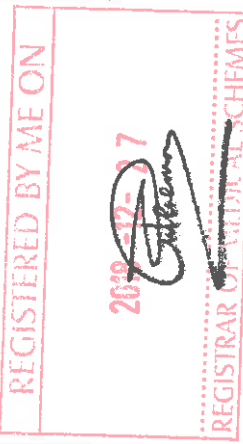


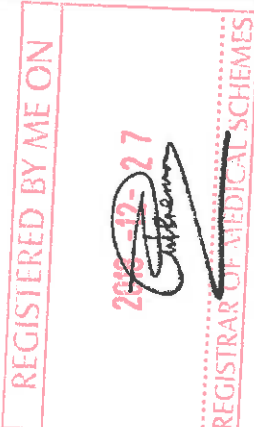
ANNEXURE C 2019

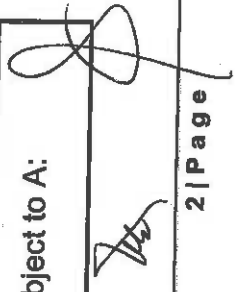

SAPPHIRE


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	<p>STATUTORY PRESCRIBED MINIMUM BENEFITS ("PMBs")</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"> • As provided for in Annexure G of the GEMS Rules. • Prescribed Minimum Benefits ("PMBs") are not subject to the monetary benefit limits stated in this Annexure and shall be paid in full, where the diagnosis, treatment and care of a Prescribed Minimum Benefit Condition were obtained from: <ul style="list-style-type: none"> ▪ a Designated Service Provider ("DSP") for that condition; ▪ a non-DSP, if no DSP for that condition exists; or

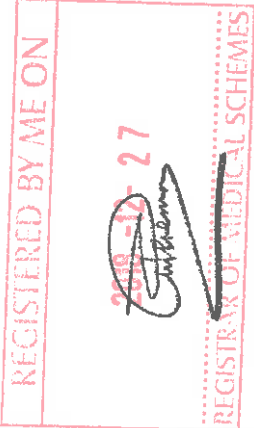
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B	<p style="text-align: center;">  </p>	100% of Scheme	Subject to overall	<ul style="list-style-type: none"> ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: <ul style="list-style-type: none"> ▪ Pre-authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and ▪ The Act. • Services rendered by DSP. • This Rule supersedes all other benefit provisions in this Annexure.
	IN-HOSPITAL BENEFITS			<ul style="list-style-type: none"> • All limits are subject to A:

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		Rate.	annual hospital limit of R219 482 per family per annum and such sub-limits as provided for.	Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Service rendered by DSP. • Chronic Medicine provided by Chronic DSP.
B1	Public Hospitals and Day Clinics: <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 (B14)); and 4. Neonatal care. 	100% of Scheme Rate, subject PMBs. <div data-bbox="1077 913 1332 1348" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON 2018-10-27  REGISTRAR OF MUTUAL SCHEMES </div>	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Authorisation shall be obtained from the Scheme's 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

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>an Emergency Medical Condition, the Scheme shall be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> All in-hospital treatment and services are subject to pre-authorisation, managed care protocols and processes. TTO limited to 7 days.
B2	<p>Private Hospitals:</p> <p>Hospitalisation for the following admissions:</p> <ol style="list-style-type: none"> Children: <ol style="list-style-type: none"> 1.1. Circumcisions; 	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>In respect of B2. 1-5: Subject to annual hospital limit specified under B: In-Hospital Benefits, and PMBs.</p>	<p>In respect of B2. 1-5:</p> <ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Authorisation shall be obtained


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>1.2. Myringotomies; and 1.3. Tonsillectomy and/or Adenoidectomy.</p> <p>2. Elderly: 2.1. Cataract Procedures; 2.2. Hip Replacements; 2.3. Knee Replacements; and 2.4. Retinal Procedures.</p> <p>3. Gynaecology: 3.1. Abortion Procedures; 3.2. Antenatal Admissions; 3.3. Hysterectomies; and 3.4. Myomectomies.</p>	<p style="text-align: center;">REGISTERED BY ME ON 2018-2-27 <i>[Signature]</i> REGISTERED SOCIAL MEDICAL SCHEMES</p>		<p>from the Scheme's 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.</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 (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply. All in-hospital treatment and services are subject to pre-authorisation, managed care protocols and processes.

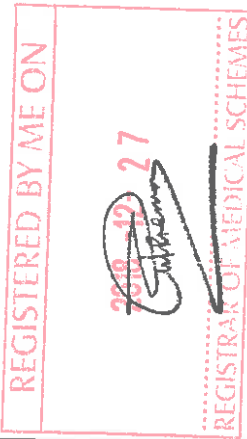
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>4. Obstetrics (Maternity):</p> <p>4.1. Caesarean Deliveries;</p> <p>4.2. Normal Deliveries;</p> <p>4.3. Post discharge complications of newborns.</p> <p>5. Mental Health:</p> <p>5.1. Anxiety Disorders;</p> <p>5.2. Bipolar Disorders;</p> <p>5.3. Major Depression; and</p> <p>5.4. Schizophrenia.</p> <p>Hospitalisation includes:</p>		<p>In respect of B2. 4.1 and 4.2: No limit per maternity confinement event, but subject to PMBs.</p>	<ul style="list-style-type: none"> TTO limited to seven (7) days. In respect of B2. 4.1 and 4.2: <ul style="list-style-type: none"> Subject to registration on Maternity Programme. Elective Caesarean Sections may be subjected to second opinion and managed care protocols. Benefit includes midwife services. <div data-bbox="963 264 1225 698" style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p style="text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2008 <i>[Signature]</i></p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>Accommodation in a general ward, high care ward and intensive care unit;</p> <p>Theatre fees;</p> <p>Medicines, materials and hospital equipment; and</p> <p>Neonatal care.</p>			
B3	<p>Family Practitioner Services</p> <p>Consultations and visits.</p>	<p>100% of Scheme Rate.</p>	<p>Subject to annual hospital limit specified under B: In-Hospital Benefits. Reimbursement according to Scheme-approved tariff file.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre- authorisation and use of facility as per B1 or B2 (subject to the service(s) being related to any of the admissions specified in B2). • Reimbursement rate applicable to both Caesarean delivery and non-

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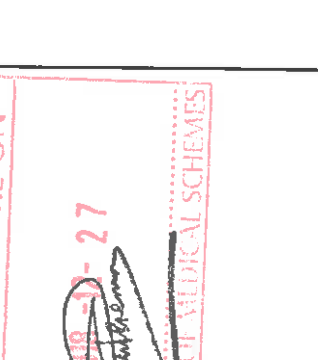
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Caesarean delivery.
B4	Specialist Services Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and use of facility as per B1 or B2 (subject to the service(s) being related to any of the admissions specified in B2).
B5	Surgical Procedures 	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Maxillofacial surgery, subject to an annual sub-limit of R21 947 per family.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation, case management and use of facility as per B1 or B2 (subject to the surgical procedure(s) being related to any of the admissions specified in B2).

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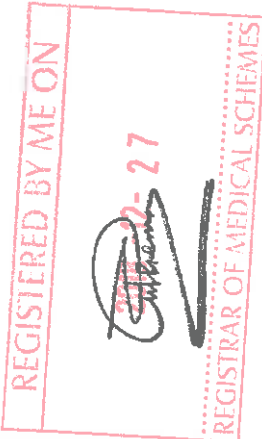
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Refer to Annexure E of the GEMS Rules.	<ul style="list-style-type: none"> Excludes Osseo-integrated Implants, implant related procedures and Orthognathic Surgery.
B6	Dentistry Conservative and restorative dentistry. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON  27 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits and out-of-hospital dentistry limit specified under C5: Dental Services. Refer to Annexure E of the GEMS Rules.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars. Subject to pre-authorization, managed care protocols and processes, list of approved services, and use of Day Theatres and DSP hospitals. Excludes Osseo-integrated Implants, all implant-related procedures, Orthognathic Surgery

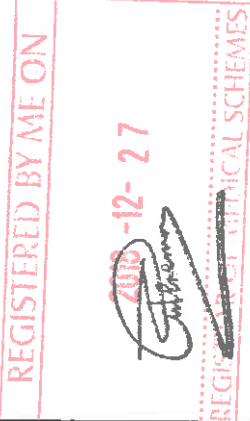
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>and specialised dentistry.</p> <ul style="list-style-type: none"> Services classified as conservative and restorative per tariff code.
B7	<p>Basic Radiology</p> 	<p>100% of Scheme Rate.</p>	<p>Subject to annual hospital limit specified under B: In-Hospital Benefits.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and the use of facility as per B1 or B2 (subject to the basic radiology being related to any of the admissions specified in B2). Includes 2 x 2D ultrasound scans per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan such 3D/4D scan shall be funded

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B8	<p>Advanced Radiology</p> 	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<p>up to the cost of a 2D scan.</p> <ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to specific pre-authorisation, managed care protocols and processes, list of approved services, and use of facility as per B1 or B2 (subject to the advanced radiology being related to any of the admissions specified in B2).
B9	Pathology	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and use of facility as per B1 or B2 (subject to the advanced radiology being related to any of the admissions specified in B2).

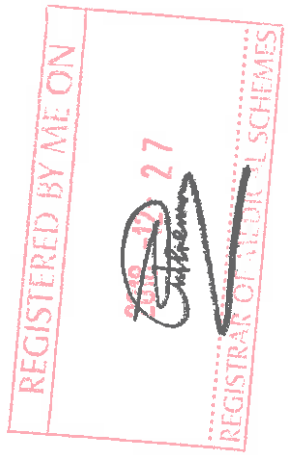
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				to the pathology being related to any of the admissions specified in B2).
B10	Blood Transfusions 	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization and use of facility as per B1 or B2 (subject to the blood transfusion(s) being related to any of the admissions specified in B2). Includes cost of blood, blood equivalents, blood products and the transport thereof.
B11	Physiotherapy	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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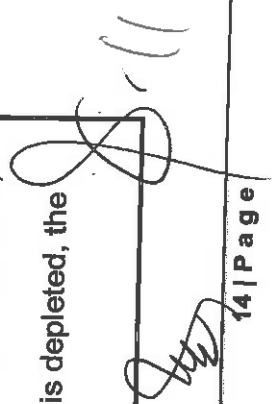
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> Subject to pre-authorization and managed care protocols and processes.
B12	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C13: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R5 292 per Beneficiary per event, utilised within sixty (60) days of surgery.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization and managed care protocols and processes.
B13	Organ and Tissue Transplants	100% of cost, but subject to PMB	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum



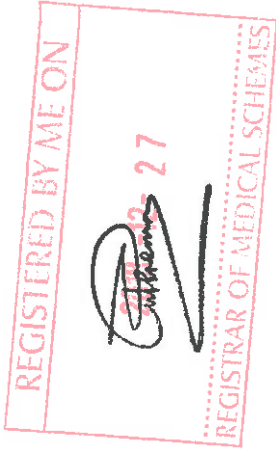
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Includes materials.	legislation.		<ul style="list-style-type: none"> Benefits ("PMBs"). Subject to pre-authorisation, clinical guidelines used in public facilities, and use of facility as per B1.
B14	Prostheses This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and all accompanying temporary and permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.	100% of Scheme Rate, subject to PMBs.	Subject to a sub-limit of R25 075 per family per annum and annual hospital limit specified under B: In-Hospital Benefits. Shared sub-limits with C15: Medical and Surgical Appliances and Prostheses of: <ul style="list-style-type: none"> R4 645 for foot orthotics and 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and use of facility as per B1 (subject to the prostheses and/or device(s) being related to the admission diagnosis and procedure) or B2 (subject to the prostheses and/or device(s) being related to any of the admissions specified in B2). Once the limit is depleted, the

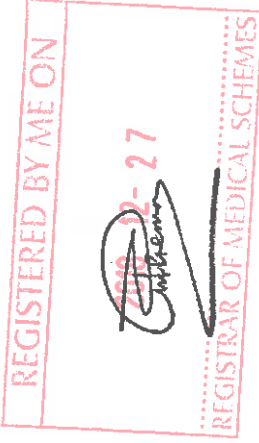
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 REGISTRAR OF MEDICAL SCHEMES


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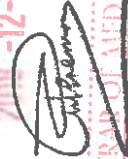
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			prosthetics, with a sub-limit of R1 323 for orthotic shoes, foot inserts and levellers, per Beneficiary per annum; • R527 for crutches per Beneficiary per annum; • R5 797 for wheelchairs per Beneficiary per annum; • R4 743 per hearing aid per Beneficiary per	benefit is unlimited for PMBs. • Bone cement paid from B1 or B2 (subject to the bone cement being related to any of the admissions specified in B2), subject to pre- authorisation. • Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes.




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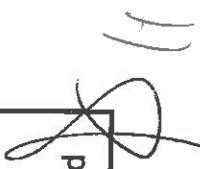
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B15	Emergency Services (Casualty Department)	100% of cost, but subject to PMB legislation.	<p>annum; and</p> <ul style="list-style-type: none"> One (1) CPAP device of up to R6 582 per Beneficiary every thirty six (36) months of month of receipt of device. 	 <ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of facility as per B1, B2 (subject to the emergency service(s) being related to any of the admissions specified in B2), or other registered emergency facility. Subject to authorisation and

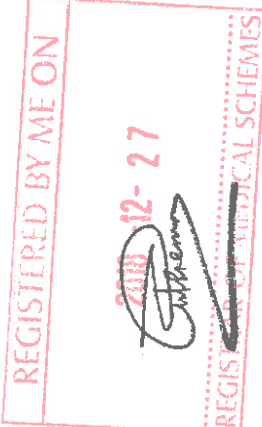
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				managed care protocols and processes.
B16	Renal Dialysis In hospital. Includes materials and related pathology tests. <div data-bbox="805 1429 1056 1861" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON 2019-12-27  REGISTERED OF MEDICAL SCHEMES </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization and managed care protocols and processes. Subject to use of facility as per B1 or B2 (subject to the renal dialysis being related to any of the admissions specified in B2) and clinical guidelines used in public facilities.
B17	Oncology (Chemo and Radiotherapy) In- and out-of-hospital, and includes medicine and	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization and

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	materials. <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> REGISTERED BY ME ON 2018-12-27  REGISTRAR OF MEDICAL SCHEMES </div>			managed care protocols and processes. <ul style="list-style-type: none"> • Subject to Medicine Price List (MPL). • Subject to use of facility as per B1 and clinical guidelines used in public facilities. • Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (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	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation and

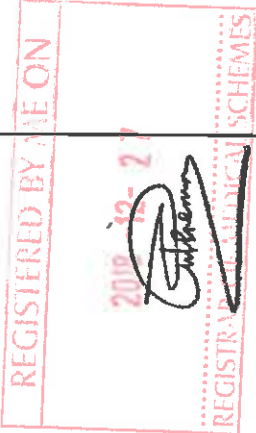



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Practitioners, Psychiatrists and Psychologists. 			managed care protocols and processes. <ul style="list-style-type: none"> • Subject to use of facility as per B1, except in the case of B2. 5.1 – 5.4, i.e. Anxiety Disorders, Bipolar Disorders, Major Depression and Schizophrenia, where facility as per B2 may be used. • Psychologist services are subject to the exclusion of educational and industrial psychologist services.
B19	Alternatives to Hospitalisation 1. Sub-acute Hospitals and Private Nursing.	1. 100% of Scheme Rate.	1. Subject to annual hospital limit specified under B: In-	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation and managed care protocols and


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>2. Hospice</p>	<p>2. 100% of cost, but subject to PMB legislation.</p>	<p>Hospital Benefits and sub-limit of R21 947 per family per annum.</p> <p>2. Unlimited, but subject to PMB legislation.</p>	<p>processes.</p> <ul style="list-style-type: none"> Includes home nursing. Excludes frail care and recuperative holidays. Refer to Annexure E of the GEMS Rules.
B20	<p>Medical Technologists</p> <p>Includes materials.</p> <div data-bbox="975 1429 1225 1861" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center; color: red;">2018-12-27</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Limited to PMBs.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to event pre-authorization and use of facility as per B1 or B2 (subject to the service(s) being related to any of the admissions specified in B2).
B21	<p>Breast Reductions</p>		<p>No benefit, unless PMB.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B22	Allied Health Services Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.	100% of cost, but subject to PMB legislation. 	Limited to PMBs.	Benefits ("PMBs"). <ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to referral by DSP/Network Family Practitioner, managed care protocols and processes, and use of facility as per B1 (subject to the service(s) being related to the admission diagnosis) or B2 (subject to the service(s) being related to any of the admissions specified in B2).
B23	Alcohol and Drug Dependencies	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation, managed care protocols and

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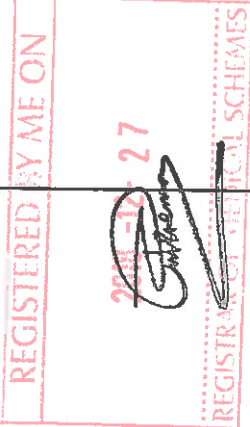
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C	OUT-OF-HOSPITAL BENEFITS			processes, and use of DSP.
C1	<p data-bbox="507 1413 539 1830">Family Practitioner Services</p> <p data-bbox="667 1447 703 1830">1. DSP/ Network providers.</p> <div data-bbox="756 1413 995 1843" style="border: 1px solid red; padding: 5px;"> <p data-bbox="762 1447 794 1800">REGISTERED BY ME ON</p> <p data-bbox="858 1536 895 1720">2014-12-27</p>  <p data-bbox="963 1413 995 1830">REGISTRATION OF HEALTH CARE SCHEMES</p> </div> <p data-bbox="1046 1458 1134 1830">2. Voluntary use of Out-of-Network providers.</p>	<p data-bbox="655 1088 743 1368">1. 100% of Scheme Rate.</p> <p data-bbox="1038 1111 1230 1368">2. 80% of Scheme Rate (20% member co-payment).</p>	<p data-bbox="655 864 695 1043">1. Unlimited.</p> <p data-bbox="1038 786 1342 1043">2. Limited to three (3) visits per family per annum and R1 085 per event.</p>	<ul data-bbox="523 259 616 730" style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). <p data-bbox="703 237 999 730">1. Benefit covers consultations and approved minor procedures at DSP/ Network providers, and subject to medical necessity and managed care protocols and processes.</p> <p data-bbox="1078 248 1222 730">2. Member must pay the claim and submit the claim with proof of payment for reimbursement.</p>


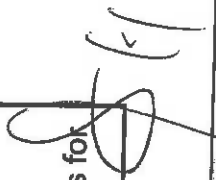
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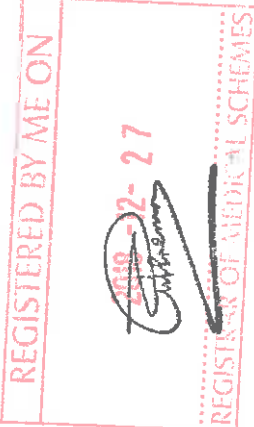
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>3. Emergency Medical Conditions at DSP and involuntary use of non-DSP provider.</p>	<p>3. 100% of cost, but subject to PMB legislation. Refer to Annexure G of the GEMS Rules.</p> <p>4. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in-hospital.</p>	<p>3. Unlimited for PMBs, but subject to PMB legislation.</p>	<p>3. Treatment for Emergency Medical Condition (as defined in Section 4 of the main body and Annexure G of the GEMS Rules) at DSP or registered emergency medical facility.</p> <p>4. Subject to managed care protocols and processes. Refer to Network Family Practitioner Guide.</p> <div data-bbox="997 280 1276 728" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>27 APR 19</p> <p><i>Sapphire</i></p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
C2	Screening Services	100% of Scheme	Payable from Risk.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum


Sapphire

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Serum Cholesterol, Bone Density Scan, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Childhood Hearing, Childhood Optometry, Serum Glucose, Occult Blood test, Thyrotropin (TSH) for Neonatal Hypothyroidism and Mammogram and other screening according to evidence-based standard practice.	Rate. 	All screenings are limited to one (1) per annum, unless otherwise indicated herein.	Benefits ("PMBs"). <ul style="list-style-type: none"> • All subject to managed care protocols and processes. • Pap smears include liquid based cytology. • Neonatal Hypothyroidism screening test-TSH (Thyrotropin)-tariff 4507 only. • Includes screening services provided in pharmacies.
C3	Preventative Care Services Influenza Vaccination, HPV Vaccination and Pneumococcal Vaccination.	100% of Scheme Rate.	Payable from Risk. All vaccinations are limited to one (1) per annum, unless	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Annual Influenza Vaccinations for


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>otherwise indicated herein.</p>	<p>Beneficiaries at risk in accordance with managed care protocols.</p> <ul style="list-style-type: none"> • Pneumococcal vaccines every five (5) 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 pharmacies.
C4	<p>Specialist Services</p>	<p>100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for established</p>		<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to DSP/Network Family Practitioner referral and managed

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		<p>Network Specialists.</p> <p>Reimbursement at 200% of Scheme</p> <p>Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.</p> <p>Reimbursement at 200% of Scheme</p> <p>Rate for cataract procedures, performed by Ophthalmologists in their rooms.</p>		<p>care treatment plans, protocols and processes.</p> <ul style="list-style-type: none"> • Pre-authorisation required for each visit, procedure or referral. • Ante-natal visits, subject to Maternity Programme Protocols. <div data-bbox="821 280 1093 716" style="border: 1px solid red; padding: 5px; margin: 10px auto; text-align: center;"> <p>REGISTERED BY ME ON</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
C5	Dental Services			<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<ol style="list-style-type: none"> 1. Examinations. 2. Preventative treatment. 3. Conditions with pain and sepsis. 4. Fillings. 5. Clinically indicated dental services, including extractions and emergency root canal procedures. 6. Intra-oral radiography. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center; color: red; font-weight: bold;">2018-12-27</p> <p style="text-align: center; color: red; font-weight: bold;">  <small>REGISTRAR OF DENTAL SCHEMES</small> </p> </div>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>1 and 2: Two (2) treatment episodes per Beneficiary per annum.</p> <p>3, 4, 5 and 6: Two (2) events per Beneficiary per annum, subject to PMBs.</p>	<p>1 and 2: Subject to list of approved services, managed care protocols and processes, and use of DSP.</p> <p>3, 4, 5, 6, and 7: Subject to list of approved services, managed care protocols and processes, and use of DSP.</p> <p>Panoramic x-rays included.</p> <p>Four (4) bitewing x-rays per Beneficiary per year included.</p> <p>Fluoride treatment excluded for Beneficiaries older than sixteen (16) years of age.</p> <p>Dental services classified as conservative, restorative and specialised per tariff code.</p>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>7. Plastic Dentures.</p> <p>8. Specialised dentistry and other dentures.</p>		<p>7: In accordance with the approved Scheme Tariff.</p> <p>8: No benefit, limited to PMB's.</p> <p>Panoramic x-rays limited to one (1) x-ray every three (3) years per Beneficiary.</p> <p>Emergency out-of-Network visits, limited to one (1) event per Beneficiary per annum.</p>	
C6	Prescribed Medication and Injection Material			<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum

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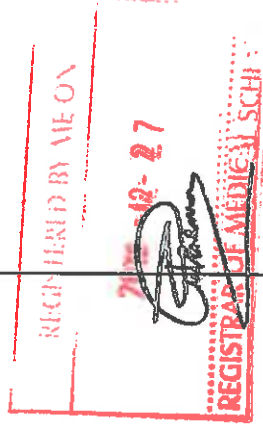
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>1. Acute Medical Conditions.</p>	<p>1. 100% of Scheme Rate.</p> <div data-bbox="1054 904 1305 1317" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">REGISTERED BY VET</p> <p style="text-align: center;">2019-12-27</p> <p style="text-align: center;"><i>Esther</i></p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>1. Unlimited, save for the limit of R 555 per family per annum for homeopathic medicine.</p>	<p>Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Prescribed and administered by a professional, legally entitled to do so. <p>1. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, formulary and processes, and prescription by a DSP/Network practitioner. • Dispensed by DSP/Network dispensing practitioner or DSP/Network pharmacy. • Medication prescribed by a Specialist is only covered if the patient (Beneficiary) was referred to the Specialist by a DSP/Network practitioner and the visit pre-authorised.

Esther


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>2. Chronic Medical Conditions.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center; color: red; font-weight: bold;">12-27</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">REGISTERED OF MEDICAL SCHEMES</p> </div>	<p>2. 100% of cost, but subject to PMB legislation.</p>	<p>2. Limited to CDL and DTP PMB chronic conditions. Unlimited, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> • A 30% co-payment shall apply to voluntary use of out-of-formulary medicine and voluntary use of a non-Network pharmacy or non-DSP dispensing GP. • The dispensing fee is as per the contracted network pharmacy rate. • Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> • Application, approval, formulary, Medicine Price List, managed care protocols and processes, and prescription by DSP practitioner.

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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>3. Limited to R90 per Beneficiary per event and R250 per Beneficiary per annum.</p>	<ul style="list-style-type: none"> • Medication prescribed by a Specialist is only covered if the patient (Beneficiary) was referred to the Specialist by a DSP practitioner and the visit pre-authorized. • Dispensed by Chronic Medicine Pharmacy DSP. • A 30% co-payment shall apply to voluntary use of out-of-formulary medicine and voluntary use of a Non-DSP. <p>3. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, formulary and processes, and obtained from DSP for minor ailments. • Only MCC-registered




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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	4. Contraceptives: Oral, insertables, injectables and dermal.	4. 100% of Scheme Rate.	4. Limited to R2 822 per Beneficiary per annum.	Schedule 0, 1 and 2 medicines payable from the OTC benefit. 4. Subject to the following: <ul style="list-style-type: none"> • Managed care protocols, formulary and processes.
C7	Basic Radiology <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 0 auto;"> REGISTERED BY ME ON 2018 12-27  REGISTERED BY ME ON ALL SCHEMES </div>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to referral by DSP Family Practitioner and list of approved services. • Examinations requested by a Specialist are covered, subject to the list of approved services, if patient (Beneficiary) was referred by DSP Family Practitioner, and


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>the Specialist visit pre-authorised.</p> <ul style="list-style-type: none"> • Pre-authorisation required for certain examinations as per the managed care Radiology Request Form. • 2 x 2D ultrasound scans per pregnancy, provided for by C20: Maternity (Maternity Programme). Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.
C8	Advanced Radiology	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to specific pre-authorisation, managed care protocols and processes, and use

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C9	Pathology 	100% of Scheme Rate.	Unlimited.	<p>of facility as per B1 or B2 (subject to the advanced radiology being related to any of the admissions specified in B2).</p> <ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to referral by DSP Family Practitioner or other accredited service provider, and subject to the list of approved tests. Pre-authorisation is required for certain tests as stipulated on the managed care Pathology Request Form. Tests requested by a Specialist are covered, subject to the list of approved services, if patient (Beneficiary) was referred by

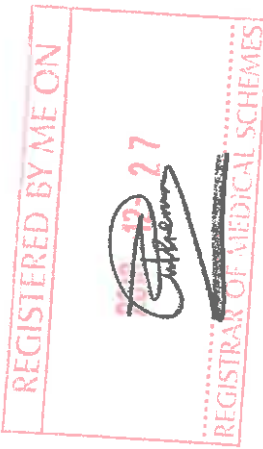
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C10	<p>Optical Services Eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medication.</p> 	100% of Scheme Rate.	<p>Limited to R4 270 per family for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first rendered to any Beneficiary following the end of such previous two (2) year period (if any) ended on 31 December ("Financial Cycle").</p>	<p>DSP practitioner, and the Specialist visit was pre-authorised.</p> <ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of Optometry Network. Acute medication to be prescribed by DSP Family Practitioner, subject to Medicine Formulary. Optical benefit is not pro-rated, irrespective of date of Beneficiary registration. Excludes variable tint and photochromic lenses. Includes tinted lenses, up to a tint


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>Limited to:</p> <ul style="list-style-type: none"> One (1) eye examination per Beneficiary per twenty four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and One (1) frame (subject to the approved list of frames) and one (1) pair of either 	<p>of 35%, for Beneficiaries with albinism and proven photophobia, subject to pre-authorisation.</p> <ul style="list-style-type: none"> Refer to Annexure E of the GEMS Rules for Optometry Exclusions. <div data-bbox="766 246 1029 694" style="border: 1px solid red; padding: 5px; margin: 10px auto; text-align: center;"> <p>REGISTERED BY ME ON</p> <p><i>Siddhant 27</i></p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>

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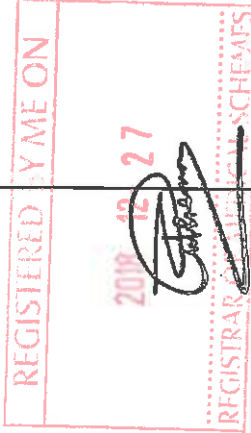
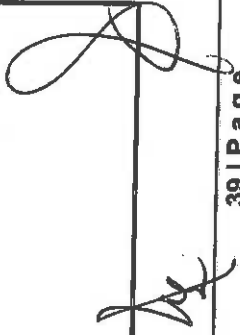
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>single vision lenses or bifocal lenses, or 4 x boxes of disposable contact lenses, or one (1) set of permanent contact lenses, per Beneficiary per twenty four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Optical</p>	

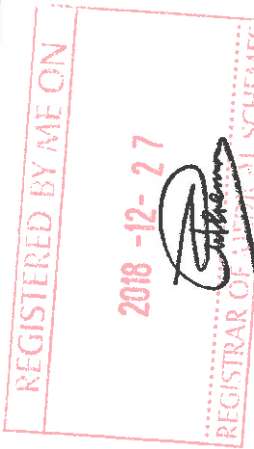
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>Appliance Cycle").</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p> <p>Post cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 118 for both lens and frame, with a sublimit of R221 for the frame.</p>	
C11	<p>Allied Health Services Include Chiropractors,</p>	<p>100% of cost, but subject to PMB</p>	<p>Limited to PMBs.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Dieticians, Homeopaths, Podiatrists, Phytotherapists, Physiotherapists, Social Workers, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.	legislation.		<ul style="list-style-type: none"> Benefits ("PMBs"). Subject to referral by DSP Family Practitioner and pre-authorisation.
C12	Physiotherapy	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to referral by DSP Family Practitioner and pre-authorisation.
C13	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy 	100% of Scheme Rate	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision)	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation and managed care protocols and processes. 

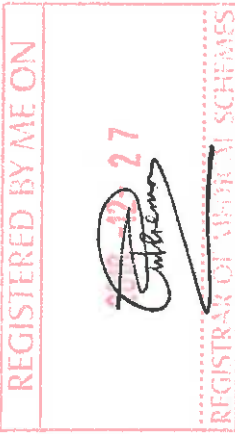
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Physiotherapy) up to a limit of R5 292 per Beneficiary per event, utilised within 60 days of surgery.	
C14	Audiology, Occupational Therapy and Speech Therapy	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to referral by DSP Family Practitioner and managed care protocols and processes.
C15	Medical and Surgical Appliances and Prostheses Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits,	100% of Scheme Rate, subject to PMBs.	Limited to R6 582 per family per annum, with the following sub-limits (shared sublimit with B14: Prostheses): <ul style="list-style-type: none"> R4 645 per 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to prescription by a DSP practitioner and managed care protocols and processes. Foot orthotics and prosthetics,

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Diabetic Equipment, Foot Orthotics and External Prostheses. Applicable in- and out-of-hospital. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON  REGISTRAR OF MEDICAL SCHEMES </div>		Beneficiary for foot orthotics and prosthetics, with a sub-limit of R1 323 for orthotic shoes, foot inserts and levellers, per Beneficiary per annum; <ul style="list-style-type: none"> R527 for crutches per Beneficiary per annum; R5 797 for wheelchairs per Beneficiary per annum; R4 743 per 	subject to formulary and managed care protocols and processes. <ul style="list-style-type: none"> Bilateral hearing aids every thirty six (36) months.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>hearing aid per Beneficiary per annum: and</p> <ul style="list-style-type: none"> One (1) CPAP device of up to R6 582 per Beneficiary every thirty six (36) months of month of receipt of device. 	
C16	<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"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization and managed care protocols and processes. Subject to use of Renal Dialysis Network DSP, failing which, a co-

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				payment of 30% per event shall apply in accordance with Network rules.
C17	<p>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</p> <p style="text-align: center;">  </p>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Pre-exposure prophylaxis included for high risk Beneficiaries, subject to managed care protocols and processes.
C18	<p>Mental Health</p> <p>Consultations, assessments, treatment and/or counselling by Family Practitioner, Psychiatrist, Psychologist and Psychometrist.</p>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and use of DSP/Network Family

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Practitioner and Specialist Network. <ul style="list-style-type: none"> Psychologist services are subject to the exclusion of educational and industrial psychologist services.
C19	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation, managed care protocols and processes, and use of DSP.
C20	Maternity Ante and post-natal care. <div data-bbox="1209 1214 1455 1653" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON  20/07/2017 REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate.	Subject to Maternity Programme Protocols.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to referral from DSP/Network Family Practitioner, registration on Maternity <div data-bbox="1385 107 1560 586" style="text-align: right;">  11 </div>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>Programme, and managed care protocols and processes.</p> <ul style="list-style-type: none"> Includes benefits defined in managed care protocols, paid from risk, and 2 x 2D ultrasound scans per pregnancy. <p>Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.</p>
C21	Emergency Assistance (Road and Air)	<p>100% of cost, but subject to PMB legislation.</p>	<p>Unlimited, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of Emergency Services DSP and managed care protocols and processes.
C22	Circumcision	100% of cost.	Limited to global fee	<ul style="list-style-type: none"> All limits are subject to A:

REGISTERED BY MEDICAL

 2023-03-27
 REGISTRAR OF MEDICAL SOCIETIES

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C23	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate	of R1 498 per Beneficiary, which includes all post-op care within a month of procedure.	Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Subject to pre-authorisation, managed care protocols and processes, and use of the DSP. • Out of hospital only. • Limit applies to all related costs (consult, medication etc.)
				<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

REGISTERED BY ME ON

2019-12-27

REGISTRAR OF HEALTH SCHEMES

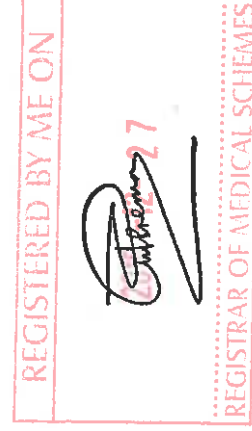
Legend:

Scheme Rate

See Rule 4.36 of the GEMS Rules

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

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



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