

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C 2024

TANZANITE ONE

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

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

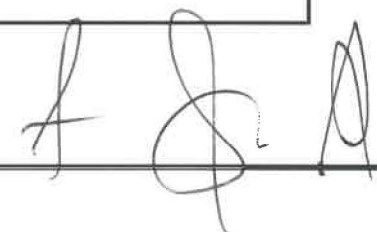


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				<ul style="list-style-type: none"> ▪ a Designated Service Provider ("DSP") for that condition; ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated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

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES



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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>Out-of-Hospital Benefits; and</p> <ul style="list-style-type: none"> ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	IN-HOSPITAL BENEFITS	100% of Scheme Rate.	Subject to overall annual hospital limit of R302 398 per family per annum and such sub-limits as provided for.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of a State or Network facility.
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities: <ol style="list-style-type: none"> 1. Accommodation in a general ward, high care 	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of a State or Network facility; failing which, the Scheme shall not be liable



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	<p>ward and intensive care unit;</p> <p>2. Theatre fees;</p> <p>3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); and</p> <p>4. Neonatal care.</p>	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>to fund the first R15 000 of the other facility's bill.</p> <ul style="list-style-type: none"> Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply. In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the

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				<p>admission, failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> 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. TTO limited to seven (7) days, subject to medication being related to admission diagnosis.
B2	Maternity Hospital, home birth or accredited birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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				<ul style="list-style-type: none"> Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply. In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, a co-

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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				<p>payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> • Elective Caesarean Sections may be subjected to second opinion and managed care protocols and processes. • Benefit includes midwife services. • Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
B3	Family Practitioner Services Consultations and visits.	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and use of facility as per B1.

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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			Reimbursement according to Scheme-approved tariff file.	
B4	Specialist Services Consultations and visits. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and use of facility as per B1.
B5	Surgical Procedures	100% of Scheme Rate. 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Maxillofacial surgery and surgical removal of impacted teeth, subject to an annual sub-limit of R27 928 per family.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation, managed care protocols and processes, and use of facility as per B1, or practitioners' rooms.

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B6	Dentistry Conservative and Restorative Dentistry. Surgical Procedures.	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and Out-of-Hospital dentistry limits specified under C5: Dental Services. Refer to Annexure E (Exclusions and	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation, managed care protocols and processes, list of approved services, and use of a State or Network facility.

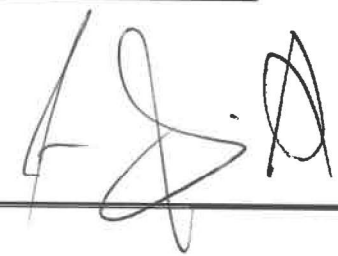
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2024/06/14</p> <hr style="border-top: 1px dotted red;"/> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		Limitations) of GEMS Rules.	<ul style="list-style-type: none"> General Anaesthesia and Conscious Sedation: Only applicable to Beneficiaries:- <ul style="list-style-type: none"> up to and including the age of six (6) years; or with severe trauma, subject to pre-authorisation and managed care protocols and processes. Services classified as conservative and restorative per tariff code.
B7	Basic Radiology	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and use of facility as per B1.

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B8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> Annual hospital limit specified under B: In-Hospital Benefits; and Sub-limit of R9 677, or R14 515 if R9 677 sub-limit is exceeded with first CT/MRI scan, per Beneficiary per annum shared between B8: Advanced Radiology and C8: Advanced Radiology. 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Advanced Radiology pre-authorisation (in addition to hospital pre-authorisation), managed care protocols and processes, list of approved services, and use of facility as per B1.

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES



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B9	Pathology <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, pathology tests being related to admission diagnosis, and use of facility as per B1.
B10	Blood Services	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of facility as per B1. • Subject to managed care protocols and processes. • Includes cost of blood, blood equivalents, blood products and the transport thereof.

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				<ul style="list-style-type: none"> Includes erythropoietin.
B11	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R3 025 per Beneficiary per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation, managed care protocols and processes, and services being related to admission diagnosis.
B12	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C15: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R6 734 per Beneficiary per event,	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1.

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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			utilised within sixty (60) days of surgery.	
B13	Organ and Tissue Transplants	100% of Scheme Rate, subject to PMBs.	<p>Subject to annual hospital limit specified under B: In-Hospital Benefits.</p> <p>Sub-limit of R26 770 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1. • Limit includes all costs associated with the transplant, including materials and immunosuppressants. • Authorised erythropoietin is included in limits listed in B10: Blood Services. • Organ harvesting is limited to the Republic of South Africa,

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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				except in the case of cornea grafts.
B14	Prostheses This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary and permanent devices used to assist the guidance, alignment or delivery of these prostheses and internal devices.	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limits of R35 590 per family per annum for Prostheses generally, plus R35 590 per family per annum for Joint Revisions only; and • Shared sub-limits with C16: Medical and Surgical 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, and use of facility as per B1. • Scheme may obtain competitive quotes or arrange supply of prosthesis. • Bone cement paid from B1, subject to hospital pre-authorisation. • Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes.

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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			<p>Appliances and Prostheses of:</p> <ul style="list-style-type: none"> ○ R5 893 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 684 per Beneficiary per annum for orthotic shoes, foot/shoe/ankle inserts and levelers; ○ R670 for crutches per Beneficiary per annum; ○ One (1) wheelchair of up to R7 377 per Beneficiary every 	<ul style="list-style-type: none"> • Subject to the prostheses and/or device(s) being related to the admission diagnosis and procedure. • Once the limit is depleted, the benefit is unlimited for PMBs.

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES



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			<p>twenty-four (24) months of month of receipt of wheelchair;</p> <ul style="list-style-type: none"> One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R6 036 per hearing aid per Beneficiary every thirty-six (36) months of month of receipt of hearing aid(s); One (1) CPAP device of up to R8 376 per Beneficiary every thirty-six (36) 	

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES



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			<p>months of month of receipt of device;</p> <ul style="list-style-type: none"> Three (3) pairs of compression stockings of up to R558 per pair per Beneficiary per annum; One (1) Pulse Oximeter of up to R446 per family per annum; and One (1) knee and one (1) back brace of up to R3 345 per brace per Beneficiary per annum. 	

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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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 (Prescribed Minimum Benefits) of the GEMS Rules).	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of facility as per B1, or other registered emergency facility. • Subject to hospital authorisation and managed care protocols and processes.
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B16	Renal Dialysis In-Hospital	100% of Scheme Rate, subject to PMBs.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre- authorisation, managed care protocols and processes, and use of facility as per B1. • Includes related materials, and related pathology and radiology tests, but subject to

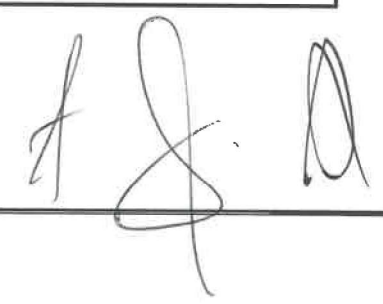
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B17	Oncology (Chemo and Radiotherapy) In- and Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Oncology pre-authorisation and managed care protocols and processes. Subject to Medicine Price List (MPL). Subject to use of facility as per B1. Includes cost of pathology, related basic/advanced radiology, medical

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				<p>technologists, oncology medicines and materials.</p> <ul style="list-style-type: none"> • Erythropoietin included in B10: Blood Services. • 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 the GEMS Rules.

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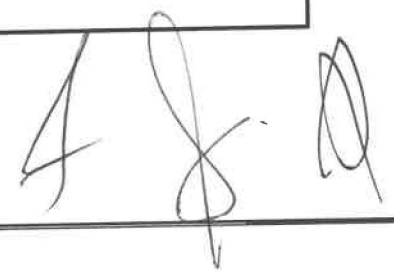
REGISTRAR OF MEDICAL SCHEMES



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B18	Mental Health Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and Psychologists. <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> Annual hospital limit specified under B: In-Hospital Benefits; Sub-limit of R12 096 per Beneficiary per annum; Further, shared sub-limit with C19: Mental Health of R2 752 per family per annum for services by Educational and Industrial Psychologists; and 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and managed care protocols and processes. Subject to use of facility as per B1. Maximum of three (3) days hospitalisation by a Family Practitioner.

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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<ul style="list-style-type: none"> Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day. 	
B19	Alternatives to Hospitalisation <ol style="list-style-type: none"> Sub-acute Hospitals, Physical Rehabilitation and Private Nursing. Hospice 	<ol style="list-style-type: none"> 100% of Scheme Rate, subject to PMBs. 100% of cost, but subject to PMB legislation. 	<ol style="list-style-type: none"> Subject to annual hospital limit specified under B: In-Hospital Benefits. Unlimited, but subject to PMB legislation. 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation of alternative facility and services, and managed care protocols and processes. Includes home nursing, but subject to managed care protocols and processes.

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B20	Medical Technologists	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation, case management, and use of facility as per B1. Includes materials.
B21	Breast Reductions	No benefit.	No benefit, unless PMB.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").



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B22	Allied Health Services Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> Annual hospital limit specified under B: In-Hospital Benefits; and Sub-limit of R1 936 per family, and R1 210 per Beneficiary, per annum; all of which limits are shared between B22: Allied Health Services and B23: Other Professional Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).
B23	Other Professional Health Services	100% of Scheme Rate, subject to PMBs.	Shared limits as per B22: Allied Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.			<ul style="list-style-type: none"> Subject to managed care protocols and processes, and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis).
B24	Alcohol and Drug Dependencies <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.
C	OUT-OF-HOSPITAL BENEFITS			

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C1	Family Practitioner Services Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners. 200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.	Unlimited, subject to use of Nominated Network Family Practitioners. Visits to Family Practitioners, other than Nominated Network Family Practitioners, are limit to three (3) visits per Beneficiary per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Benefit includes consultations, visits and approved minor procedures at Family Practitioners, subject to medical necessity and managed care protocols and processes. • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to use of a Nominated Network Family Practitioner. • Once the visit limit specified in the "Limits" column is depleted, a 30% co-payment shall be applied to the

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				applicable rate specified in the “%Benefit/Tariff” column in respect of all subsequent visits to Family Practitioners, other than Nominated Network Family Practitioners, irrespective of whether such other Family Practitioners are on the GEMS Family Practitioner Network or not.
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C2	Screening Services Including: Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood,	100% of Scheme Rate.	Paid from Risk. All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • All subject to managed care protocols and processes. • Pap Smears include liquid based cytology and Hr-HPV DNA tests.

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	<p>Thyrotropin (TSH) for Neonatal Hypothyroidism and Mammogram, and other screenings according to evidence-based standard practice.</p> <div 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;">2024/06/14</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> • Infant Hearing Screening for Child Dependants under the age of one (1) year. • Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years. • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.
C3	<p>Preventative Care Services</p> <p>Includes all vaccinations.</p>	100% of Scheme Rate.	<p>Paid from Risk.</p> <p>Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	specifically provided for otherwise in this Annexure.	<p>130% of Scheme Rate for Network Specialists.</p> <p>200% of Scheme Rate for procedures specified by managed care, performed in Specialists' rooms instead of in hospital.</p> <p>200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.</p>		<ul style="list-style-type: none"> • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to referral by a Nominated Network Family Practitioner; alternatively, pre-authorisation required. • If no referral by a Nominated Network Family Practitioner, or no pre-authorisation, a 30% co-payment shall be applied to the applicable rate specified in the "%Benefit/Tariff" column.
C5	Dental Services	100% of Scheme Rate, subject to PMBs.		<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	1. Examinations. 2. Preventative treatment. 3. Conditions with pain and sepsis. 4. Fillings. 5. Clinically indicated dental services, including extractions. 6. Intra-oral radiography. 7. Extra-oral radiography. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		1 and 2: Two (2) treatment episodes per Beneficiary per annum. 3, 4, 5, 6 and 7: Two (2) events per Beneficiary per annum, which includes one (1) emergency Out-of-Network visit per Beneficiary per annum, provided that: <ul style="list-style-type: none"> ○ Panoramic X-rays are limited to one (1) per Beneficiary every three (3) years; ○ Bitewing X-rays are limited to four (4) 	1 and 2: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network. 3, 4, 5, 6, 7, 8, and 9: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network. In respect of Conservative and Restorative Dentistry: <ul style="list-style-type: none"> ○ Panoramic and Bitewing X-rays included. Dental services classified as conservative, restorative and specialised per tariff code. 4 and 5: Conscious Sedation: Only applicable to Beneficiaries:-

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>per Beneficiary per annum; and</p> <ul style="list-style-type: none"> o Cone Beam Computed Tomography (CBCT) scans are limited to one (1) per Beneficiary per lifetime for surgical procedures. 	<ul style="list-style-type: none"> o up to and including the age of nine (9) years; or o with severe trauma, subject to pre-authorisation and managed care protocols and processes.
	<div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>8. Clinically indicated root canal treatments.</p>		<p>8: Limited to one (1) root canal treatment per Beneficiary per annum, which includes one (1) emergency Out-of-Network visit per Beneficiary per annum, subject to PMBs.</p>	




NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	9. Plastic Dentures. 10. Periodontal Programme <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div> 11. Specialised Dentistry.	 11: 100% of cost, but subject to PMB legislation.	9: In accordance with the approved Scheme Tariff. 10: Paid from Risk, but limited to Periodontal Programme benefits. 11: Limited to PMBs. Refer to Annexure E (Exclusions and	 10: Subject to registration on Periodontal Programme, pre-authorisation, managed care protocols and processes, and use of Dental DSP/Network. If not registered on Periodontal Programme, no Periodontal benefit. 11: Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.



NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Limitations) of the GEMS Rules.	
C6	Prescribed Medication and Injection Material <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>			<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so. • Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL). • Subject to Annexure E (Exclusions and Limitations) of the GEMS Rules.
	1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Unlimited, save for the limit of R706 per family per annum for	1. Subject to the following: <ul style="list-style-type: none"> • Managed care protocols, Formulary and processes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>homeopathic medicine.</p> <p>Prescription by a dispensing Family Practitioner, dispensed by a DSP/Network Pharmacy: Limited to three (3) scripts of up to R242 each per Beneficiary per annum.</p>	<ul style="list-style-type: none"> • Prescription by a healthcare professional, legally entitled to do so. • Dispensed by a DSP/Network dispensing Family Practitioner or DSP/Network Pharmacy. • A 30% co-payment shall apply for: <ul style="list-style-type: none"> ○ voluntary use of Out-of-Formulary medicine; and ○ voluntary use of a non-DSP / Out-of-Network dispensing Family Practitioner or non-DSP / Out-of-Network pharmacy. • The dispensing fee is as per the contracted Network Pharmacy Rate.



NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>2. 100% of Scheme Rate, subject to PMBs.</p>	<p>2. Unlimited for PMB chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, but subject to PMB legislation and the following, which exceed PMB level of care:</p> <ul style="list-style-type: none"> Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to: 	<ul style="list-style-type: none"> Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a healthcare professional legally entitled to do so. Medicine for chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, subject to use of Chronic Medicine Pharmacy DSP, as provided for in Annexure G (Prescribed

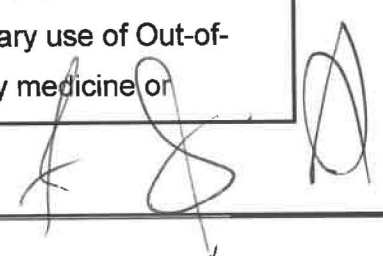
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<ul style="list-style-type: none"> o Limit of R27 078 per Beneficiary per annum for consumables (excluding devices, which are provided for under C16: Medical and Surgical Appliances and Prostheses); and o Limited to type one (1) diabetics aged below eighteen (18) years. <p>Limit of R4 234 per Beneficiary per annum for non-PMB chronic conditions</p>	<p>Minimum Benefits) of the GEMS Rules.</p> <ul style="list-style-type: none"> • A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of a non-Chronic Medicine Pharmacy DSP. • Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, shall be paid from limit for non-PMB chronic conditions listed in Annexure D of GEMS Rules; and once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation. However, consumables for Continuous Glucose Monitors (CGM) and Insulin Pumps for

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<p>listed in Annexure D of the GEMS Rules.</p> <p>No benefit for non-PMB chronic conditions not listed in Annexure D of the GEMS Rules.</p>	<p>type one (1) diabetics aged below eighteen (18) years shall not be paid from the aforementioned limit, but from the consumable limit for Continuous Glucose Monitors (CGM) and Insulin Pumps for type one (1) diabetics aged below eighteen (18) years only.</p>
	<div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>3. Self-Medication: Over-the-Counter (OTC) Medicine.</p>	3. 100% of Scheme Rate.	3. Limited to R115 per Beneficiary per event and R319 per Beneficiary per annum.	<p>3. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, Formulary and processes. • For minor ailments, dispensed by a Network Pharmacy or Network Family Practitioner. • A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine or



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	<div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>4. Female Contraceptives: Oral, insertables, injectables and dermal.</p>	4. 100% of Scheme Rate.	4. Limited to R3 592 per Beneficiary per annum.	<p>voluntary use of a non-Network Pharmacy or non-Network Family Practitioner.</p> <ul style="list-style-type: none"> Only SAHPRA-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit. <p>4. Subject to the following:</p> <ul style="list-style-type: none"> Managed care protocols, Formulary and processes.
C7	<p>Basic Radiology</p> <p>X-rays and soft tissue ultrasound scans.</p>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to referral by a Family Practitioner or Specialist, list of approved services specified in the GEMS Radiology Request Form, and managed care protocols and processes.

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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>			<ul style="list-style-type: none"> 2 x 2D ultrasound scans per pregnancy, provided for by C21: 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.
C8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> Annual hospital limit specified under B: In-Hospital Benefits; and Sub-limit of R9 677, or R14 515 if R9 677 sub-limit is exceeded with first CT/MRI scan, per Beneficiary per 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Network Family Practitioner Nomination and Specialist Referral Rules. Subject to Advanced Radiology pre-authorisation, managed care protocols and processes, and use of facility as per B1.

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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		annum shared between B8: Advanced Radiology and C8: Advanced Radiology.	<ul style="list-style-type: none"> Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
C9	Pathology and Medical Technology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Network Family Practitioner Nomination and Specialist Referral Rules. Subject to list of approved services, specified in the GEMS Pathology Clinical Request Form. Pathology pre-authorisation is required for certain tests, as stipulated on the managed

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				care Pathology Clinical Request Form.
C10	Optical Services Eye examinations, frames, lenses and contact lenses (permanent or disposable). <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate.	Limited to R1 452 per Beneficiary for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected Beneficiary following the end of such previous two (2) year period (if any) ended on 31 December ("Financial Cycle"). Limited to: <ul style="list-style-type: none"> One (1) eye examination per 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of GEMS Optical Network. Subject to Optical Managed Care protocols and processes. Optical benefit is not pro-rated, irrespective of date of Beneficiary registration. Includes tinted lenses, up to a tint of 35%, for Beneficiaries with albinism and proven photophobia, subject to pre-authorisation.

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			<p>set of permanent contact lenses,</p> <p>per Beneficiary per twenty-four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Optical Appliance Cycle").</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p> <p>Post-cataract surgery, Optical PMB</p>	

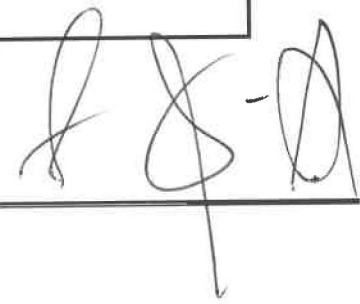
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2024/06/14

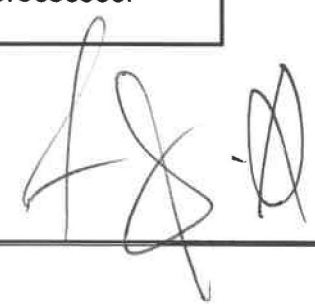
REGISTRAR OF MEDICAL SCHEMES



NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 667 for both lens and frame, with a sublimit of R280 for the frame.	
C11	Allied Health Services Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limit of R1 936 per family, and R1 210 per Beneficiary, per annum, shared between C11: Allied Health Services, C12: Other Professional Health Services, C13: Physiotherapy, and C14: Audiology, Occupational Therapy and Speech Therapy.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.



NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C12	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
C13	Physiotherapy <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
C14	Audiology, Occupational Therapy and Speech Therapy	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.



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C15	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R6 734 per Beneficiary per event, utilised within 60 days of surgery.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and managed care protocols and processes.
<div 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;">2024/06/14</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>				
C16	Medical and Surgical Appliances and Prostheses Includes Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics, .	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:	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Diabetic accessories and appliances, other than Glucometers, Continuous

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	External Prostheses, Compression Stockings, Continuous Glucose Monitors (CGM) and Insulin Pumps. Applicable In- and Out-of- Hospital.		<ul style="list-style-type: none"> • Limit of R8 376 per family per annum; and • Shared sub-limits with B14: Prostheses of: <ul style="list-style-type: none"> ◦ R5 893 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 684 per Beneficiary per annum for orthotic shoes, foot/shoe/ankle inserts and levelers; 	<p>Glucose Monitors (CGM) and Insulin Pumps, to be pre-authorised and claimed from the chronic medication benefit (C6.2).</p> <ul style="list-style-type: none"> • Foot orthotics and prosthetics, subject to Formulary and managed care protocols and processes. • The Scheme has the right to obtain competitive quotes.

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES



NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<ul style="list-style-type: none"> o R670 for crutches per Beneficiary per annum; o One (1) wheelchair of up to R7 377 per Beneficiary every twenty-four (24) months of month of receipt of wheelchair; o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R6 036 per hearing aid per Beneficiary every thirty-six (36) months of month of 	

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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			<p>receipt of hearing aid(s);</p> <ul style="list-style-type: none"> One (1) CPAP device of up to R8 376 per Beneficiary every thirty-six (36) months of month of receipt of device; Three (3) pairs of compression stockings of up to R558 per pair per Beneficiary per annum; One (1) Pulse Oximeter of up to R446 per Family per annum; and 	

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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			<ul style="list-style-type: none"> One (1) knee and one (1) back brace of up to R3 345 per brace per Beneficiary per annum. <p>Continuous Glucose Monitors (CGM) and Insulin Pumps: Subject to:</p> <ul style="list-style-type: none"> Limit of R56 913 per family per annum for devices (excluding consumables, which are provided for in the chronic medication benefit (C6.2)); 	

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<ul style="list-style-type: none"> Sub-limit of one (1) device per Beneficiary every sixty (60) months of month of receipt of device; and Limited to type one (1) diabetics aged below eighteen (18) years. 	
<div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0;">2024/06/14</p> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>				
C17	Renal Dialysis Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Renal Dialysis pre-authorisation and managed care protocols and processes. Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30%

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/06/14 <hr style="border-top: 1px dashed red;"/> REGISTRAR OF MEDICAL SCHEMES </div>			per event shall apply in accordance with Network rules. <ul style="list-style-type: none"> Includes materials and related pathology tests.
C18	HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Pre-exposure prophylaxis included for high risk Beneficiaries, subject to managed care protocols and processes.
C19	Mental Health Consultations, assessments, treatment and counselling by	100% of Scheme Rate, subject to PMBs.	Subject to:	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	Family Practitioners, Psychiatrists and Psychologists.		<ul style="list-style-type: none"> Limit of R6 048 per Beneficiary per annum; Shared sub-limit with B18: Mental Health of R2 752 per family per annum for services by Educational and Industrial Psychologists; and Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day. 	<ul style="list-style-type: none"> Subject to managed care protocols and processes. Subject to Network Family Practitioner Nomination and Specialist Referral Rules. Services by Family Practitioners: Subject to nomination and use of a Network Family Practitioner; failing which, a 30% co-payment shall apply. Services by Psychiatrists and Psychologists: Subject to referral by a Nominated Network Family Practitioner, or pre-authorisation; failing which, a 30% co-payment shall apply.

REGISTERED BY ME ON

2024/06/14

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>			<ul style="list-style-type: none"> If Out-of-Hospital treatment is offered as an alternative to hospitalisation, In-Hospital benefits (B1) shall apply.
C20	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation of facility and service(s), managed care protocols and processes, and use of a DSP (i.e. State or Network) facility; failing which, the Scheme shall not be liable to fund the first R15 000 of the other facility's bill.
C21	Maternity Programme Ante- and post-natal care.	100% of Scheme Rate, but subject to	Paid from Risk, but limited to Maternity Programme Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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		Maternity Programme Protocols.		<ul style="list-style-type: none"> • Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C21: Maternity Programme) shall apply. • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols. ○ 2 x 2D ultrasound scans per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan

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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>			<p>shall be funded up to the cost of a 2D scan.</p> <ul style="list-style-type: none"> Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C22	Emergency Assistance (Road and Air)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of Emergency Medical Services DSP, and managed care protocols and processes.
C23	Circumcision	100% of Scheme Rate.	Limited to global fee of R1 906 per Beneficiary per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation of facility and services, managed care protocols and processes.

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	<div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>and use of DSP / Nominated Network Family Practitioner.</p> <ul style="list-style-type: none"> • Limit applies to: <ul style="list-style-type: none"> ○ All related costs, e.g. consultations, medication etc.; and ○ All post-op care within a month of procedure. • In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or practitioners' rooms.
C24	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to registration on Chronic Back and Neck Rehabilitation Programme,

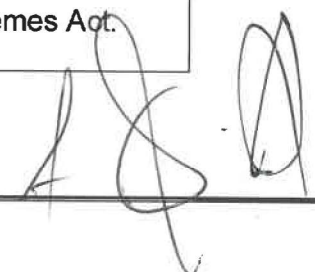
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<p>and managed care protocols and processes.</p> <ul style="list-style-type: none"> Out-of-Hospital benefits (excluding this benefit C24: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.

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2024/06/14

REGISTRAR OF MEDICAL SCHEMES

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	REGISTERED BY ME ON	
PMB	Prescribed Minimum Benefit	2024/06/14	
SEP	Single Exit Price	REGISTRAR OF MEDICAL SCHEMES	
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.

