


**ANNEXURE C 2018**

**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	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"> <li>As provided for in Annexure G of the Rules.</li> <li>This rule supersedes all other benefit provisions in this Annexure.</li> </ul>
B	IN-HOSPITAL BENEFITS		No overall limit. Sub-limits as provided for.	
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>Open network.</li> <li>Authorisation shall be obtained from the Scheme's</li> </ul>

  
 REGISTERED BY MEON  
 2018-11-13  
 REGISTRAR OF MEDICAL SOCIETIES

Ruby 2018

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**Facilities**


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)
4. Neonatal care




managed care service provider at least 48 hours before a beneficiary is admitted to a hospital or day clinic (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 for an emergency medical condition the Scheme shall be notified of such admission within one working day after the admission failing which a co-payment of R1 000 per admission shall apply.
- Accommodation in a private ward is subject to motivation by attending practitioner and

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<p>Scheme's managed care protocols.</p> <ul style="list-style-type: none"> <li>All in-hospital treatment and services are subject to pre-authorisation (inclusive of non-PMB one-day admissions), managed care protocols and processes.</li> </ul>			
<ul style="list-style-type: none"> <li>Subject to registration on the Scheme's Maternity Management Programme prior to admission.</li> <li>Authorisation shall be obtained from the Scheme's designated agent at least 48 hours before a beneficiary is admitted to a hospital (except in the event of an emergency medical condition) failing</li> </ul>	<p>Unlimited, but subject to PMB legislation.</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p><b>B2 Maternity Benefits (including midwife)</b> Hospital, home birth or registered birthing unit.</p> 

				<p>which a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> <li>• In the event of an admission for an emergency medical condition the Scheme shall be notified of such admission within one working day after the admission failing which a co-payment of R1 000 per admission shall apply.</li> <li>• Elective Caesarian Sections may be subjected to second opinion and managed care protocols.</li> <li>• Refer to managed care protocols and processes.</li> <li>• Subject to PMBs.</li> </ul>
<b>B3</b>	<b>Family Practitioner Services</b>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>• Reimbursement rate applicable to both caesarian</li> </ul>



	Consultations and visits		Reimbursement according to Scheme approved tariff file.	delivery and non-caesarian delivery.
<b>B4</b>	<b>Specialist Services</b> Consultations and visits	100% of Scheme Rate for non-network specialists. 130% of Scheme Rate for established Network Specialists.	Unlimited Reimbursement according to Scheme approved tariff file.	
<b>B5</b>	<b>Surgical Procedures</b> <b>(Including Maxillo - Facial Surgery)</b> 	100% of Scheme Rate.	Unlimited. Refer to Annexure 'E'.	<ul style="list-style-type: none"> <li>• Subject to pre-authorization and the Scheme's managed care protocols and processes.</li> <li>• Includes hospital procedures performed in the practitioner's rooms as approved by the Scheme.</li> <li>• Excludes Osseo-integrated Implants, all implant-related</li> </ul>



				hospital, is subject to pre- authorisation and managed care protocols and processes.
				<ul style="list-style-type: none"> <li>Excludes Osseo-integrated Implants, all implant-related procedures and Orthognatic Surgery.</li> <li>Services classified as conservative, restorative and specialised per tariff code.</li> </ul>
<b>B7</b>	<b>Basic Radiology</b>	100% of Scheme Rate.	Unlimited.	Managed care rules apply.
<b>B8</b>	<b>Advanced Radiology</b>	100% of Scheme Rate, subject to PMBs.	Shared limit with out-of-hospital advanced radiology benefit (C9) of R21 166 per family per annum, subject to PMBs.	<ul style="list-style-type: none"> <li>Specific authorisation (in addition to hospital pre- authorisation) is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and</li> </ul>


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				<p>Radio-isotope studies.</p> <ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> </ul>
<b>B9</b>	<b>Pathology</b>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>• Subject to pathology tests being related to admission diagnosis</li> <li>• Managed care rules apply.</li> </ul>
<b>B10</b>	<b>Blood Transfusions</b>	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation, managed care protocols and processes.</li> <li>• Includes cost of blood, blood equivalents, blood products and the transport thereof.</li> <li>• Includes erythropoietin.</li> </ul>
<b>B11</b>	<b>Physiotherapy</b>	100% of Scheme Rate, subject to PMBs.	Limited to R4 757 per beneficiary per annum, subject to PMBs.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> </ul>


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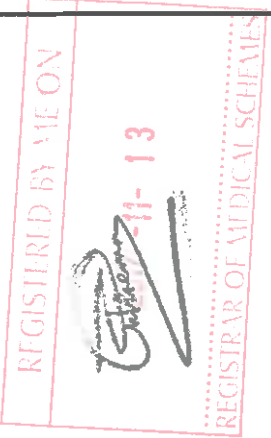


<p><b>B12</b></p>	<p><b>Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy</b></p>	<p>100% of Scheme Rate.</p>	<p>10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R5 021 per beneficiary per event utilised within 60 days of surgery.</p>	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> </ul>
<p><b>B13</b></p>	<p><b>Organ and Tissue Transplants</b></p> <p>Includes materials</p> 	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limit of R587 996 per beneficiary per annum. Sub-limit of R19 960 per beneficiary per annum for corneal grafts (imported corneal grafts subject to managed care protocols.). Subject to PMBs.</p>	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation, clinical guidelines used in public facilities and use of facility as per (B1).</li> <li>• Limit includes all costs associated with the transplant including immunosuppressants.</li> <li>• Authorised erythropoietin is included in limits listed in (B10).</li> </ul>


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				<ul style="list-style-type: none"> <li>• Organ harvesting is limited to the Republic of South Africa, except in the case of cornea grafts.</li> </ul>
<p><b>B14</b></p>	<p><b>Prostheses</b> The benefit covers prostheses and internal devices (surgically implanted), including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices.</p> 	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Shared limit with medical and surgical appliances and external prostheses benefit (C17) of R40 010 per family per annum. Shared sub-limits with out-of-hospital prosthetics and appliances:</p> <ul style="list-style-type: none"> <li>• R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Scheme may obtain competitive quotes or arrange supply of prosthesis.</li> <li>• Bone cement paid from In-Hospital benefit subject to pre-authorization.</li> <li>• Foot orthotics and prosthetics subject to formulary and managed care protocols and processes.</li> <li>• Subject to internal and external devices being related to admission diagnosis and</li> </ul>

			<p>procedure.</p>
<p>for orthotic shoes, foot inserts and levelers per beneficiary per annum;</p> <ul style="list-style-type: none"> <li>• R500 for crutches per beneficiary per annum;</li> <li>• R5 500 for wheelchairs per beneficiary per annum; and</li> <li>• R8 000 per hearing aid per beneficiary per annum.</li> </ul> <p>Subject to PMBs.</p>		<p>Subject to use of facility as per (B1) or other registered</p>	
<p><b>B15 Emergency Services (Casualty Department)</b></p>	<p>100% of cost, but subject to PMB</p>		<p>Subject to use of facility as per (B1) or other registered</p>

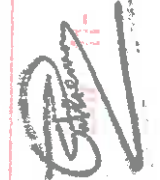


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		<p>legislation. Refer to Annexure G.</p>	<p>the rules.)</p>	<p>emergency facility.</p> <ul style="list-style-type: none"> <li>• Subject to authorisation and managed care protocols and processes.</li> <li>• Cost to be defrayed from C.3 for non-PMB and unauthorized events.</li> </ul>
<p><b>B16 Renal Dialysis</b> In -hospital. Includes materials and related pathology tests.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limit of R251 993 per beneficiary per annum for chronic dialysis. Acute dialysis included in hospital benefit (B1). Subject to PMBs.</p>	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> <li>• Subject to use of facility as per (B1) and clinical guidelines used in public facilities.</li> <li>• Includes cost of pathology, radiology, medical technologists, material and immunosuppressants.</li> </ul>	

				<ul style="list-style-type: none"> <li>Erythropoietin included in blood transfusion benefit (B10).</li> <li>Pathology and radiology tests subject to managed care protocols.</li> </ul>
<b>B17</b>	<b>Oncology (Chemo and Radiotherapy)</b> In and out-of-hospital and includes medicine and materials <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY AIE ON    11-13  REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Limit of R317 522 per family per annum. Sub-limit of R240 004 per family for biological and similar specialised medicines. Subject to PMBs.	<ul style="list-style-type: none"> <li>Subject to pre-authorisation and managed care protocols and processes.</li> <li>Subject to Medicine Price List (MPL).</li> <li>Subject to use of facility as per (B1) or a registered alternative.</li> <li>includes cost of pathology, related radiology above/advanced radiology benefit, medical technologists</li> </ul>




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<p><b>B18</b></p>	<p><b>Mental Health:</b> Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and Psychologists.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<ul style="list-style-type: none"> <li>Subject to pre-authorization and managed care protocols and processes.</li> <li>Subject to the use of facility as per (B1) or a registered alternative.</li> </ul>
		<p>All of the following limits are subject to PMBs: Limit of R17 639 per family per annum. Limited to one</p>	




			<p>individual psychologist consultation and one group psychologist consultation per day.</p>	<ul style="list-style-type: none"> <li>• Maximum of 3 days hospitalisation by a Family Practitioner.</li> <li>• Psychologist services are subject to the exclusion of educational and industrial psychologist services.</li> </ul>
<p><b>B19</b></p> <p><b>Alternatives to Hospitalisation</b></p> <p>Sub-acute Hospitals and Private Nursing</p> <p>Hospice</p>	<p>100% of Scheme Rate.</p> <p>100% of cost, but subject to PMB legislation.</p>	<p>Unlimited.</p> <p>Unlimited, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> <li>• Includes physical rehabilitation for approved conditions.</li> <li>• Includes home nursing.</li> <li>• Excludes Frail Care and recuperative holidays.</li> </ul>	
<p><b>B20</b></p> <p><b>Medical Technologists</b></p>	<p>100% of Scheme Rate.</p>	<p>Unlimited.</p>	<ul style="list-style-type: none"> <li>• Subject to event pre-authorisation and case</li> </ul>	



					management.
B21	<b>Breast Reductions</b>			No benefit, unless PMBs.	
B22	<b>Allied Health Services:</b> Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, 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"> <li>• Consultations at Scheme Rate.</li> <li>• Subject to managed care protocols and processes.</li> <li>• Subject to services being related to admission diagnosis.</li> </ul>
B23	<b>Alcohol and Drug Dependencies</b>	100% of cost, but subject to PMB legislation.		Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation, managed care protocols.</li> </ul>
<b>C</b>	<b>OUT-OF-HOSPITAL BENEFITS</b>				
C1	<b>Personal Medical Savings Account (PMSA)</b>	100% of Scheme Rate.		Fixed at 20% of the total gross contribution made in respect of a	<ul style="list-style-type: none"> <li>• Excludes PMB claims.</li> <li>• Claims paid in accordance with benefits listed in (C3) to</li> </ul>







				Member during the financial year.	(C23) and Annexure F.
C2	<p><b>Block Benefit</b></p> 	100% of Scheme Rate.	R1 671 per family per annum.	<ul style="list-style-type: none"> <li>Benefit is pro-rated from the date of admission of member to end of financial year.</li> <li>Claims are paid against this benefit once the PMSA limit has been reached.</li> <li>Benefit is pro-rated from the date of admission of member and dependants to end of financial year.</li> </ul>	
C3	<p><b>Family Practitioner Services:</b></p> <p>Consultations, visits and all other services not specifically provided for otherwise in this Annexure.</p>	<p>100% of Scheme Rate.</p> <p>Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in</p>	Limited to PMSA and Block Benefit.	<ul style="list-style-type: none"> <li>Limit is pro-rated from date of admission of member and dependants to end of financial year.</li> <li>Subject to managed care protocols and processes.</li> </ul>	



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<b>C4</b>	<b>Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme</b>	Payable from risk.	One additional FP consultation at a DSP/ Network provider once PMSA and Block Benefit is exhausted.	<ul style="list-style-type: none"> <li>The additional FP consultation at a DSP/ Network provider subject to pre-authorisation and managed care protocols and processes.</li> </ul>
<b>C5</b>	<b>Specialist Services:</b> Consultations, visits and all other services not specifically provided for otherwise in this Annexure.	<p>100% of Scheme Rate for non-network providers</p> <p>130% of Scheme Rate for Network Specialists.</p> <p>Reimbursement at 200% of Scheme Rate for cataract procedures performed by Ophthalmologists in</p>	Limited to PMSA and Block Benefit.	<ul style="list-style-type: none"> <li>Limit is pro-rated from date of admission of member and dependants to end of financial year.</li> <li>Subject to family practitioner referral and managed care protocols and processes.</li> </ul>

		<p>their rooms.</p> <p>Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital.</p>		
<b>C6</b>	<p><b>Dental Services</b></p> <p>1. Conservative and Restorative Dentistry: Include plastic dentures</p> <p>2. Special Dentistry: Include metal base partial dentures</p>	<p>100% of Scheme Rate.</p> <p>200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctor's rooms.</p>	<p>Shared limit with in-hospital dentistry (B6) of R3 200 per beneficiary per annum.</p> <p>Panoramic x-rays limited to one x-ray every three years per beneficiary.</p> <p>Refer to Annexure 'E'.</p>	<ul style="list-style-type: none"> <li>• General anesthesia and conscious sedation for dentistry subject to pre-authorization and managed care protocols and processes. Only applicable to beneficiaries under the age of 8 years, severe trauma and impacted third molars.</li> <li>• No pre-authorization required for metal base dentures.</li> </ul>

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		<ul style="list-style-type: none"> <li>• Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme and pre-authorisation.</li> <li>• Panoramic x-rays included.</li> <li>• 4 bitewing x-rays per beneficiary per year included</li> <li>• Fluoride treatment excluded for beneficiaries older than 16 years</li> <li>• Excludes Osseo-integrated Implants, all implant-related procedures and Orthognatic Surgery. Dental services classified as conservative, restorative and specialised per tariff code.</li> </ul>
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C7	<p><b>Prescribed Medication and Injection Material</b></p>	<p>1. Acute Medical Conditions</p> <div data-bbox="742 1388 981 1825" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY PHARMON</p> <p style="text-align: center; margin: 0;"><i>[Signature]</i> 13</p> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>1. 100% of Scheme Rate.</p>	<p>1. Subject to PMSA and a limit of R527 per family per annum for homeopathic medicine</p>	<ul style="list-style-type: none"> <li>• Prescribed and administered by a professional legally entitled to do so.</li> <li>• Subject to a Medicine Price List (MPL) and Medicine Exclusion List (MEL).</li> </ul>
		<p>2. Chronic Medical Conditions: CDL and DTP PMB chronic conditions and conditions</p>	<p>2. 100% of cost, but subject to PMB legislation.</p>	<p>2. Unlimited for CDL and DTP PMB Conditions and</p>	<ul style="list-style-type: none"> <li>• Subject to prior application and approval and use of chronic medicine pharmacy</li> </ul>

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<p>listed in Annexure D</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red;">REGISTERED BY TEL ON</p> <p style="text-align: center; color: red;">2023/113</p> <p style="text-align: center; color: red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>3. Self –Medication Over-the-counter (OTC) medicine</p> <p>4. Prescribed medication from hospital stay (TTO)</p>	<p>3. 100% of Scheme Rate.</p> <p>4. 100% of Scheme Rate.</p>	<p>conditions listed in Annexure D. All other non-PMB conditions subject to PMSA.</p>	<p>DSP. Medicine for PMB conditions and conditions listed in Annexure D subject to use of DSP. A 30% co- payment shall apply to voluntary use of out-of- formulary medicine and voluntary use of Non-DSP.</p> <p>3. Subject to managed care protocols, formulary and processes. Only MCC- registered schedule 0, 1 and 2 medicines payable from the OTC benefit.</p> <p>4. TTO limited to 7 days.</p>
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C8	<b>Basic Radiology</b> X-rays and soft tissue ultrasound scans	100% of Scheme Rate.	Subject to PMSA.	2x2D ultrasound scans per pregnancy provided for by Maternity (C22).
C9	<b>Advanced Radiology</b> 	100% of Scheme Rate, subject to PMBs.	Shared limit with in-hospital advanced radiology benefit (B8) of R21 166 per family per annum, subject to PMBs.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation and managed care protocols and processes.</li> <li>• Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.</li> </ul>
C10	<b>Pathology</b>	100% of Scheme Rate.	Limited to PMSA and Block Benefit.	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Includes liquid based cytology pap smears.</li> </ul>

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C11	<p><b>Optical Services</b></p> <ol style="list-style-type: none"> <li>1. Frames, lenses and contact lenses (permanent and disposable)</li> <li>2. Refractive eye surgery</li> <li>3. Eye examinations</li> </ol> 	100% of Scheme Rate.	<p>Limited to PMSA and Block Benefit.</p> <p>Limited to one eye examination per 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 R1289 per Beneficiary shall apply.</p> <p>Post cataract surgery, Optical PMB</p>	<ul style="list-style-type: none"> <li>• Subject to Optical Managed Care protocols and processes.</li> <li>• Excludes variable tint and photochromic lenses.</li> <li>• Optical benefit is not pro-rated irrespective of date of Beneficiary registration.</li> <li>• Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation.</li> <li>• Refer to Annexure E of the GEMS Rules for Optometry Exclusions.</li> </ul>
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			entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 061 for both lens and frame with a sublimit of R210 for the frame.	
<b>C12</b>	<b>Allied Health Services:</b> Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, 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"> <li>• Consultations at Scheme Rate.</li> </ul> 
<b>C14</b>	<b>Physiotherapy</b>	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit. Subject to PMBs.	
<b>C15</b>	<b>Post Hip, Knee and Shoulder</b>	100% of Scheme Rate.	10 post-surgery	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation</li> </ul>

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	<b>Replacement or Revision Surgery Physiotherapy</b>		physiotherapy visits (shared with in-hospital visits) up to a limit of R5 021 per beneficiary per event utilised within 60 days of surgery.	and managed care protocols and processes.
<b>C16</b>	<b>Audiology, Occupational Therapy and Speech Therapy</b>	100% of Scheme Rate.	Limited to PMSA and Block Benefit.	
<b>C17</b>	<b>Medical and Surgical Appliances and Prostheses:</b> Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulizers, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses. Applicable to in and out-of-	100% of Scheme Rate, subject to PMBs.	<p>All of the following are subject to PMBs:</p> <p>Shared limit with in-hospital internal prostheses (B14) of R40 010 per family per annum.</p> <p>Sub-limit of R15 611 for medical and surgical appliances per</p>	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Diabetic accessories and appliances other than Glucometers to be pre-authorised and claimed from the chronic medication benefit.</li> <li>• The Scheme has the right to</li> </ul>



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family per annum with the following further sub-limits (Shared sub-limit with in-hospital prosthetics):

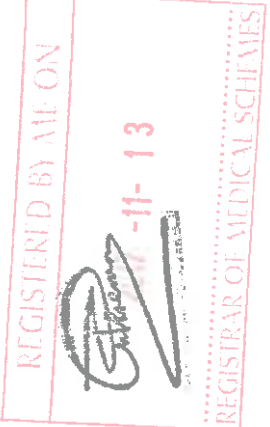
- R4 394 per beneficiary for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per annum;
- R500 for crutches per beneficiary per annum;
- R5 500 for wheelchairs per

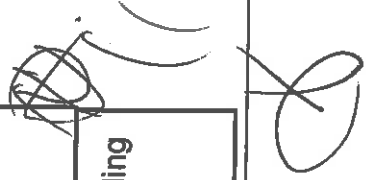
obtain competitive quotes.

- Foot orthotics and prosthetics subject to formulary and managed care protocols and processes.




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	<p>beneficiary per annum; and</p> <ul style="list-style-type: none"> <li>R8 000 per hearing aid per beneficiary per annum.</li> </ul> <p>Bilateral hearing aids every 36 months.</p>		
<p><b>C18</b></p> <p><b>Renal Dialysis</b></p> <p>Out-of-hospital</p> <p>Includes materials and related pathology tests</p>	<p>Limited to PMBs.</p>	<p>100% of cost, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> <li>Subject to pre-authorisation and managed care protocols and processes.</li> <li>Subject to use of Renal Dialysis Network DSP, failing which a co-payment of 15% per event shall apply in accordance with network rules.</li> </ul>
<p><b>C18</b></p> <p><b>Screening Services:</b> Serum Cholesterol, Bone Density Scan,</p>	<p>Payable from risk.</p>	<p>100% of Scheme Rate.</p>	<ul style="list-style-type: none"> <li>Pap smears include including liquid based cytology.</li> </ul>




	<p>Pap Smear, Prostate Specific Antigen, Glaucoma screening, Serum Glucose, Occult Blood tests, Thyrotropin (TSH) for Neonatal Hypothyroidism and Mammogram and other screening according to evidence based standard practice.</p> <p>Annually unless indicated otherwise.</p>		<ul style="list-style-type: none"> <li>• Neonatal Hypothyroidism screening test-TSH (Thyrotropin)-tariff 4507 only.</li> <li>• All subject to managed care protocols and processes.</li> <li>• Includes screening services provided in pharmacies</li> </ul>
<p><b>C3</b></p> <p><b>Preventative Care Services</b></p> <p>Influenza Vaccination, HPV vaccination and Pneumococcal Vaccination.</p> <p>Annually unless indicated otherwise.</p>	<p>100% of Scheme Rate.</p> <p>Payable from risk</p>	<p>REGISTERED BY G.O.S.</p> <p>13</p> <p>REGISTRAR OF MEDICAL SERVICES</p>	<ul style="list-style-type: none"> <li>• Annual Influenza Vaccinations for beneficiaries at risk in accordance with managed care protocols</li> <li>• Pneumococcal vaccines every five years for beneficiaries at risk in accordance with managed care protocols.</li> </ul>


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				<ul style="list-style-type: none"> <li>• HPV vaccination for female beneficiaries.</li> <li>• All subject to managed care protocols and processes.</li> <li>• Includes preventative care services provided in pharmacies</li> </ul>
<b>C19</b>	<b>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to the Scheme's managed care protocols and processes.</li> <li>• Includes one consultation for diagnosis and initial counseling.</li> <li>• Pre-exposure prophylaxis included for high risk Beneficiaries subject to the Scheme's managed care protocols and processes.</li> </ul>



C20	<p><b>Mental Health</b>          Consultations, assessments, treatment and/or counseling by Family Practitioner, Psychiatrist and Psychologist.</p> 	100% of cost, but subject to PMB legislation.	<p>All of the following limits are subject to PMBs:          Limited to PMSA.          Limited to one individual Psychologist consultation and one group Psychologist consultation per day.</p>	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• If out-of-hospital treatment is offered as an alternative to hospitalisation then hospital benefits (B1) will apply.</li> <li>• Psychologist services are subject to the exclusion of educational and industrial psychologist services.</li> </ul>
C21	<b>Infertility</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• Subject to pre-authorization, managed care protocols and processes and use of DSP.</li> </ul>
C22	<b>Maternity</b> Ante and post-natal care.	100% of Scheme Rate.	<p>Subject to PMSA.          Ante-natal visits subject to Maternity Programme Protocols.</p>	<ul style="list-style-type: none"> <li>• Subject to registration on the Scheme's maternity management programme.</li> <li>• Includes benefits defined in</li> </ul>

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				<p>managed care protocols paid from risk and 2x2D ultrasound scans per pregnancy.</p> <ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Subject to PMBs.</li> </ul>
<b>C23</b>	<b>Contraceptives (oral, insertables, injectables and dermal)</b>	100% of Scheme Rate.	Subject to PMSA.	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> </ul>
<b>C24</b>	<b>Emergency Assistance (Road and Air)</b>	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• Subject to use of emergency services network provider and managed care protocols and processes.</li> </ul>
<b>C25</b>	<b>Circumcision</b>	100% Scheme Rate.	Global Fee of R 1 421 per beneficiary which includes all post-op care within a month of procedure.	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation, managed care protocols and processes.</li> <li>• Out-of-hospital only.</li> </ul>

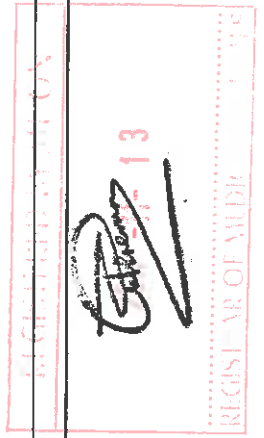
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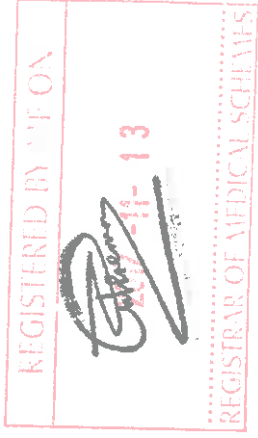
				<ul style="list-style-type: none"> <li>Limit applies to all related costs (consult, medication etc.).</li> </ul>
C23	Orthopedic Disease Management Programme	Negotiated Rate		<ul style="list-style-type: none"> <li>Subject to managed care protocols and processes</li> </ul>
<b>Legend:</b>				
<b>Scheme Rate</b>	See Rule 4.36			
<b>CDL</b>	Chronic Disease List			
<b>Chronic DSP</b>	Chronic Designated Service Provider. Subject to Annexure G.			
<b>DTP</b>	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.			
<b>PDF</b>	Professional Dispensing Fee			
<b>PMB</b>	Prescribed Minimum Benefit			
<b>SEP</b>	Single Exit Price			
<b>TTO</b>	Treatment Taken Out			

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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, provided that such protocols are in accordance with internationally accepted evidence based treatment guidelines and protocols, will be excluded.



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