

REGISTERED BY ME ON

2024/06/14

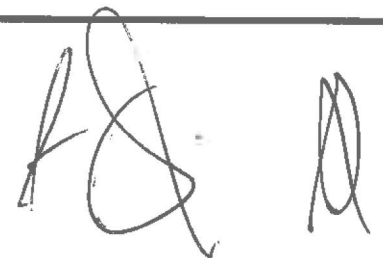
REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C 2024

RUBY

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

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



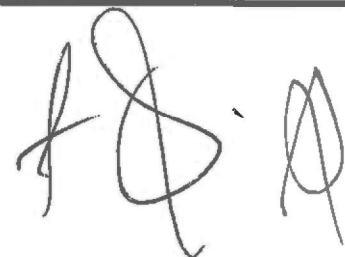
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
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B	IN-HOSPITAL BENEFITS		No overall limit. Sub-limits as provided for.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Hospital authorisation for admission to a Private facility must be obtained

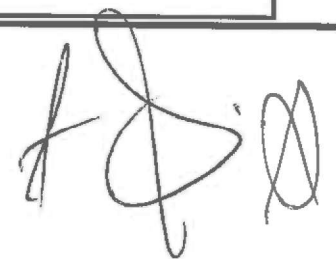
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	1. Accommodation in a general ward, high care ward and intensive care unit. 2. Theatre fees. 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)). 4. Neonatal care.		<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>	<p>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.</p> <ul style="list-style-type: none"> 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

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B2	Maternity Hospital, home birth or registered birthing unit. <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 cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply.



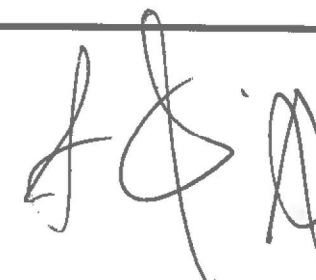
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				pregnancies, subject to pre-authorisation.
B3	Family Practitioner Services Consultations and visits. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners.	Unlimited. Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B4	Specialist Services Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Unlimited. Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B5	Surgical Procedures	100% of Scheme Rate. 200% of Scheme Rate for procedures	Unlimited. Refer to Annexure E (Exclusions and	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

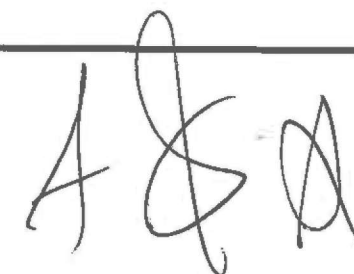
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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>	specified by managed care, performed in practitioners' rooms instead of in hospital.	Limitations) of GEMS Rules.	<ul style="list-style-type: none"> Subject to hospital pre-authorisation and managed care protocols and processes. Includes: <ul style="list-style-type: none"> Hospital procedures performed in practitioners' rooms, as approved by the Scheme; Maxillofacial Surgery; and Surgical removal of impacted teeth (In-Hospital and Out-of-Hospital).

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B6	Dentistry Conservative, Restorative and Specialised Dentistry. Surgical Procedures. <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.	Professional fees, subject to shared limits with C6: Dental Services. Hospital cost included in hospital benefit (B1). Dental Sealants: Excluded under B6: Dentistry and C6: Dental Services, but included under C20: Preventative Care Services for Beneficiaries under 18 years of age. 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 Day Theatres. • 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.



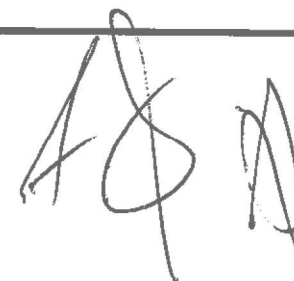
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B7	Basic Radiology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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				<ul style="list-style-type: none"> Subject to managed care protocols and processes.
B8	Advanced Radiology <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/06/14</p> <p style="text-align: center; color: red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Shared limit with C9: Advanced Radiology of R28 388 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Subject to Advanced Radiology authorisation (in addition to hospital pre-authorisation) for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.



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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.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis.
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 managed care protocols and processes. • Includes cost of blood, blood equivalents, blood products and the transport thereof. • Includes erythropoietin.

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B11	Physiotherapy <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/06/14</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Limited to R6 380 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 Surgery Physiotherapy	100% of Scheme Rate.	Limited to ten (10) post-surgery physiotherapy visits (shared with C16: 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 and managed care protocols and processes.



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			utilised within sixty (60) days of surgery.	
B13	Organ and Tissue Transplants Includes materials. <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.	Limit of R788 624 per Beneficiary per annum. Sub-limit of R26 770 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).	<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.

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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"> Organ harvesting is limited to the Republic of South Africa, except in the case of cornea grafts.
B14	Prostheses 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: <ul style="list-style-type: none"> Shared limit with C17: Medical and Surgical Appliances and Prostheses of R53 663 per family per annum for Medical and Surgical Appliances and Prostheses generally, plus R53 663 per family per annum for Joint Revisions only; and 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Scheme may obtain competitive quotes or arrange supply of prosthesis. Bone cement paid from B1, subject to hospital pre-authorisation.

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

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B16	Renal Dialysis In-Hospital	100% of Scheme Rate, subject to PMBs.	<p>Limit of R337 974 per Beneficiary per annum for chronic dialysis.</p> <p>Acute dialysis included in B1.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to 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

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B17	Oncology (Chemo and Radiotherapy) In- and Out-of-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R425 863 per family per annum. Sub-limit of R321 895 per family for biological and similar specialised medicines.	<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).

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B18	Mental Health Accommodation, theatre fees, medicine, hospital equipment and professional fees of Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> Limit of R23 658 per family per annum; Shared sub-limit with C22: Mental Health of R2 752 per family per annum for services 	<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.

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B19	Alternatives to Hospitalisation 1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing.	1. 100% of Scheme Rate, but subject to PMBs.	1. 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.

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	2. Hospice <div style="border: 1px solid red; padding: 5px; margin: 10px 0; text-align: center;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	2. 100% of cost, but subject to PMB legislation.	2. Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> Includes home nursing, but subject to managed care protocols and processes. Excludes Frail Care and recuperative holidays. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.
B20	Medical Technologists	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and case management. Includes materials.

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B21	Breast Reductions	No benefit.	No benefit, unless PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B22	Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs. <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	Limited to PMSA and Block Benefit, subject 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, and services being related to admission diagnosis.
B23	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject 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, and services being related to admission diagnosis.

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B24	Alcohol and Drug Dependencies <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>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of GEMS Rules.
C	OUT-OF-HOSPITAL BENEFITS			
C1	Personal Medical Savings Account (PMSA)	100% of Scheme Rate.	Fixed at 20% of the total gross contribution made in respect of a Member during the financial year.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Excludes PMB claims. Benefit is pro-rated from the date of admission of

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C2	Block Benefit	100% of Scheme Rate.	R2 877 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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C3	Family Practitioner Services 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. 130% of Scheme Rate for Network Family Practitioners. Reimbursement at 200% of Scheme Rate for procedures specified by managed	Limited to PMSA and Block Benefit, subject to PMBs.	<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.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
		care, performed in practitioners' rooms instead of in hospital.		<ul style="list-style-type: none"> Limit is pro-rated from date of admission of Member to end of financial year.
C4	Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme <div data-bbox="813 700 1187 930" data-label="Text"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	Payable from Risk. One (1) additional Family Practitioner consultation at a DSP/Network provider, once PMSA and Block Benefit is exhausted.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). The additional Family Practitioner consultation at a DSP/Network provider is subject to pre-authorisation and managed care protocols and processes.
C5	Specialist Services Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.	100% of Scheme Rate for non-Network Specialists.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>	<p>130% of Scheme Rate for Network Specialists.</p> <p>200% of Scheme Rate for procedures specified by managed care, performed in practitioners' rooms instead of in hospital.</p> <p>200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms.</p>		<ul style="list-style-type: none"> Limit is pro-rated from date of admission of Member to end of financial year. Subject to Family Practitioner referral, and managed care protocols and processes.
C6	Dental Services	100% of Scheme Rate.	Shared limit with B6: Dentistry of R4 292 per	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

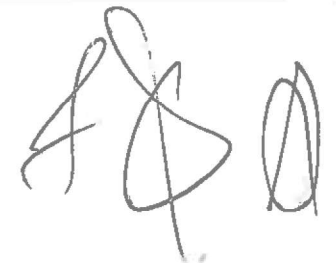
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>Conservative and Restorative Dentistry (include Plastic Dentures);</p> <p>Special Dentistry (includes Metal Base Partial Dentures); and</p> <p>Surgical Procedures.</p> <div style="border: 1px solid red; padding: 5px; 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>Beneficiary per annum, provided that:</p> <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 six (6) per Beneficiary per annum; ○ Periapical X-rays are limited to ten (10) per Beneficiary per annum; and ○ Cone Beam Computed Tomography 	<ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Conscious Sedation: Only applicable to Beneficiaries:- <ul style="list-style-type: none"> ○ up to and including the age of nine (9) years; or ○ with severe trauma, subject to pre-authorisation and managed care protocols and processes. • In respect of Conservative and Restorative Dentistry: <ul style="list-style-type: none"> ○ Panoramic, Bitewing and Periapical X-rays included. • In respect of Special Dentistry:

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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>		<p>(CBCT) scans are limited to one (1) per Beneficiary per lifetime for surgical procedures.</p> <p>Dental Sealants: Excluded under B6: Dentistry and C6: Dental Services, but included under C20: Preventative Care Services for Beneficiaries under 18 years of age.</p> <p>Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.</p>	<ul style="list-style-type: none"> No pre-authorisation required for metal-base dentures. Implant crowns, bridges, and dentures, subject to pre-authorisation. Dental services classified as conservative, restorative and specialised per tariff code.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C7	Prescribed Medication and Injection Material <div style="border: 1px solid red; padding: 5px; margin: 10px 0; text-align: center;"> 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 the Medicine Price List (MPL) and Medicine Exclusion List (MEL). Subject to Annexure E (Exclusions and Limitations) of GEMS Rules.
	1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Subject to PMSA and a 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: 10px 0;"> <p style="color: red; text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0;">2024/06/14</p> <p style="color: red; text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules.</p>	2. 100% of Scheme Rate, but subject to PMB legislation.	<p>homeopathic medicine.</p> <p>2. Unlimited, 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 	<ul style="list-style-type: none"> Prescription by a healthcare professional, legally entitled to do so. A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine, where Formulary exists. 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.



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>		<p>Insulin Pumps:</p> <p>Subject to:</p> <ul style="list-style-type: none"> Limit of R27 078 per Beneficiary per annum for consumables (excluding devices, which are provided for under C17: Medical and Surgical Appliances and Prostheses); and Limited to type one (1) diabetics aged below eighteen (18) years. 	<ul style="list-style-type: none"> 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 Minimum Benefits) of the GEMS Rules. A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of a non-Chronic Medicine Pharmacy DSP.

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	3. Self-Medication: Over-the-Counter (OTC) Medicine. <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2024/06/14 REGISTRAR OF MEDICAL SCHEMES </div>	3. 100% of Scheme Rate.	3. Subject to PMSA and limited to R240 per Beneficiary per event.	3. Subject to the following: <ul style="list-style-type: none"> Managed care protocols, Formulary and processes. Only SAHPRA-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit.
	4. Prescribed medication from hospital stay (TTO)	4. 100% of Scheme Rate.	4. Subject to PMSA. Payable from Risk, once PMSA is depleted.	4. Subject to the following: <ul style="list-style-type: none"> TTO limited to seven (7) days.
C8	Basic Radiology X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Subject to PMSA.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>			<ul style="list-style-type: none"> Includes 2 x 2D ultrasound scans per pregnancy provided for by C24: Maternity. 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.
C9	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R28 388 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Advanced Radiology pre-authorisation, managed care protocols and processes. Specific authorisation is required for Angiography,

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
C10	Pathology and Medical Technology <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 PMSA and Block Benefit, subject 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. • Includes liquid-based cytology and Hr-HPV DNA pap smears.
C11	Optical Services 1. Eye examinations;	100% of Scheme Rate.	Limited to PMSA and Block Benefit, subject to PMBs. Limited to one (1) eye examination per	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>2. Frames, lenses and contact lenses (permanent and disposable); and</p> <p>3. Refractive eye surgery.</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>Beneficiary per Financial Year, starting on 01 January and ending on 31 December of the same year.</p> <p>Either spectacles or contact lenses shall be funded in a Financial Year, not both.</p> <p>Frame sub-limit of R1 564 per Beneficiary shall apply.</p> <p>Post-cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 667 for</p>	<ul style="list-style-type: none"> • Subject to Optical Managed Care protocols and processes. • Optical benefit is not pro-rated, irrespective of date of Beneficiary registration. • Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation. • Excludes variable tint and photochromic lenses. • Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			both lens and frame with a sublimit of R280 for the frame.	
C12	Allied Health Services Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C13	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C14	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, 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
C15	Audiology, Occupational Therapy and Speech Therapy	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C16	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy <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>	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R6 734 per Beneficiary per event, utilised within sixty (60) days of surgery.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation, managed care protocols and processes.
C17	Medical and Surgical Appliances and Prostheses Includes Hearing Aids, Wheelchairs, Mobility Scooters,	100% of Scheme Rate, subject to PMBs.	All medical and surgical appliances and prostheses (save for Continuous Glucose	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<p>Oxygen Cylinders, Pulse Oximeters, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics, External Prostheses, Compression Stockings, Continuous Glucose Monitors (CGM) and Insulin Pumps.</p> <p>Applicable to In- and Out-of-Hospital.</p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/06/14</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Monitors (CGM) and Insulin Pumps): Subject to:</p> <ul style="list-style-type: none"> Shared limit with B14: Prostheses of R53 663 per family per annum for Medical and Surgical Appliances and Prostheses generally; and Sub-limit for C17: Medical and Surgical Appliances and Prosthesis of R20 938 per family per annum, with further, shared sub- 	<ul style="list-style-type: none"> Subject to managed care protocols and processes. Diabetic accessories and appliances, other than Glucometers, Continuous Glucose Monitors (CGM) and Insulin Pumps, to be pre-authorized and claimed from the chronic medication benefit (C7.2). Foot orthotics and prosthetics, subject to Formulary, managed care protocols and processes. The Scheme has the right to obtain competitive quotes.

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>		<p>limits with B14: Prostheses of:</p> <ul style="list-style-type: none"> o 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; o R670 for crutches per Beneficiary per annum; o One (1) wheelchair of up to R7 377 per 	

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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>Beneficiary every 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 R10 729 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 	

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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>R12 742 per Beneficiary every thirty-six (36) 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 	

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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>brace per Beneficiary per annum.</p> <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 (C7.2)); • Sub-limit of one (1) device per Beneficiary every 	

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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>		<p>sixty (60) months of month of receipt of device;</p> <ul style="list-style-type: none"> Limited to type one (1) diabetics aged below eighteen (18) years. 	
C18	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, 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>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>			<p>per event shall apply in accordance with Network rules.</p> <ul style="list-style-type: none"> Includes materials and related pathology tests.
C19	Screening Services Including: Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism, Mammogram, and other screenings according to	100% of Scheme Rate.	Payable from Risk. All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). All subject to managed care protocols and processes. Pap Smears include liquid-based cytology and Hr-HPV DNA tests. Infant Hearing Screening for Child Dependents under the age of one (1) year.

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	<p>evidence-based standard practice.</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>			<ul style="list-style-type: none"> 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.
C20	<p>Preventative Care Services</p> <p>Includes:</p> <ol style="list-style-type: none"> All Vaccinations; Dental Sealants; and Dental Polishing. 	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.

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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five (5) years for Beneficiaries at risk in accordance with managed care protocols.</p> <p>HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime.</p> <p>Other Vaccinations: Limited to R908 per Beneficiary per annum.</p> <p>Dental Sealants: Limited to Beneficiaries</p>	<ul style="list-style-type: none"> Includes preventative care services, i.e. vaccinations, provided in pharmacies.

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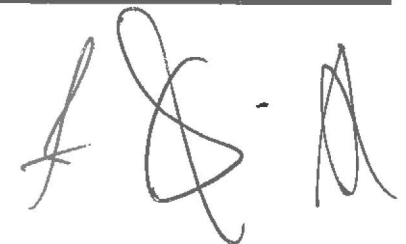
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>under 18 years of age, and subject to use of a Network provider.</p> <p>Dental Polishing: Limited to Beneficiaries between the ages of three (3) and nine (9) years (both inclusive). Service may be rendered by a Network or Non-Network provider.</p>	
C21	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.

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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>			<ul style="list-style-type: none"> Includes one (1) consultation for diagnosis and initial counselling. Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.
C22	Mental Health Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.	100% of cost, but subject to PMB legislation.	Limited to PMSA. Shared sub-limit with B18: Mental Health of R2 752 per family per annum for services by Educational and Industrial Psychologists.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. If Out-of-Hospital treatment is offered as an alternative to hospitalisation, In-Hospital benefits (B1) shall apply.

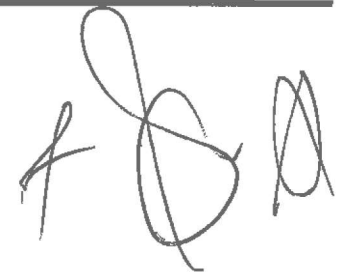
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		Limited to one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.	
C23	Infertility	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.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C24	Maternity Programme Ante- and post-natal care. <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>	100% of Scheme Rate, subject to Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C24: Maternity) shall apply. • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols. ○ 2 x 2D ultrasound scans per pregnancy. Alternatively,



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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>			<p>should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.</p> <ul style="list-style-type: none"> Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C25	Female Contraceptives Oral, insertables, injectables and dermal.	100% of Scheme Rate.	Limited to PMSA.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols, formulary and processes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C26	Emergency Assistance (Road and Air) <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 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.
C27	Circumcision	100% Scheme Rate.	Global fee of R 1 906 per Beneficiary.	<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, and managed care protocols and processes. • Limit applies to:



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>			<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.
C28	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
	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>			<p>and managed care protocols and processes.</p> <ul style="list-style-type: none"> Out-of-Hospital benefits (excluding this benefit C28: 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	<div>REGISTERED BY ME ON</div> <div>2024/06/14</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>	
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.