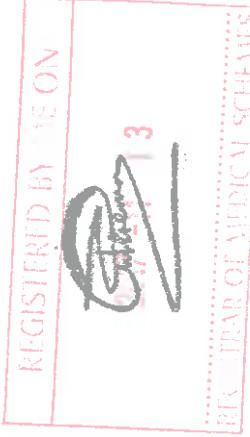


ANNEXURE C 2018

EMERALD VALUE

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.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> As provided for in Annexure G of the Rules. This rule supersedes all other benefit provisions in this Annexure.
B	IN-HOSPITAL BENEFITS		No overall limit	
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres Day Clinics and Psychiatric Facilities 1. Accommodation in a	100% of Scheme Rate. Subject to use of a Network Hospital. If a non-Network Hospital is used, the	Unlimited.	<ul style="list-style-type: none"> Subject to use of a Network Hospital. Authorisation shall be obtained from the Scheme's managed care provider at least 48 hours


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>general ward, high care ward and intensive care unit</p> <p>2. Theatre fees</p> <p>3. Medicines, materials and hospital equipment (includes bone cement for prostheses)</p> <p>4. Neonatal care</p> <div data-bbox="869 1400 1125 1848" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>REGISTERED BY AN ON</p> <p><i>[Signature]</i></p> <p>13</p> <p>W/1111</p> </div>	<p>Scheme shall not be liable to fund the first R10 000 of the hospital bill.</p>		<p>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.</p> <ul style="list-style-type: none"> • 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

[Handwritten initials]

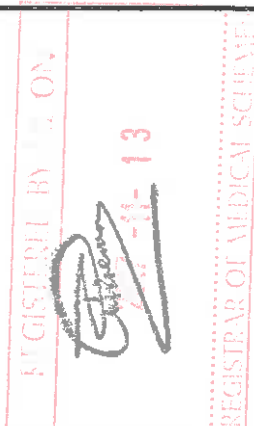
[Handwritten signature]

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>ward is subject to motivation by attending practitioner and Scheme's managed care protocols.</p> <ul style="list-style-type: none"> All in-hospital treatment and services are subject to pre-authorisation (inclusive of non-PMB one-day admissions), managed care protocols and processes.
B2	<p>Maternity Benefits (including midwife) Hospital, home birth or registered birthing unit</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Unlimited. Subject to use of a Network Hospital. Subject to PMB legislation.</p>	<ul style="list-style-type: none"> Subject to registration on the Scheme's Maternity Management Programme prior to admission and managed care protocols and processes. Authorisation shall be obtained from the

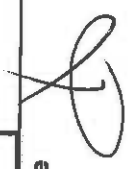
Handwritten initials/signature: *AF* and *LL*


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>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 which a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> 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 the co-payment of R1 000 per admission shall apply.


(Handwritten initials)

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> Elective Caesarian Sections may be subjected to second opinion and managed care protocols.
B3	Family Practitioner Services Consultations and visits	100% of Scheme Rate.	Unlimited. Reimbursement according to the Scheme approved tariff file.	
B4	Specialist Services Consultations and visits	<ul style="list-style-type: none"> 100% of Scheme Rate 130% of Scheme Rate for established Network Specialists. 	Unlimited. Reimbursement according to the Scheme-approved tariff file.	
B5	Surgical Procedures	100% of Scheme	Unlimited.	<ul style="list-style-type: none"> Subject to pre-authorisation

11



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	(Including Maxillo-Facial Surgery) 	Rate Subject to use of Network Hospital or doctors' rooms.	Refer to Annexure 'E'.	and the Scheme's managed care protocols and processes. <ul style="list-style-type: none"> Includes hospital procedures performed in the practitioner's rooms as approved by the Scheme. Excludes Osseo-integrated Implants, all implant-related procedures and Orthognatic Surgery.
B6	Dentistry Conservative, restorative and specialised dentistry.	100% of Scheme Rate.	Limited to professional fees. Shared with (C2). Limited to R4 918 per beneficiary per annum.	<ul style="list-style-type: none"> Only applicable to beneficiaries under the age of 6 years, severe trauma and impacted third molars. Lingual and labial frenectomies under general anaesthesia for beneficiaries

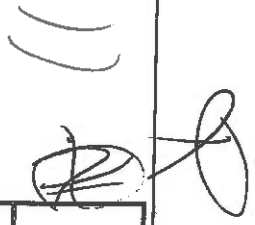
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>under the age of 8 years, subject to managed healthcare programme and pre-authorisation.</p> <ul style="list-style-type: none"> • Subject to pre-authorisation, list of approved services and use of Day Theatres within the Network. • General anesthesia and conscious sedation for dentistry, both in- and out-of-hospital, is subject to pre-authorisation and managed care protocols and processes. • Excludes Osseo-integrated implants, all implant-related procedures and




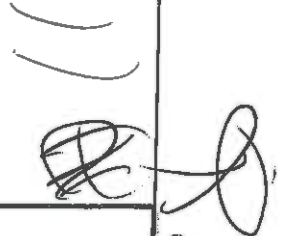
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Orthognatic Surgery.
B7	Basic Radiology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> Subject to managed care protocols and processes.
B8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with out-of-hospital advanced radiology benefit (C7) of R21 166 per family per annum, subject to PMBs.	<ul style="list-style-type: none"> Specific authorisation (in addition to hospital pre-authorisation) is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies. Subject to managed care protocols and processes.
B9	Pathology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> Subject to managed care protocols and processes.
B10	Blood Transfusions	100% of Scheme Rate, subject to	Unlimited, but subject	<ul style="list-style-type: none"> Subject to pre-authorisation, managed


REGISTERED BY FICOM

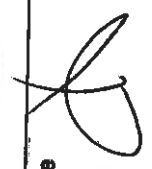
 13
 REGISTERED MEDICAL SERVICES



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		PMBs.	to PMB legislation.	<p>care protocols and processes.</p> <ul style="list-style-type: none"> Includes cost of blood, blood equivalents, blood products and the transport thereof. Includes erythropoietin.
B11	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Limited to R4 757 per beneficiary per annum, subject to PMBs.	<ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes.
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy	100% of Scheme Rate	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	<ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes.



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B13	Organ and Tissue Transplants Includes materials <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 0 auto;"> REGISTERED BY ME ON  11-13 REGISTER OF MEDICAL SPECIALISTS </div>	100% of Scheme Rate, subject to PMBs.	of surgery. 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.	<ul style="list-style-type: none"> • Subject to pre-authorisation, clinical guidelines used in public facilities and use of facility as per (B1). • Limit includes all costs associated with the transplant including immunosuppressants. • Authorised erythropoietin is included in limits listed in (B10). • Organ harvesting is limited to the Republic of South Africa, except for cornea tissue.





NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B14	<p>Prostheses</p> <p>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 (C9) of R40 010 per family per annum.</p> <p>Shared sub-limit with out-of-hospital prosthetics and appliances with the following further sub-limits:</p> <ul style="list-style-type: none"> R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts 	<ul style="list-style-type: none"> Subject to managed care protocols and processes. Scheme may obtain competitive quotes or arrange supply of prosthesis. Bone cement paid from In-Hospital benefit subject to pre-authorisation. Foot orthotics and prosthetics subject to formulary and managed care protocols and processes. Subject to internal and external devices being related to admission diagnosis and procedure.


REGISTERED BY MALCOLM

 13
 DEPARTMENT OF MEDICAL SERVICES


(11)

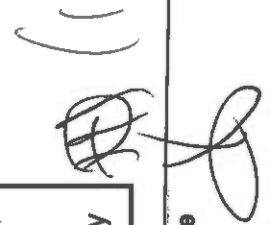
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			and levelers per beneficiary per annum; <ul style="list-style-type: none"> • R500 for crutches per beneficiary per annum; • R5 500 for wheelchairs per beneficiary per annum; and • R8 000 per hearing aid per beneficiary per annum. Subject to PMBs.	
B15	Emergency Services (Casualty Department)	100% of cost, but subject to PMB	Limited to PMBs (emergency medical condition as defined	<ul style="list-style-type: none"> • Subject to use of facility as per (B1) or other registered


Handwritten signature and initials.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		<p>legislation. Refer to Annexure G.</p>	<p>in the rules.)</p>	<p>emergency facility.</p> <ul style="list-style-type: none"> • Subject to pre-authorization and managed care protocols and processes. • Cost to be defrayed from C.1.1 if pre-authorization is not obtained.
B16	<p>Renal Dialysis 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"> • Subject to pre-authorization and managed care protocols and processes. • Subject to use of facility as per (B1) and clinical guidelines used in public facilities. • Includes cost of pathology, radiology, medical technologists, material and


Handwritten signature and initials.

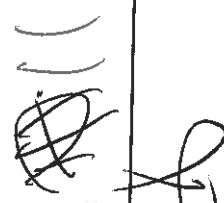
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> immunosuppressants. Erythropoietin included in blood transfusion benefit (B10). Pathology and radiology tests subject to managed care protocols.
B17	Oncology (Chemo and Radiotherapy) In and out-of-hospital and includes medicine and materials.	100% of Scheme Rate, subject to PMBs.	Limit of R352 801 per family per annum. Sub-limit of R240 004 per family for biological and similar specialised medicine. Subject to PMBs.	<ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes. Subject to MPL. Subject to use of facility as per (B1) or a registered alternative. Includes cost of pathology, related basic radiology above/ advanced radiology





NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>benefit, medical technologists and oncology medicines.</p> <ul style="list-style-type: none"> Erythropoietin included in blood transfusion benefit (B10). Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumors unless pre-authorized.
B18	Mental Health: Accommodation, theatre fees,	100% of Scheme Rate, subject to	All of the following limits are subject to	<ul style="list-style-type: none"> Subject to pre-authorization and managed care

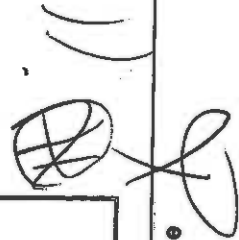
(Handwritten signature)


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and Psychologists. <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY AIE ON  13 REGISTRAR OF MEDICAL SCHEMES </div>	PMBs.	PMBs: Limit of R17 639 per family per annum. Limited to one individual psychologist consultation and one group psychologist consultation per day.	protocols and processes. <ul style="list-style-type: none"> Subject to use of facility as per (B1) or a registered alternative. Maximum of 3 days hospitalisation by a Family Practitioner. Psychologist services are subject to the exclusion of educational and industrial psychologist services.
B19	Alternatives to Hospitalisation Sub-acute Hospitals and Private Nursing Hospice	100% of Scheme Rate 100% of cost, but subject to PMB	Unlimited. Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes. Includes physical rehabilitation for approved conditions.

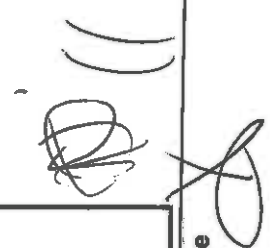


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		legislation.		<ul style="list-style-type: none"> Includes home nursing. Excludes frail care and recuperative holidays.
B20	Medical Technologists	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> Subject to event pre-authorisation and case management.
B21	Breast Reductions 	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> Subject to pre-authorisation, managed care protocols and processes.
B22	Allied Health Services: Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Physiotherapists, Social Workers, Registered Counselors, Orthoptists, Acupuncturists and Chinese	100% of Scheme Rate, subject to PMBs.	<ul style="list-style-type: none"> Shared limit with out-of-hospital Allied Health Services (C5) of R1 517 per family per annum, subject to PMBs. 	<ul style="list-style-type: none"> Consultations at Scheme Rate. Managed care protocols and processes apply.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Medicine Practitioners. 		<ul style="list-style-type: none"> Shared sub-limit with out-of-hospital Allied Health Services (C5) of R759 per family for Social Workers and Registered Counselors. 	
B23	Alcohol and Drug Dependencies	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> Subject to pre- authorisation, managed care protocols and processes.
C	OUT-OF-HOSPITAL BENEFITS			
C1	Day to day Block Benefit 1. Out of hospital Family	100% of Scheme Rate.	Limit of R4 400 per beneficiary and R8	<ul style="list-style-type: none"> Benefit is pro-rated from date of admission of



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Practitioner Services 2. Out of hospital Specialist Services 3. Physiotherapy 4. Maternity (where not covered under maternity benefit programme.) 5. Audiology, Occupational Therapy and Speech Therapy 6. Pathology and Medical Technology		804 per family per annum.	Member and Dependants to the end of the financial year. • Subject to Family Practitioner and Specialist Referral Rules. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON  13 REGISTER OF MEDICAL SCHEMES </div>
C1.1	Family Practitioner (FP) Services: Member Nominated Family Practitioners Consultations, visits and all	100% of Scheme Rate. Reimbursement at 200% of Scheme Rate for procedures	Limit of R4 400 per beneficiary and R8 804 per family per annum. Shared limit with	<ul style="list-style-type: none"> • Subject to PMBs. • Subject to use of a Nominated Family Practitioner. • A 30% co-payment will

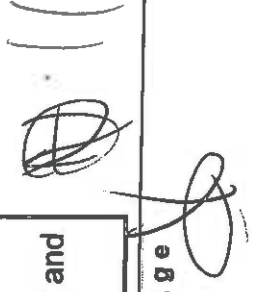



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>other services not specifically provided for otherwise in this annexure.</p> <div data-bbox="582 1429 826 1861" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTRAR BY ELO, N.</p> <p style="text-align: center; margin: 0;"><i>[Signature]</i></p> <p style="text-align: center; margin: 0;">2007-11-13</p> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>specified by managed care done in doctors' rooms instead of in-hospital.</p>	<p>C1.3, C1.4 and C1.6.</p>	<p>apply to any out of hospital visit to a Family Practitioner other than the Nominated Family Practitioner – irrespective of the doctor being on the Network or not.</p> <ul style="list-style-type: none"> • Benefit covers consultations and approved minor procedures at Member-nominated Network Family Practitioners. • Limit is pro-rated from date of admission of Member and Dependents to end of financial year. • Subject to managed care

[Handwritten Signature]


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.2	Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme.	Payable from risk.	<ul style="list-style-type: none"> Two additional Family Practitioner consultations at a Nominated Network Family Practitioner once Block Benefit is exhausted. 	<p>protocols and processes.</p> <ul style="list-style-type: none"> The additional Family Practitioner consultation at a Nominated Network Family Practitioner is subject to pre-authorisation and managed care protocols and processes.
C1.3	Specialist Services: Consultations, visits and all other services not specifically provided for otherwise in this annexure	<ul style="list-style-type: none"> 100% of Scheme Rate for non-Network providers. 130% of Scheme Rate for established Network 	<p>Shared limit with C1.1.</p>	<ul style="list-style-type: none"> Subject to PMBs. Limit is pro-rated from date of admission of Member and Dependants to end of financial year. Subject to Family Practitioner Nomination and

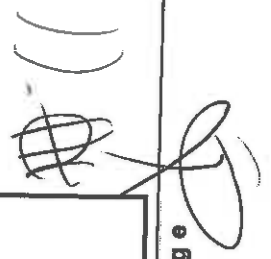
REGISTERED BY NEON
 11-13
 REGISTRY OF MEDICAL SCHEMES

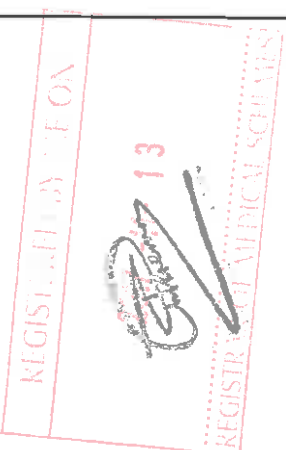



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		<p>Specialists.</p> <ul style="list-style-type: none"> Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in-hospital. Reimbursement at 200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms. 		<p>Specialist Referral Rules.</p> <ul style="list-style-type: none"> A 30% co-payment will apply to any out of hospital visit to a Specialist, if not referred by a Family Practitioner.

(Handwritten signature)


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.4	Physiotherapy 	100% of Scheme Rate, subject to PMBs.	Shared limit with C1.1. Sub-limit of R2 147 per beneficiary and R4 287 per family per annum. Subject to PMBs.	<ul style="list-style-type: none"> Subject to managed care protocols and processes.
C1.5	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R5 021 per beneficiary per event utilised within 60 days of surgery.	<ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes.
C1.6	Maternity Ante and post-natal care	100% of Scheme Rate.	Shared limit with C1.1 where not accessed	<ul style="list-style-type: none"> Subject to PMBs.



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.7	Audiology, Occupational Therapy and Speech Therapy 	100% of Scheme Rate.	under the Maternity Programme. Shared limit of R2 147 per beneficiary and R4 302 per family per annum. Refer to C1.8. Sub-limit of R1 726 per beneficiary and R3 450 per family per annum.	<ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Occupational or speech therapy performed in-hospital will be paid from in-hospital benefits.
C1.8	Pathology and Medical Technology	100% of Scheme Rate.	Shared limit with C1.7. Limit of R2 147 per beneficiary and R4 302 per family per annum.	<ul style="list-style-type: none"> • Family Practitioner Nomination and Specialist Referral Rules apply. • Subject to managed care protocols and processes. • Includes liquid based

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C2	Dental Services 1. Conservative and Restorative Dentistry (includes plastic dentures) and Special Dentistry (includes metal base dentures) <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY SECTION  13 REGISTER OF MEDICAL SCHEMES </div>	100% of Scheme Rate. 200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctor's rooms.	Shared sub-limit with in-hospital dentistry (B6) of R4 918 per beneficiary per annum. Panoramic x-rays limited to one x-ray every three years per beneficiary.	cytology pap smears. <ul style="list-style-type: none"> • General anaesthesia and conscious sedation for dentistry subject to pre-authorization and managed care protocols and processes. Only applicable to beneficiaries under the age of 6 years, severe trauma and impacted third molars. • No pre-authorization required for metal base dentures. • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years,




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>subject to managed healthcare programme and pre-authorisation.</p> <ul style="list-style-type: none"> • Subject to managed care protocols. • Panoramic x-rays included. • 4 bitewing x-rays per beneficiary per year included • Fluoride treatment excluded for beneficiaries older than 16 years of age. • Excludes Osseo-integrated Implants, all implant-related procedures and Orthognatic Surgery.
C3	Optical Services	100% of Scheme	Limited to R4 417 per	<ul style="list-style-type: none"> • All services included in


(Handwritten initials/signature)

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	1. Frames, lenses and contact lenses (permanent and disposable). 2. Refractive eye surgery. 3. Eye examinations. <div data-bbox="758 1400 1005 1825" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">K. S. Y. CHAN</p> <p style="text-align: center;">-11- 13</p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	Rate.	family per financial year, starting on 01 January and ending on 31 December of the same year ("Family Financial Cycle"). Further limited to R2 210 per Beneficiary for every two 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-year	benefit. <ul style="list-style-type: none"> • Subject to Optical Managed Care protocols and processes. • Excludes variable tint and photochromic lenses. • 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. • Refer to Annexure E of the GEMS Rules for Optometry Exclusions.

②-11


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>period (if any) ended on 31 December ("Beneficiary Financial Cycle"), subject to frames not exceeding R1 289.</p> <p>Limited to:</p> <ul style="list-style-type: none"> • One eye examination per Beneficiary per 12 month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and 	

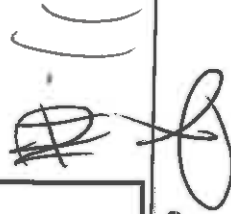
11/11

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	 <p>REGISTRAR OF MEDICAL SCHEMES</p>		<ul style="list-style-type: none"> One frame and one pair of lenses per Beneficiary per 24 month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Optical Appliance Cycle"). <p>Save for the financial limits specified hereinabove, no limit shall apply to the number of contact lenses that may be rendered to a</p>	

Handwritten initials or mark.

Handwritten signature or mark.


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>Beneficiary.</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p> <p>Post cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 061 for both lens and frame with a sublimit of R210 for the frame.</p>	
C4	<p>Basic Radiology</p> <p>X-rays and soft tissue ultrasound scans</p>	<p>100% of Scheme Rate.</p>	<p>Sub-limit of R3 513 per Beneficiary and R6 439 per family per</p>	<ul style="list-style-type: none"> • 2x2D ultrasound scans per pregnancy provided for under Maternity




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C5	<p>Allied Health Services: Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Physiotherapists, Social Workers, Registered Counselors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.</p> <div data-bbox="997 1422 1252 1859" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">REGISTERED BY E.E. ON</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">13</p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	<p>annum.</p> <ul style="list-style-type: none"> • Shared limit with in-hospital Allied Health Services (B22) of R1 517 per family per annum. • Shared sub-limit with in-hospital Allied Services (B22) of R759 per family for Social Workers and Registered Counselors. 	<p>Programme (C6).</p> <ul style="list-style-type: none"> • Specialist Referral Rules apply. • Consultations at Scheme Rate.

[Handwritten Signature]


[Handwritten Signature]

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C6	Maternity Benefit Programme Ante and post-natal care	100% of Scheme Rate.	Ante-natal visits subject to Maternity Programme Protocols.	<ul style="list-style-type: none"> Subject to registration on the Scheme's Maternity Management Programme and managed care protocols and processes. Includes benefits defined in managed care protocols paid from risk and 2x2D ultrasounds per pregnancy.
C7	Prescribed Medication and Injection Material 			<ul style="list-style-type: none"> Prescribed and administered by a professional legally entitled to do so. Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL).







NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	1. Acute Medical Conditions 	1. 100% of Scheme Rate.	1. Limit of R3 528 per beneficiary and R10 583 per family per annum, subject to a sub-limit of R527 per family per annum for homeopathic medicine.	1. Subject to managed care protocols, formulary and processes. A 30% co-payment shall apply to voluntary use of out-of-formulary medicine, where applicable. Benefit includes prescribed maternity vitamin supplements.
	2. Chronic Medical Conditions: CDL and DTP PMB chronic conditions and conditions listed in Annexure D	2. 100% of Scheme Rate, subject to PMBs.	2. Limit of R10 583 per beneficiary and R21 310 per family per annum. Subject to PMBs – No limit for PMBs, but subject to PMB legislation.	2. Subject to prior application and approval and use of Chronic Medicine Pharmacy DSP. Medicine for PMB conditions and conditions listed in Annexure D subject to use of DSP. A 30% co-payment shall





NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	 <p>3. Self-Medication Over-the-counter (OTC) medicine</p>	<p>3. 100% of Scheme Rate.</p>	<p>3. Subject to acute medicine benefit limit, event limit of R237 per beneficiary, and sub-limit of R889</p>	<p>apply to voluntary use of out-of-formulary medicine and voluntary use of Non- DSP. Once limit is depleted, CDL benefit will be limited. Includes benefit for life threatening allergies payable from risk and subject to managed care protocols, formulary and processes.</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>

~~11~~ 11


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>4. Prescribed medication from hospital stay (TTO)</p>	<p>4. 100% of Scheme Rate.</p>	<p>per beneficiary per annum and a family annual limit of R1 421.</p> <p>4. Included in acute medication benefit limit. Payable from risk once acute medication benefit limit is exhausted.</p>	<p>4. TTO limited to 7 days.</p> <div data-bbox="686 280 933 705" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY A.M.E. ON</p>  <p>13</p> <p>HEALTH CARE DIVISION DEPARTMENT OF MEDICAL SERVICES</p> </div>
	<p>5. Contraceptives</p>	<p>5. 100% of Scheme Rate.</p>	<p>5. Subject to acute medicine benefit limit and a sub-limit of R2 677 per beneficiary per annum.</p>	<p>5. Subject to managed care protocols, formulary and processes.</p>


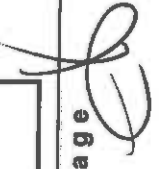




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C8	Advanced Radiology <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> REGISTERED BY ME-ON  13 BOARD OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Shared limit with In-hospital advanced radiology (B8) of R21 166 per family per annum, subject to PMBs.	<ul style="list-style-type: none"> Subject to pre-authorisation managed care protocols and processes. Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans PET scans, MRI scans and Radio-isotope studies. Specialist Referral Rules apply.
C9	Mental Health Consultations, assessments, treatment and/or counseling by Family Practitioner, Psychiatrist and Psychologist.	100% of Scheme Rate, subject to PMBs.	All of the following limits are subject to PMBs: Shared limit with in-hospital mental health (B18) of R17 639 per	<ul style="list-style-type: none"> Subject to managed care protocols and processes. If out-of-hospital treatment is offered as alternative to hospitalisation then hospital benefits (B1) will apply.

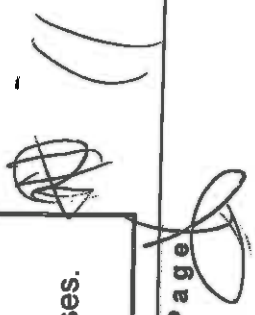
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>family per annum.</p> <p>Sub-limit of R5 231 for out-of-hospital Psychologist consultations.</p> <p>Limited to one individual Psychologist consultation and one group Psychologist consultation per day.</p>	<ul style="list-style-type: none"> Psychologist services are subject to the exclusion of educational and industrial psychologist services.
C10	<p>Medical and Surgical Appliances and Prostheses:</p> <p>Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulizers, Glucometers,</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>All of the following are subject to PMBs:</p> <p>Shared limit with in-hospital internal prostheses (B14) of R40 010 per family</p>	<ul style="list-style-type: none"> Subject to managed care protocols and processes. Foot orthotics and prosthetics subject to formulary and managed care protocols and

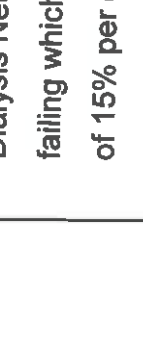
(Handwritten signature and initials)

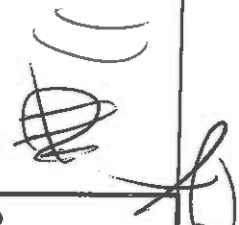
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses.</p> <p>Applicable in and out-of-hospital.</p> <div data-bbox="742 1411 997 1848" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">REGISTERED BY THE  PROSTHETIC SPECIALTIES</p> </div>		<p>per annum.</p> <p>Sub-limit of R15 611 for medical and surgical appliances per family per annum with the following sub-limits(Shared sub-limit with in-hospital prosthetics):</p> <ul style="list-style-type: none"> 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 	<p>processes.</p>

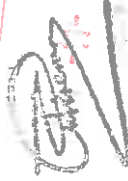



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			annum; <ul style="list-style-type: none"> • R500 for crutches per beneficiary per annum; • R5 500 for wheelchairs per beneficiary per annum; and • R8 000 per hearing aid per beneficiary per annum. Bilateral hearing aids every 36 months.	
C11	Renal Dialysis Out-of-hospital Includes materials and related	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • Subject to pre-authorization and managed care protocols and processes.

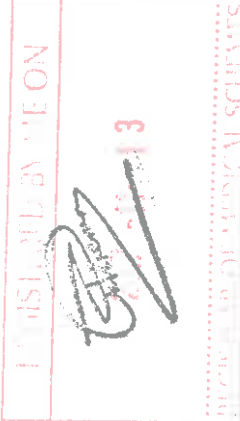


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	pathology tests 			<ul style="list-style-type: none"> Subject to use of Renal Dialysis Network DSP, failing which a co-payment of 15% per event shall apply in accordance with network rules.
C12	Screening Services: Serum Cholesterol, Bone Density Scan, 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. Annually unless indicated	100% of Scheme Rate.	Payable from risk.	<ul style="list-style-type: none"> Pap smears include including liquid based cytology. All subject to managed care protocols and processes Neonatal Hypothyroidism screening test-TSH (Thyrotropin)-tariff 4507 only. Includes screening services provided in pharmacies.




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	otherwise.			
C13	Preventative Care Services Influenza Vaccination, HPV vaccination and Pneumococcal Vaccination. Annually unless indicated otherwise. <div data-bbox="767 1413 1054 1868" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON  13 (S.P. DEPARTMENT OF HEALTH) </div>	100% of Scheme Rate.	Payable from risk	<ul style="list-style-type: none"> • Annual Influenza Vaccinations for beneficiaries at risk in accordance with managed care protocols • Pneumococcal vaccines every five years for beneficiaries at risk in accordance with managed care protocols. • HPV vaccination for female beneficiaries. • All subject to managed care protocols and processes. • Includes preventative care services provided in

()

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C14	HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness 	100% of cost, but subject to PMB legislation.	Limited to PMBs.	pharmacies. <ul style="list-style-type: none"> Subject to the Scheme's managed care protocols and processes. Pre-exposure prophylaxis included for high risk Beneficiaries subject to the Scheme's managed care protocols and processes.
C15	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> Subject to pre-authorisation, managed care protocols and processes and use of DSP.
C16	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"> Subject to use of emergency services Network providers and managed care protocols

~~11~~ ()

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C17	Circumcision 	100% Scheme Rate.	Global Fee of R1 421 per beneficiary which includes all post-op care within a month of procedure.	and processes. • Subject to pre-authorisation, managed care protocols and processes. • Out-of-hospital only. • Limit applies to all related costs (consult, medication etc.)
C18	Orthopedic Disease Management Programme	Negotiated Rate		• Subject to managed care protocols and processes

Legend:	
Scheme Rate	See Rule 4.36
CDL	Chronic Disease List

Chronic DSP	Chronic Designated Service Provider. Subject to Annexure G.
DTP	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.
PDF	Professional Dispensing Fee
PMB	Prescribed Minimum Benefit
SEP	Single Exit Price
TTO	Treatment Taken Out

Healthcare services / or claims that do not meet the Scheme's (including its managed healthcare programmes) clinical protocol or billing requirements in accordance with regulation 5 to the Medical Scheme Act 131 of 1998, provided that such protocols are in accordance with internationally accepted evidence based treatment guidelines and protocols, will be excluded.

