



ANNEXURE C 2018


ONYX

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

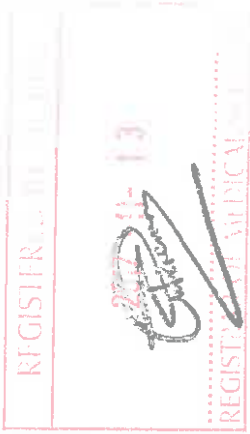
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| A | STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs) | 100% of cost, but subject to PMB legislation. | Unlimited, but subject to PMB legislation. | <ul style="list-style-type: none"> As provided for in Annexure G of the Rules. This rule supersedes all other benefit provisions in this Annexure. |
| 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"> Open network Authorisation shall be obtained from the Scheme's managed care provider at least 48 hours |







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| | <p>Facilities</p> <ol style="list-style-type: none"> 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 <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>REGISTERED BY THE ON</p>  <p>2011-13</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> | | | <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 ward is subject to motivation by attending practitioner and Scheme's managed care |

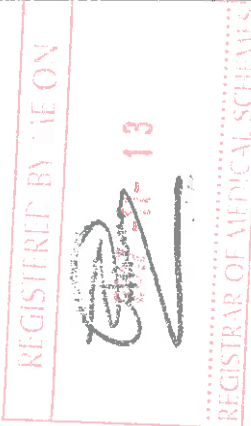



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| |  | | | <p>protocols.</p> <ul style="list-style-type: none"> All in-hospital treatment and services are subject to pre-authorisation (inclusive of non-PMB one-day admissions), managed care protocols and processes. |
| B2 | <p>Maternity Benefits (including midwife) Hospital, home birth or registered birthing unit</p> | <p>100% of cost, but subject to PMB legislation.</p> | <p>Unlimited, but 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 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- |




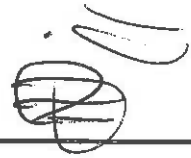
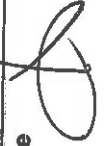
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| |  | | | <p>payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> In the event of an admission for an emergency medical condition the Scheme shall be notified of such admission within one working day after the admission failing which the co-payment of R1 000 per admission shall apply. 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 approved Scheme tariff file. | |





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

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| B6 | Dentistry Conservative, restorative and specialized dentistry. <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> REGISTERED BY THE ON  13 REG. TRAP OF MEDICAL SCHEM </div> | 100% of Scheme Rate. | Professional fees subject to shared limit with out-of-hospital dentistry benefit (C3) of R8 775 per beneficiary per annum. Hospital cost included in hospital benefit (B1). Refer to Annexure 'E'. | Surgery. <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 anesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme and pre-authorisation. • Subject to pre-authorisation, list of approved services and use of Day Theatres. • General anesthesia and conscious sedation for dentistry, both In and Out-of-hospital, is subject to pre- |


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| |  | | | <p>authorisation and managed care protocols and processes.</p> <ul style="list-style-type: none"> Excludes Osseo-integrated Implants, all implant-related procedures and Orthognatic Surgery. Services classified as conservative, restorative and specialised per tariff code. |
| B7 | Basic Radiology | 100% of Scheme Rate. | Unlimited. | <ul style="list-style-type: none"> Managed care rules apply. |
| B8 | Advanced Radiology | 100% of Scheme Rate, subject to PMBs. | Shared limit with out-of-hospital advanced radiology benefit (C5) of R26 461 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 |

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





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| B12 | Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy | PMBs. 100% of Scheme Rate. | subject to PMBs. 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>and processes.</p> <ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;"><i>[Signature]</i> 7-11-13</p> <p style="text-align: center; font-size: small;">REPUBLIC OF SOUTH AFRICA SCHOOL OF MEDICAL SCIENCE</p> </div> |
| B13 | Organ and Tissue Transplants Includes materials | 100% of Scheme Rate, subject to PMBs. | 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.). | <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 |

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| B14 |  <p>Prostheses 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> | 100% of Scheme Rate, subject to PMBs. | Subject to PMBs. | <p>included in limits listed in (B10).</p> <ul style="list-style-type: none"> Organ harvesting is limited to the Republic of South Africa, except for cornea tissue. |
| | | | <p>Shared limit with medical and surgical appliances (C7) and external prostheses benefit of R54 048 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 | <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-authorization. Foot orthotics and prosthetics subject to formulary and managed care protocols and processes. Subject to internal and external |

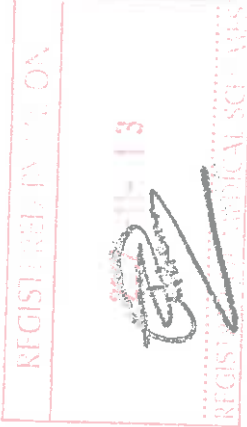
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| |  | | <p>orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per annum;</p> <ul style="list-style-type: none"> • R500 for crutches per beneficiary per annum; • R5 500 for wheelchairs per beneficiary per annum; and • R8 000 per hearing aid per beneficiary per annum. | <p>devices being related to admission diagnosis and procedure.</p> |


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| B15 | Emergency Services (Casualty Department)  | 100% of cost, but subject to PMB legislation. Refer to Annexure G. | Subject to PMBs. Limited to PMBs (emergency medical condition as defined in the rules.). | <ul style="list-style-type: none"> • Subject to use of facility as per (B1) or other registered emergency facility. • Subject to authorisation and managed care protocols and processes. • Cost to be defrayed from C1.1. if pre-authorisation is not obtained. |
| B16 | Renal Dialysis In-hospital Includes materials and related pathology tests | 100% of Scheme Rate, subject to PMBs. | Limit of R251 993 per beneficiary per annum for chronic dialysis. Acute dialysis included in hospital benefit (B1). Subject to PMBs. | <ul style="list-style-type: none"> • Subject to pre-authorisation 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. |

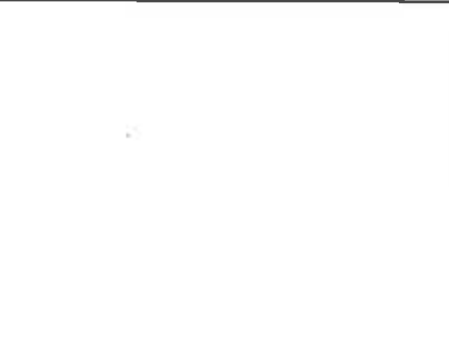
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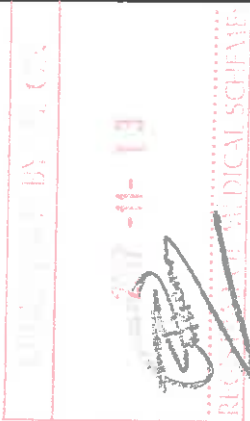
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| |  | | | <p>radiology, medical technologists, material and immunosuppressants.</p> <ul style="list-style-type: none"> Erythropoietin included in blood transfusion benefit (B10). Pathology and radiology tests subject to managed care protocols. |
| B17 | <p>Oncology (Chemo and Radiotherapy) In and out-of-hospital and includes medicine and materials.</p> | <p>100% of Scheme Rate, subject to PMBs.</p> | <p>Limit of R463 054 per family per annum. Sub-limit of R312 979 per family for biological and similar specialised medicines. Subject to PMBs.</p> | <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 benefit, medical technologists and |

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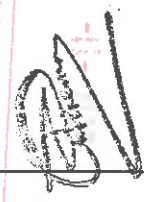
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| |  | | | <p>oncology medicines.</p> <ul style="list-style-type: none"> Erythropoietin included in blood transfusion benefit (B10). Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumors unless pre-authorised. |
| B18 | Mental Health: Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists, and Psychologists. | 100% of Scheme Rate, subject to PMBs. | All of the following limits are subject to PMBs: Limit of R 37 042 per family per annum. Limited to one | <ul style="list-style-type: none"> Subject to pre-authorisation and managed care protocols and processes. Subject to use of facility as per (B1) or a registered alternative. Maximum of 3 days |




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


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| B21 | Breast Reductions | 100% of Scheme Rate. | Unlimited. | <ul style="list-style-type: none"> Subject to pre-authorization, managed care protocols and processes. |
| B22 | Allied Health Services: Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counselors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners. | 100% of Scheme Rate, subject to PMBs. <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> REGISTERED BY  13 BOARD OF MEDICAL SCIENTISTS </div> | Subject to Day-to-day Block Benefit. Subject to PMBs. Shared sub-limit with out-of-hospital Allied Health Services (C 1.5) of R1 117 per family for Social Workers and Registered Counsellors. | <ul style="list-style-type: none"> Consultations at Scheme Rate. Services performed in hospital or in lieu of hospitalisation will be paid from hospital benefit subject to pre-authorization and managed care protocols and processes. Subject to services being related to admission diagnosis Managed care protocols and processes apply. |
| 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-authorization, managed care protocols and processes. |

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| C | OUT-OF-HOSPITAL BENEFITS | | | |
| C1 | Day-to-day Block Benefit 1. Family Practitioner Services 2. Specialist Services 3. Basic Radiology 4. Pathology 5. Allied Health Services 6. Physiotherapy, Occupational Therapy and Speech Therapy 7. Mental Health 8. Maternity (where not covered under maternity benefit programme). 9. Contraceptives | 100% of Scheme Rate. | Limit of R9 256 per beneficiary and R18 514 per family per annum. | <ul style="list-style-type: none"> Benefit is pro-rated from the date of admission of member and Dependants to end of financial year. <div data-bbox="770 241 1015 674" style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY THE G.O.S.  REGISTRAR OF MEDICAL SCHEMES </div> |

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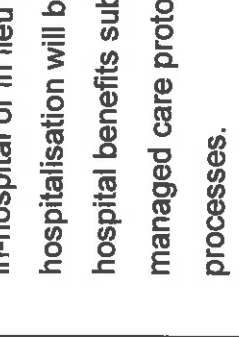
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| C1.1 | <p>Family Practitioner Services: Consultations, visits and all other services not specifically provided for otherwise in this annexure.</p>  | <p>100% of Scheme Rate. Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital.</p> | | <ul style="list-style-type: none"> • Subject to PMBs. • Benefit covers consultations and approved minor procedures at FPs. • Limit is pro-rated from date of admission of member and dependants to end of financial year. • Subject to managed care protocols and processes. |
| C1.2 | <p>Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme.</p> | <p>Payable from risk</p> | <ul style="list-style-type: none"> • One additional FP consultation at DSP/Network provider once Block Benefit is exhausted. | <ul style="list-style-type: none"> • The additional FP consultation at a DSP/ Network provider is subject to pre-authorisation and managed care protocols and processes. |
| C1.3 | <p>Specialist Services:</p> | <p>100% of Scheme</p> | | <ul style="list-style-type: none"> • Subject to PMBs. |

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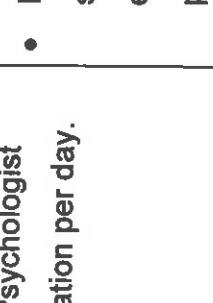
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| | <p>Consultations, visits and all other services not specifically provided for otherwise in this annexure.</p> | <p>Rate for non-network providers. 130% of Scheme Rate for established Network Specialists. 200% of Scheme Rate for procedures specified 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> | | <ul style="list-style-type: none"> Limit is pro-rated from date of admission of member and dependants to end of financial year. <div style="text-align: center; border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>CONFIRMATION</p>  <p>21-11-18</p> <p>HEAD OF MEDICAL SERVICES</p> </div> |

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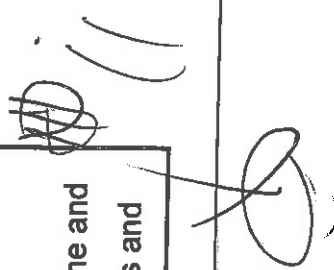
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| C1.7 | Physiotherapy, Occupational Therapy and Speech Therapy  | 100% of Scheme Rate. | | <ul style="list-style-type: none"> and processes. Physiotherapy, Occupational and Speech therapy performed in-hospital or in lieu of hospitalisation will be paid from hospital benefits subject to managed care protocols and processes. |
| C1.8 | 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. |
| C1.9 | Mental Health Consultations, assessments, treatment and/or counseling | 100% of Scheme Rate, subject to PMBs. | All of the following limits are subject to PMBs: | <ul style="list-style-type: none"> Subject to managed care protocols and processes. If out-of-hospital treatment is |


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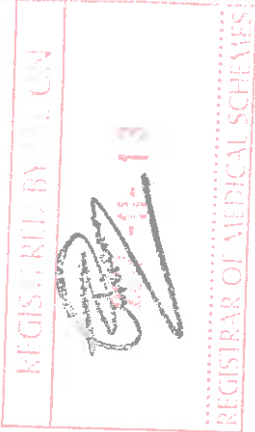
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| | by Family Practitioner, Psychiatrist and Psychologist.  | | Limited to one individual Psychologist consultation and one group Psychologist consultation per day. | offered as alternative to hospitalisation then hospital benefits (B1) will apply. <ul style="list-style-type: none"> Psychologist services are subject to the exclusion of educational and industrial psychologist services. |
| C1.10 | Maternity Ante and post-natal care | 100% of Scheme Rate. | Ante-natal visits where not accessed under the Maternity Programme. | <ul style="list-style-type: none"> Subject to PMBs. |
| C1.11 | Contraceptives: Oral, insertables, injectables and dermal. | 100% of Scheme Rate. | Sublimit of R3 356 per family per annum. | Subject to managed care protocols and processes. |
| C2 | 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 |

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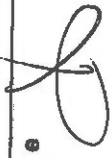


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| |  | | | <p>processes.</p> <ul style="list-style-type: none"> Includes benefits defined in managed care protocols paid from risk and 2x2D ultrasounds per pregnancy. |
| C3 | <p>Dental Services</p> <ol style="list-style-type: none"> Conservative and Restorative Dentistry: Include plastic dentures Special Dentistry: Include metal base dentures | <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 R8 775 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"> 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. No pre-authorization required for metal base dentures. Lingual and labial frenectomies under general anesthesia for |

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| |  | | | <p>beneficiaries under the age of 8 years, subject to managed healthcare programme and pre-authorisation.</p> <ul style="list-style-type: none"> • Panoramic x-rays included. • 4 bitewing x-rays per beneficiary per year included. • Fluoride treatment excluded for beneficiaries older than 16 years of age. • 1 and 2: Excludes Osseo-integrated Implants, all implant-related procedures and Orthognatic Surgery. Dental services classified as conservative, restorative and specialised per tariff code. |
| C4 | Prescribed Medication and Injection Material | | | <ul style="list-style-type: none"> • Prescribed and administered by a professional legally |


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| | <p>1. Acute Medical Conditions</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red;">REGISTERED BY THE ON</p> <p style="text-align: center; color: red;">-11-13</p> <p style="text-align: center; color: red;">REGULAR OF MEDICAL SCHEMES</p> </div> <p>2. Chronic Medical Conditions: CDL and DTP PMB chronic conditions and conditions listed in Annexure D.</p> | <p>1. 100% of Scheme Rate.</p> <p>2. 100% of Scheme Rate, subject to PMBs.</p> | <p>1. Limit of R 5 947 per beneficiary and R16 657 per family per annum, subject to a sub-limit of R527 per family per annum for homeopathic medicine.</p> <p>2. Limit of R 18 072 per beneficiary and R37 042 per family per annum. Unlimited for PMBs, but subject to PMB</p> | <p>entitled to do so. Subject to a Medicine Price List (MPL) and Medicine Exclusion List (MEL).</p> <p>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.</p> <p>2. Subject to prior application and approval and use of chronic medicine pharmacy DSP. Includes benefit for life threatening allergies payable from risk and subject to managed care protocols,</p> |

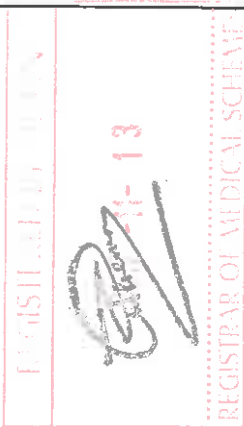
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| NO | SERVICE/BENEFIT | % BENEFIT/TARIFF | LIMITS | CONDITIONS/REMARKS |
|----|---|--------------------------------|---|---|
| | <p>3. Self-Medication Over-the-counter (OTC) medicine</p>  | <p>3. 100% of Scheme Rate.</p> | <p>legislation.</p> <p>3. Subject to acute medicine limit, an event limit of R296 per beneficiary and annual beneficiary limit of R 1 084 and a-limit of R1 795 per family per annum.</p> | <p>formulary and processes 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. Once limit is depleted, CDL benefit will be limited.</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> |

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| | 4. Prescribed medication from hospital stay (TTO) | 4. 100% of Scheme Rate. | 4. Shared limit with acute medication benefit limit. Payable from risk once acute medication benefit limit is exhausted. | 4. TTO limited to 7 days. |
| C5 | Advanced Radiology  | 100% of Scheme Rate, subject to PMBs. | Shared limit with in-hospital advanced radiology benefit (B8) of R26 461 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. |
| C6 | Optical Services | 100% of Scheme | Limited to R5 229 per family per financial | <ul style="list-style-type: none"> • All services included in benefit. |


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| | 1. Frames, lenses and contact lenses (permanent and disposable). 2. Refractive eye surgery. 3. Eye examinations. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red;">REGISTERED OPTICIAN</p> <p style="text-align: center; color: red;">13</p> <p style="text-align: center; color: red;">REGISTRAR OF VISION SCIENCE</p> </div> | Rate. | year, starting on 01 January and ending on 31 December of the same year ("Family Financial Cycle"). Further limited to R2 608 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 period (if any) ended on 31 December ("Beneficiary Financial Cycle"), subject to | <ul style="list-style-type: none"> • Subject to the 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. |

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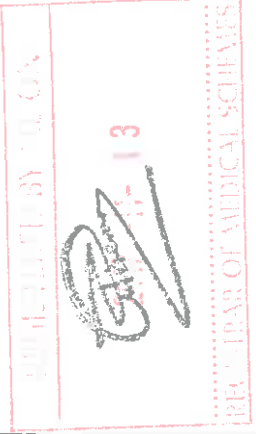
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| | | | <p>frames not exceeding R2 085.</p> <p>Limited to:</p> <ul style="list-style-type: none"> • One eye examination per Beneficiary per 12 month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and • One frame and one pair of lenses per Beneficiary per 24 month period, calculated from the |  |

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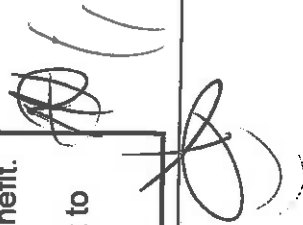
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| |  | | <p>month within which same was last rendered to the affected Beneficiary ("Optical Appliance Cycle").</p> <p>Save for the financial limits specified hereinabove, no limit shall apply to the number of contact lenses that may be rendered to a Beneficiary.</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p> | |


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| C7 | <p>Medical and Surgical Appliances and Prostheses: Include hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulisers, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses.</p> <p>Applicable in and out-of-</p> | 100% of Scheme Rate, subject to PMBs. | <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> <p>All of the following are subject to PMBs:</p> <p>Shared limit with in-hospital internal prostheses (B14) of R54 048 per family per annum.</p> <p>Sub-limit of R18 069 for medical and surgical appliances per family</p> | <ul style="list-style-type: none"> • Subject to pre-authorisation and managed care protocols and processes. • Diabetic accessories and appliances other than Glucometers to be pre-authorised and claimed from the chronic medication benefit. • The Scheme has the right to |




 DEPARTMENT OF MEDICAL SCHEMES

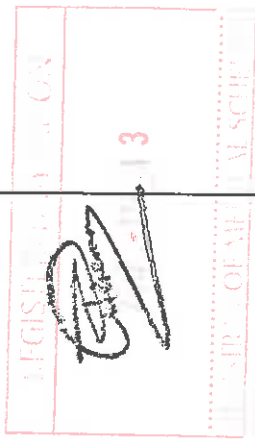


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| | <p>hospital.</p>  | | <p>per annum with the following further sub-limits (Shared sub-limit with in-hospital prosthetics):</p> <ul style="list-style-type: none"> • R4 394 per beneficiary for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per annum; • R500 for crutches per beneficiary per annum; • R5 500 for | <p>obtain competitive quotes.</p> <ul style="list-style-type: none"> • Foot orthotics and prosthetics subject to formulary and managed care protocols and processes. |


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| |  | | <p>wheelchairs per beneficiary per annum; and</p> <ul style="list-style-type: none"> • R8 000 per hearing aid per beneficiary per annum. <p>Bilateral hearing aids every 36 months.</p> | |
| C8 | <p>Renal Dialysis Out-of-hospital Includes materials and related pathology tests</p> | <p>100% of cost, but subject to PMB legislation.</p> | <p>Limited to PMBs.</p> | <ul style="list-style-type: none"> • Subject to pre-authorization and managed care protocols and processes. • Subject to use of Renal Dialysis Network DSP, failing which a co-payment of 15% per event shall apply in accordance with network rules. |
| C9 | <p>Screening Services: Serum Cholesterol, Bone Density</p> | <p>100% of Scheme</p> | | <ul style="list-style-type: none"> • Pap smears include liquid |

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| | Scan, Pap Smear, Prostate Specific Antigen, Glaucoma screening, Serum Glucose, Occult Blood test,) Thyrotropin (TSH) for Neonatal Hypothyroidism and Mammogram and other screenings. Annually unless indicated otherwise. | Rate.  | | based cytology. <ul style="list-style-type: none"> • Neonatal Hypothyroidism screening test-TSH (Thyrotropin)-tariff 4507 only. • All subject to managed care protocols and processes. • Includes screening services provided in pharmacies. |
| C10 | Preventative Care Services Influenza Vaccination, HPV vaccination and Pneumococcal Vaccination. Annually unless indicated otherwise. | 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 |

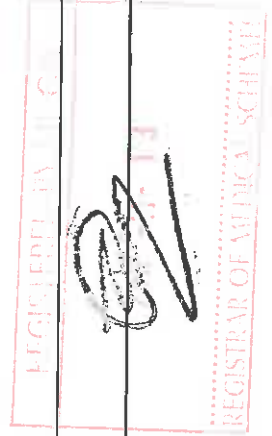
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| |  | | | <p>managed care protocols.</p> <ul style="list-style-type: none"> • HPV vaccination for female beneficiaries. • All subject to managed care protocols and processes. • Includes preventative care services provided in pharmacies. |
| C11 | <p>HIV Infection, Acquired Immune Deficiency Syndrome and Related illness</p> | <p>100% of cost, but subject to PMB legislation.</p> | <p>Limited to PMBs.</p> | <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. |
| C12 | <p>Infertility</p> | <p>100% of cost, but</p> | <p>Limited to PMBs.</p> | <ul style="list-style-type: none"> • Subject to pre-authorisation, |

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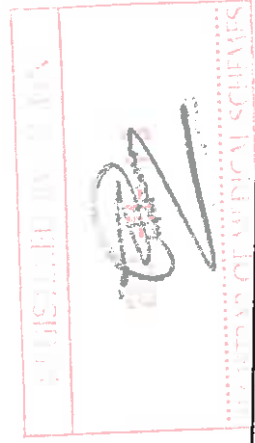
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| | | subject to PMB legislation. | | managed care protocols and processes and use of DSP. |
| C13 | Emergency Assistance (Road and Air) | 100% of cost, but subject to PMB legislation. | Unlimited, but subject to PMB legislation. | <ul style="list-style-type: none"> Subject to use of emergency services DSP and managed care protocols and processes. |
| C14 | Circumcision | 100% Scheme Rate. | Global Fee of R1 421 per beneficiary which includes all post-op care within a month of procedure. | <ul style="list-style-type: none"> Subject to pre-authorisation, managed care protocols and processes. Out-of-hospital only. Limit applies to all related costs (consult, medication etc.). |
| C15 | Orthopedic Disease Management Programme | Negotiated Rate | | <ul style="list-style-type: none"> 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.



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