Maternity Programme, C1.11: Maternity shall apply.<br>• Includes:<br>o Benefits defined in managed care protocols.<br>o 2 x 2D ultrasounds per pregnancy. Alternatively, |



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| | | | | 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.<br>o Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation. |
| **C3** | **Dental Services**<br>Conservative and Restorative Dentistry (includes plastic dentures);<br>Special Dentistry (includes metal-base dentures): and<br>Surgical Procedures. | 100% of Scheme Rate. | Shared limit with B6: Dentistry of R12 310 per Beneficiary per annum, provided that:<br>○ Panoramic X-rays are limited to one (1) per Beneficiary every three (3) years;<br>○ Bitewing X-rays are limited to six (6) per | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• Subject to managed care protocols and processes.<br>• Conscious Sedation: Only applicable to Beneficiaries:-<br>○ up to and including the age of nine (9) years; or |



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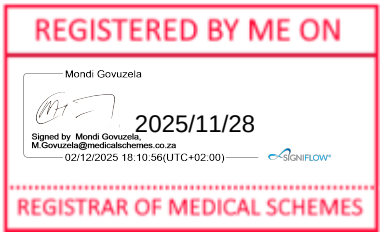

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| | | | Beneficiary per annum;<br>○ Periapical X-rays are limited to ten (10) per Beneficiary per annum; and<br>○ Cone Beam Computed Tomography (CBCT) scans are limited to one (1) per Beneficiary per lifetime for surgical procedures.<br><br>Dental Sealants: Excluded under B6: Dentistry and C3: Dental Services, but included under C10: Preventative | ○ with severe trauma, subject to pre-authorisation, managed care protocols and processes.<br>• In respect of Conservative and Restorative Dentistry:<br>o Panoramic, Bitewing and Periapical X-rays included.<br>• In respect of Special Dentistry:<br>o No pre-authorisation required for metal-base dentures.<br>• Implant crowns, bridges, and dentures, subject to pre-authorisation. |

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| | | | Care Services for Beneficiaries under 18 years of age.<br>Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules. | • Dental services classified as conservative, restorative and specialised per tariff code. |
| **C4** | **Prescribed Medication and Injection Material** | | | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so.<br>• Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL). |



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| | | | | • Subject to Annexure E (Exclusions and Limitations) of GEMS Rules. |
| | 1. Acute Medical Conditions. | 1. 100% of Scheme Rate. | 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. | 1. Subject to the following:<br>• Managed care protocols, formulary and processes.<br>• Prescription by a healthcare professional, legally entitled to do so.<br>• A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine, where Formulary exists.<br>• Benefit includes prescribed maternity vitamin supplements. |



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| | 2. Chronic Medical Conditions listed in DTP PMB, DTP CDL and Annexure D of the GEMS Rules | 2. 100% of Scheme Rate, subject to PMBs. | 2. Unlimited for PMB chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, but subject to PMB legislation and the following, which exceed PMB level of care:<br>• Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to:<br>○ Limit of R28 324 per Beneficiary per annum for consumables (excluding devices, | 2. Subject to the following:<br>• Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a healthcare professional legally entitled to do so.<br>• 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.<br>• A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of non-Chronic Medicine Pharmacy |



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| | | | which are provided for under C7: Medical and Surgical Appliances and Prostheses); and<br>○ Limited to type one (1) diabetics aged below nineteen (19) years.<br><br>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.<br><br>No benefit for non-PMB chronic | DSP, as provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.<br>• 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 |

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| | | | conditions not listed in Annexure D of the GEMS Rules. | 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.<br>• Includes benefit for life threatening allergies, payable from Risk, and subject to managed care protocols, formulary and processes. |
| | 3. Self-Medication: Over-the-Counter (OTC) Medicine. | 3. 100% of Scheme Rate. | 3. Subject to acute medicine benefit limit (C4.1), event limit of R415 per Beneficiary, annual Beneficiary limit of | 3. Subject to the following:<br>• Managed care protocols, Formulary and processes.<br>• Only SAHPRA-registered schedule 0, 1 and 2 |

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| | | | R1 521, and a limit of R2 519 per family per annum. | medicines payable from the OTC benefit. |
| | 4. Prescribed medication from hospital stay (TTO). | 4. 100% of Scheme Rate. | 4. Shared limit with acute medication benefit limit (C4.1). Payable from Risk, once acute medication benefit limit (C4.1) is exhausted. | 4. Subject to the following:<br>• TTO limited to seven (7) days. |
| **C5** | **Advanced Radiology** | 100% of Scheme Rate, subject to PMBs. | Shared limit with B8: Advanced Radiology of R37 123 per family per annum. | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• Subject to Advanced Radiology pre-authorisation, managed care protocols and processes. |



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| | | | | • Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies. |
| **C6** | **Optical Services**<br>1. Eye examinations;<br>2. Frames, lenses and contact lenses (permanent and disposable); and<br>3. Refractive eye surgery. | 100% of Scheme Rate. | 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").<br>Further limited to R3 659 per Beneficiary for every two (2) financial years, calculated from 01 January of the year | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• All Optical services included in benefit.<br>• Subject to the Optical Managed Care protocols and processes.<br>• Optical benefit is not pro-rated irrespective of date of Beneficiary registration. |

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| | | | 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.<br><br>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 | • Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation.<br>• Excludes variable tint and photochromic lenses.<br>• Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions. |



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| | | | annum for scleral contact lenses.<br>Limited to:<br>• 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<br>• One (1) frame and one (1) pair of lenses per Beneficiary per | |



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| | | | twenty-four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary (“Optical Appliance Cycle”).<br><br>Save for the financial limits specified hereinabove, no limit shall apply to the number of contact lenses that may be rendered to a Beneficiary.<br><br>Either spectacles or contact lenses shall be | |



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| | | | funded in an Optical Appliance Cycle, not both.<br><br>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. | |
| C7 | **Medical and Surgical Appliances and Prostheses**<br><br>Include:<br><br>1. Hearing Aids;<br>2. Wheelchairs;<br>3. Mobility Scooters;<br>4. Oxygen Cylinders; | 100% of Scheme Rate, subject to PMBs. | All medical and surgical appliances and prostheses (save for Continuous Glucose Monitors (CGM) and Insulin Pumps): Subject to: | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br><br>• Subject to managed care protocols and processes.<br><br>• Diabetic accessories and appliances, other than |



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| | 5. Pulse Oximeters;<br>6. Nebulisers;<br>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;<br>8. Glucometers;<br>9. Colostomy Kits;<br>10. Diabetic Equipment;<br>11. Foot Orthotics;<br>12. External Prostheses;<br>13. Compression Stockings;<br>14. Continuous Glucose Monitors (CGM)[; and | | • Shared limit with B14: Prostheses of R75 823 per family per annum for Medical and Surgical Appliances and Prostheses generally; and<br>• 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:<br>o R6 164 per Beneficiary per | Glucometers, Continuous Glucose Monitors (CGM) and Insulin Pumps, to be pre-authorised and claimed from the chronic medication benefit (C4.2).<br>• Foot orthotics and prosthetics, subject to Formulary, managed care protocols and processes.<br>• The Scheme has the right to obtain competitive quotes. |



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| | 15. Insulin Pumps.<br>Applicable In- and Out-of-Hospital. | | 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;<br>o R701 for crutches per Beneficiary per annum;<br>o One (1) wheelchair of up to R7 716 per Beneficiary every thirty-six (36) months of month of receipt of wheelchair; | |



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| | | | ○ 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);<br>○ 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 | |



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| | | | 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 | |



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| | | | limits applicable to CPAP devices;<br>o Three (3) pairs of compression stockings of up to R584 per pair per Beneficiary per annum;<br>o One (1) Pulse Oximeter of up to R467 per Family per annum; and<br>o One (1) knee and one (1) back brace of up to R3 499 per brace per Beneficiary per annum. | |

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| | | | Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to:<br>• Limit of R59 531 per family per annum for devices (excluding consumables, which are provided for in the chronic medication benefit (C4.2));<br>• Sub-limit of one (1) device per Beneficiary every sixty (60) months of month of receipt of device; and | |



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| | | | • Limited to type one (1) diabetics aged below nineteen (19) years. | |
| **C8** | **Renal Dialysis**<br>Out-of-Hospital | 100% of cost, but subject to PMB legislation. | Limited to PMBs. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to Renal Dialysis pre-authorisation, managed care protocols and processes.<br>• Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30% per event shall apply in accordance with Network rules.<br>• Includes materials and related pathology tests. |

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| C9 | **Screening Services**<br>Including:<br>Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism, Mammogram, and other screenings according to evidence-based standard practice. | 100% of Scheme Rate. | Payable from Risk.<br>All screenings are limited to one (1) of each per annum, unless otherwise indicated herein. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• All subject to managed care protocols and processes.<br>• Pap Smears include liquid-based cytology and Hr-HPV DNA tests.<br>• Infant Hearing Screening for Child Dependants under the age of one (1) year.<br>• Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years.<br>• Neonatal Hypothyroidism screening test - TSH |



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| | | | | (Thyrotropin) - tariff 4507 only.<br>• Includes screening services provided in pharmacies. |
| **C10** | **Preventative Care Services**<br>Includes:<br>1. All Vaccinations;<br>2. Dental Sealants; and<br>3. Dental Polishing. | 100% of Scheme Rate. | Paid from Risk.<br>Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum.<br>Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five (5) years for Beneficiaries at risk in accordance with managed care protocols. | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• Subject to managed care protocols and processes.<br>• Includes preventative care services, i.e. vaccinations, provided in pharmacies. |



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| | | | HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime.<br><br>Other Vaccinations: Limited to R950 per Beneficiary per annum.<br><br>Dental Sealants: Limited to Beneficiaries under 18 years of age, and subject to use of a Network provider.<br><br>Dental Polishing: Limited to Beneficiaries between the ages of three (3) and nine (9) years (both inclusive). Service may be rendered by a Network | |



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| | | | or Non-Network provider. | |
| **C11** | **HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness** | 100% of cost, but subject to PMB legislation. | Limited to PMBs. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to managed care protocols and processes.<br>• Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes. |
| **C12** | **Infertility** | 100% of cost, but subject to PMB legislation. | Limited to PMBs. | • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).<br>• Subject to pre-authorisation of facility and service(s), managed care protocols and |



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| | | | | 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. |
| **C13** | **Emergency Assistance (Road and Air)** | 100% of cost, but subject to PMB legislation. | Unlimited, but subject to PMB legislation. | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• Subject to use of Emergency Medical Services DSP, and managed care protocols and processes. |
| **C14** | **Circumcision** | 100% Scheme Rate. | Global fee of R1 994 per Beneficiary per annum.<br>Refer to Annexure E (Exclusions and | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• Subject to pre-authorisation of facility and services, and |



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| | | | Limitations) of GEMS Rules. | managed care protocols and processes.<br>• Limit applies to:<br>o All related costs, e.g. consultations, medication etc.; and<br>o All post-op care within a month of procedure.<br>• In-Hospital benefits shall apply for circumcisions performed in practitioners' rooms. |
| **C15** | **Chronic Back and Neck Rehabilitation Programme** | Negotiated Rate. | Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits. | • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").<br>• Subject to registration on Chronic Back and Neck Rehabilitation Programme, |



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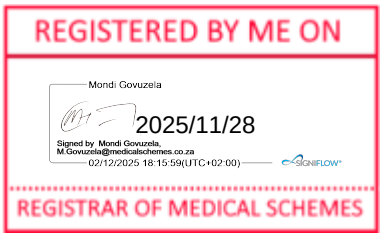
| | | | | and managed care protocols and processes.<br>• Out-of-Hospital benefits (excluding this benefit C15: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme. |





| 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 |

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 (Sep 29, 2025 21:55:35 GMT+2) Siyabulela Tsengiwe (Sep 30, 2025 09:16:09 GMT+2) Dr Stan Moloabi (Sep 30, 2025 10:10:27 GMT+2)



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