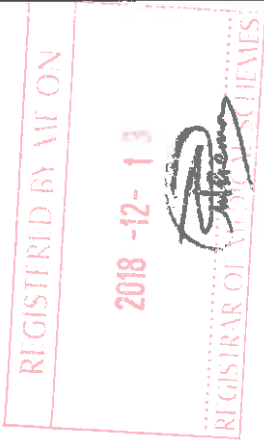



ANNEXURE C 2018 7

BERYL

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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs) 	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> 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

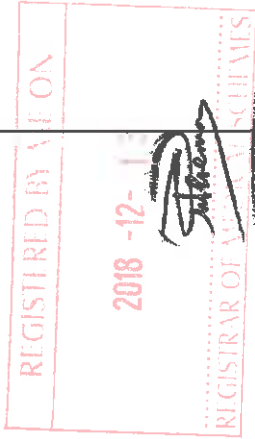


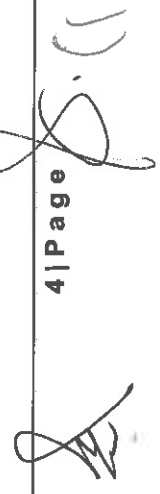

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>condition;</p> <ul style="list-style-type: none"> ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), <p>subject to:</p> <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




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	IN-HOSPITAL BENEFITS	100% of Scheme Rate.	Subject to overall hospital limit of R1 097 425 per family per annum and such sub-limits as provided for.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Services rendered by DSP. • Chronic Medicine Provided by Chronic DSP.
B1	Public Hospitals and GEMS-Approved Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities: 1. Accommodation in a general ward, high care	100% of Scheme Rate, subject to PMBs.	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

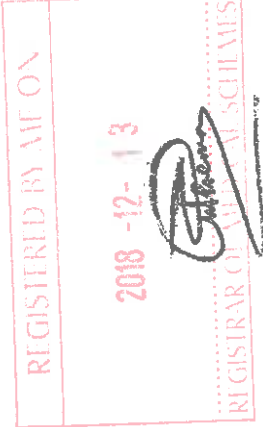
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>ward and intensive care unit (ICU);</p> <p>2. Theatre fees;</p> <p>3. Medicines, materials and hospital equipment (includes bone cement for prostheses);</p> <p>4. Confinements and midwives; and</p> <p>5. Neonatal care.</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 (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-




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>authorisation, managed care protocols and processes</p> <ul style="list-style-type: none"> TTO limited to seven (7) days.
B2	<p>Maternity Hospital, home birth or accredited birthing unit.</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Unlimited, but subject to PMB legislation.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> Subject to registration on Maternity Programme prior to admission, and managed care protocols and processes. Authorisation shall be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is

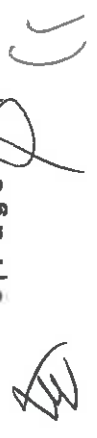
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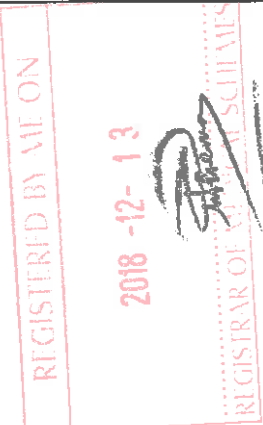
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>admitted to a hospital (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> In the event of an admission for an Emergency Medical Condition, the Scheme shall be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply. Includes complications for mother and neonate. Elective Caesarean Sections may be subjected

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>to second opinion and managed care protocols and processes.</p> <ul style="list-style-type: none"> Benefit includes midwife services.
B3	<p>Family Practitioner Services Consultations and visits.</p>	<p>100% of Scheme Rate.</p> <div data-bbox="863 1081 1145 1514" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON 2018 -12- 13 REGISTRAR OF STRAITS STATES</p> </div>	<p>Subject to annual hospital limit specified under B: In-Hospital Benefits. Reimbursement according to Scheme-approved tariff file. Child birth by a Family Practitioner.</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. Reimbursement rate applicable to both Caesarean delivery and non-Caesarean delivery.
B4	<p>Specialist Services Consultations and visits.</p>	<p>100% of Scheme Rate for non-Network</p>	<p>Subject to annual hospital limit specified under B: In-Hospital</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		Specialists. 130% of Scheme Rate for Network Specialists.	Benefits. Reimbursement according to Scheme-approved tariff file.	Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and use of facility as per B1.
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. 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"). Subject to pre-authorisation, case management and use of facility as per B1. Excludes Osseo-integrated Implants and Orthognathic Surgery.
B6	Dentistry Conservative, restorative and specialized dentistry.	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits and out-of-	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B7	<p style="text-align: center;">  </p> <p>Basic Radiology</p>	100% of Scheme Rate.	<p>hospital dentistry limits specified under C5: Dental Services. Refer to Annexure E of the GEMS Rules.</p>	<ul style="list-style-type: none"> • Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars. • Subject to pre-authorisation, list of approved services and use of Day Theatres and DSP hospitals. • Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery. • Services classified as conservative, restorative and specialised per tariff code.
			Subject to annual	<ul style="list-style-type: none"> • All limits are subject to A:



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>hospital limit specified under B: In-Hospital Benefits.</p>	<p>Statutory Prescribed Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to managed care protocols and processes, and the use of facility as per B1. • 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 up to the cost of a 2D scan.
B8	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-authorization, managed




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				care protocols and processes, and list of approved services.
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.
B10	Blood Transfusions	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits and sub-limit of R21 947 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation and use of facility as per B1. Includes cost of blood, blood equivalents, blood products and the transport thereof.

REGISTERED BY ME ON
2018 -12- 13

REGISTRAR OF MEDICAL SCHEMES





NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
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"). 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.	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-authorisation and managed care protocols and processes.


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B13	<p>Organ and Tissue Transplants</p> <p>Includes materials.</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-authorisation, clinical guidelines used in public facilities, and use of facility as per B1.
B14	<p>Prostheses</p> <p>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.</p>	<p>100% of Scheme Rate, subject to PMBs.</p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red;">REGISTERED BY ME ON</p> <p style="text-align: center; color: red;">2018 -12- 13</p> <p style="text-align: center; color: red;">REGISTRAR OF VETERINARY OFFICIALS</p>  </div>	<p>Subject to annual hospital limit specified under B: In-Hospital Benefits and sub-limit of R32 925 per family per annum.</p> <p>Shared sub-limit with C15: Medical and Surgical Appliances and Prostheses of:</p> <ul style="list-style-type: none"> R4 631 for foot 	<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. Scheme may obtain competitive quotes or arrange supply of prosthesis. Once the limit is depleted


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2018 -12- 13</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>orthotics and prosthetics, with a sub-limit of R 1 323 for orthotic shoes, foot inserts and levellers per Beneficiary per annum;</p> <ul style="list-style-type: none"> • R527 for crutches per Beneficiary per annum; • R5 797 for wheelchairs per Beneficiary per annum; • R8 432 per hearing aid per Beneficiary per annum; and 	<p>the benefit is unlimited for PMBs.</p> <ul style="list-style-type: none"> • Bone cement paid from B1, 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.

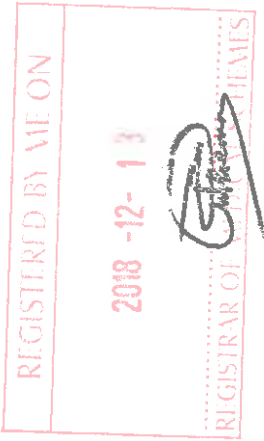
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B15	<p>Emergency Services (Casualty Department)</p> 	100% of cost, but subject to PMB legislation.	<ul style="list-style-type: none"> One (1) CPAP device of up to R10 013 per Beneficiary 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, or other registered emergency facility. Subject to authorisation and managed care protocols and processes.
B16	Renal Dialysis	100% of Scheme Rate,	Subject to annual	<ul style="list-style-type: none"> All limits are subject to A:

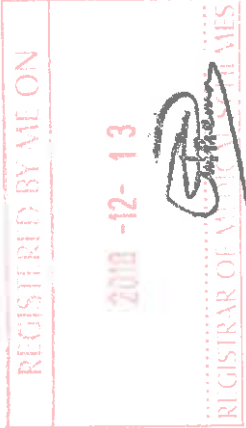


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>In hospital.</p> <p>Includes materials and related pathology tests.</p> <div data-bbox="651 1397 895 1823" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY A/E ON</p> <p>2018 -12- 13</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>subject to PMBs.</p>	<p>hospital limit specified under B: In-Hospital Benefits and sub-limit of R219 481 per family per annum.</p>	<p>Statutory Prescribed Minimum Benefits ("PMBs").</p> <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. • Once the limit is depleted, the benefit is unlimited for PMBs.
B17	<p>Oncology (Chemo and Radiotherapy)</p> <p>In- and out-of-hospital, and includes medicine and materials.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to annual hospital limit specified under B: In-Hospital Benefits and sub-limit of R219 481 per family per annum.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to pre-authorisation and managed care protocols and processes.




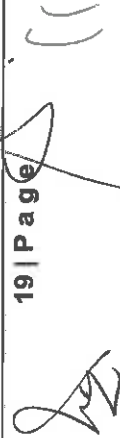
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> • Subject to Medicine Price List (MPL). • Subject to use of facility as per B1 and clinical guidelines used in public facilities. • Once the limit is depleted, the benefit is unlimited for PMBs. • Excludes 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.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B18	<p>Mental Health Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and Psychologists.</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 pre-authorisation and managed care protocols and processes. Subject to use of facility as per B1. Psychologist services are subject to the exclusion of educational and industrial psychologist services.
B19	<p>Alternatives to Hospitalisation 1. Sub-acute Hospitals and Private Nursing.</p>	1. 100% of Scheme Rate.	1. Subject to annual hospital limit specified under B: In-Hospital	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation and managed care




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	2. Hospice	2. 100% of cost, but subject to PMB legislation.	Benefits and sub-limit of R21 947 per family per annum. 2. Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> protocols and processes. Includes physical rehabilitation for approved conditions. Includes home nursing. Excludes Frail Care and recuperative holidays. Refer to Annexure E of the GEMS Rules.
B20	Medical Technologists 	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits and sub-limit of R21 947 per family per annum.	<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.
B21	Breast Reductions		No benefit.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed



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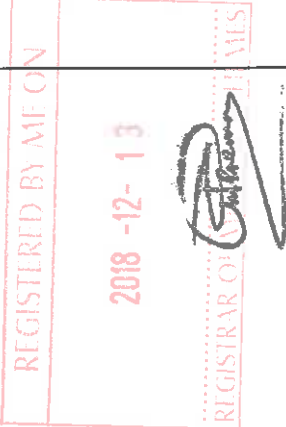
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B22	Allied Health Services: Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Annual limit of R2 187 per Beneficiary and R3 291 per family. Sub-limit of R1 599 per family for Social Workers and Registered Counsellors.	Minimum 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 and managed care protocols and processes. Subject to service(s) being related to admission diagnosis.
B23	Alcohol and Drug Dependencies	100% of cost, but subject to PMB legislation.	Limited to PMBs.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> Subject to pre-authorisation, managed care protocols and processes, and use of

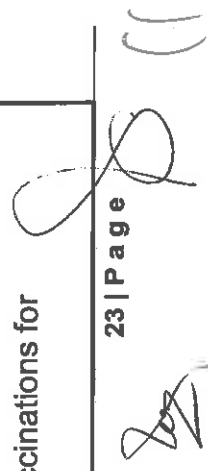
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				DSP.
C	OUT-OF-HOSPITAL BENEFITS			
C1	<p>Family Practitioner Services</p> <p>1. DSP/Network providers.</p> <div data-bbox="810 1397 1054 1827" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY MFM ON</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>2. Voluntary use of Out-of-Network providers.</p>	<p>1. 100% of Scheme Rate.</p> <p>2. 80% of Scheme Rate (20% member co-payment).</p>	<p>1. Unlimited.</p> <p>2. Limited to three (3) visits per family per</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). <p>1. Benefit covers consultations and approved minor procedures at DSP/Network providers, subject to medical necessity and managed care protocols and processes.</p> <p>2. Member must pay the claim and submit the claim with proof of payment for</p>

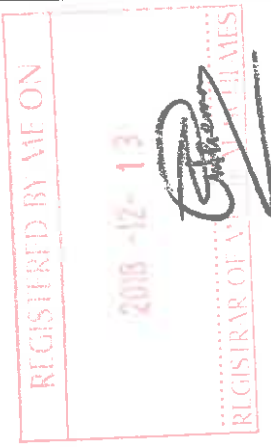


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C2	<p>3. Emergency Medical Conditions at DSP and involuntary use of non-DSP provider for PMBs.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 0;">2018 -12- 13</p> <p style="text-align: center; margin: 0;"><i>[Signature]</i></p> <p style="text-align: center; margin: 0;">REGISTRAR OF SOCIETIES</p> </div>	<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, done in doctors' rooms instead of in-hospital.</p>	<p>annum and R1 086 per event.</p> <p>3. Unlimited, but subject to PMB legislation.</p>	<p>reimbursement.</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 Family Practitioner Guide.</p>
	Screening Services	100% of Scheme Rate.	Payable from Risk.	<ul style="list-style-type: none"> All limits are subject to A:


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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, Thyrotropin (TSH) for Neonatal Hypothyroidism and Mammogram and other screening according to evidence-based standard practice.		All screenings are limited to one (1) per annum, unless otherwise indicated herein.	Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Pap smears include liquid-based cytology. • Neonatal Hypothyroidism screening test-TSH (Thyrotropin)-tariff 4507 only. • All subject to managed care protocols and processes. • 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 otherwise indicated	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Annual Influenza Vaccinations for




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>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	Specialist Services	100% of Scheme Rate for non-Network Specialists.	Limited to three (3) consultations or R2 633 per Beneficiary	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2018 -12- 13  REGISTRAR OF CLINICIANS </div>	<p>130% of Scheme Rate for Network Specialists. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.</p> <p>Reimbursement at 200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.</p>	<p>and five (5) consultations or R3 949 per family per annum.</p>	<ul style="list-style-type: none"> • Pre-authorisation required for each visit, procedure or referral. • Subject to DSP/Network Family Practitioner referral, list of approved services for radiology and pathology, treatment plans and managed care protocols and processes. • Ante-natal visits, subject to Maternity Programme Protocols.
C5	Dental Services	100% of Scheme Rate.		<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
	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; text-align: center;"> REGISTERED BY AIE ON 2018 -12- 11  REGISTRAR OF AIE OF SICHUAN </div>	1 and 2: Two (2) treatment events per Beneficiary per annum. 3: Two (2) events per Beneficiary per annum, subject to PMBs. 4: Unlimited at DSP. 5 and 6: One (1) event per Beneficiary per annum, subject to PMBs, provided that Panoramic x-rays are limited to one (1) x-ray every three (3) years per Beneficiary.	1 and 2: Subject to list of approved services, managed care protocols and processes, and use of DSP. 3, 4, 5, 6, 7, 9 and 10: Subject to list of approved services, managed care protocols and processes, and use of DSP. Panoramic x-rays included. Four (4) bitewing x-rays per Beneficiary per year included. Fluoride treatment excluded for Beneficiaries older than sixteen (16) years of age. Dental services classified as conservative, restorative and specialised per tariff code.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>7. Emergency non-DSP visit.</p> <p>8. Plastic Dentures.</p> <p>9. Specialised Dentistry.</p> <p>10. Acute Medicine.</p>		<p>7: Emergency out-of-Network visit, limited to one (1) event per Beneficiary per annum.</p> <p>8: In accordance with the approved Scheme Tariff.</p> <p>9: Subject to a limit of R3 434 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 Benefits ("PMBs").




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>1. Acute Medical Conditions.</p>	<p>1. 100% of Scheme Rate.</p>	<p>1. Unlimited, save for the limit of R555 per family per annum for homeopathic medicine.</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. ? a • Prescription by a DSP/Network Family Practitioner. • Dispensed by a DSP/Network dispensing practitioner or DSP/Network pharmacy. ? b • Medication prescribed by

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>a Specialist is only covered if the patient (Beneficiary) was referred to the Specialist by a DSP/Network practitioner and the visit pre-authorized.</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-DSP/Network pharmacy. • The dispensing fee is as per the contracted Network pharmacy rate. • Benefit includes prescribed maternity vitamin supplements.



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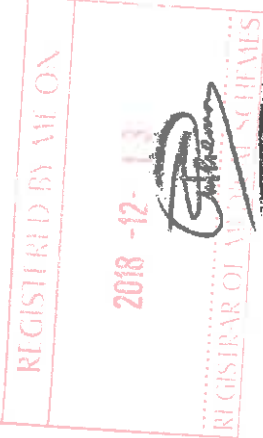
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>2. Chronic Medical Conditions: CDL and DTP PMB chronic conditions.</p>	<p>2. 100% of cost, but subject to PMB legislation.</p>	<p>2. Unlimited for CDL and DTP PMB chronic conditions, but subject to PMB legislation.</p>	<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. • 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-authorized. • Dispensed by Chronic Medicine Pharmacy DSP.

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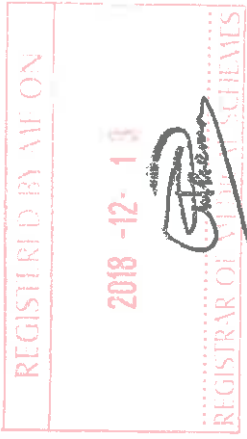
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>3. Self-Medication: Over-the-Counter (OTC) Medicine.</p> <div data-bbox="871 1402 1117 1827" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red;">REGISTERED BY ME/ON</p> <p style="text-align: center; color: red;">2018 -12- 13</p> <p style="text-align: center; color: red;">  REGISTRAR OF SCHEMES </p> </div>	<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"> • A 30% co-payment shall apply to voluntary use of out-of-formulary medicine and voluntary use of Non-DSP pharmacy. 3. Subject to the following: <ul style="list-style-type: none"> • Managed care protocols, formulary and processes. • For minor ailments, dispensed by a Network pharmacy. • Only MCC-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit.

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.	4. Subject to managed care protocols, formulary and processes.
C7	Basic Radiology 	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 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 the visit pre-authorised. Pre-authorisation required for certain examinations as per the managed care

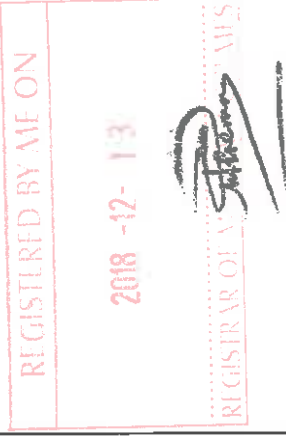


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>Radiology Request Form.</p> <ul style="list-style-type: none"> • 2 x 2D ultrasound scans per pregnancy provided for by C20: Maternity. • Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.
C8	<p>Advanced Radiology</p> 	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Shared limit with B8: Advanced Radiology of R32 925 per family per annum.</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, and use of facility as per B1.
C9	<p>Pathology</p>	<p>100% of Scheme Rate.</p>	<p>Unlimited.</p>	<ul style="list-style-type: none"> • All limits are subject to A:



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>Statutory Prescribed Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to referral by DSP practitioner or other accredited service provider, and list of approved tests. • Pre-authorization 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 DSP practitioner, and the Specialist visit was pre-authorized.

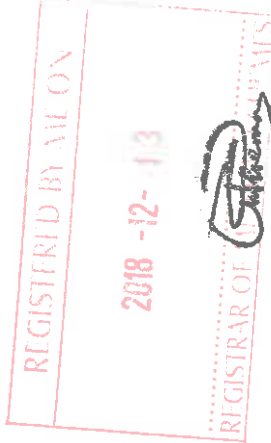
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C10	<p>Optical Services Eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medication.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY AIE ON</p> <p style="text-align: center; margin: 0;">2018 -12-13</p> <p style="text-align: center; margin: 0;"><i>[Signature]</i></p> <p style="text-align: center; margin: 0;">REGISTRAR OF HEALTH SCHEMES</p> </div>	100% of Scheme Rate.	Limited to R1 445 per Beneficiary for every two (2) 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 (2) year period (if any) ended on 31 December ("Financial Cycle"). Limited to: <ul style="list-style-type: none"> • One (1) eye examination per Beneficiary per 	<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 of 35%, for albinism and proven photophobia, subject to pre-authorisation.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and</p> <ul style="list-style-type: none"> One (1) frame (subject to the approved list of frames) and one (1) pair of either single vision lenses or bifocal lenses, or 4 x boxes of disposable contact lenses, or one (1) 	<ul style="list-style-type: none"> Refer to Annexure E of the GEMS Rules for Optometry Exclusions.



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>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 Appliance Cycle").</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p> <p>Post cataract surgery,</p>	<p>REGISTERED BY ME ON</p> <p>2018 -12- 13</p> <p><i>[Signature]</i></p> <p>REGISTRAR OF OPTICIANS</p>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C11	Allied Health Services: Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Physiotherapists, Social Workers, Registered Counsellors and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	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.	<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 and pre- authorisation.
C12	Physiotherapy	100% of Scheme Rate,	Annual limit of R2 126 per Beneficiary and R3 197 per family. Sub-limit of R1 599 per family for Social Workers and Registered Counsellors.	<ul style="list-style-type: none"> All limits are subject to A: All limits are subject to A:

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		subject to PMBs.	Allied Health Services benefit limit, unless PMBs.	Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Subject to referral by DSP practitioner and managed care.
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 Physiotherapy) up to a limit of R5 292 per Beneficiary per event, utilised within 60 days of surgery.	<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.
C14	Audiology, Occupational	100% of Scheme Rate,	Included in C11:	<ul style="list-style-type: none"> • All limits are subject to A:

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Therapy and Speech Therapy	subject to PMBs.	Allied Health Services benefit limit, unless PMBs.	Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Subject to referral by DSP/Network Family Practitioner and managed care protocols and processes.
C15	Medical and Surgical Appliances and Prostheses: Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulisers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and external prostheses. In- and out-of-hospital.	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits and sub-limit of R10 974 per family per annum, with the following sub-limits (shared with B14: Prostheses): <ul style="list-style-type: none"> • R4 631 per Beneficiary for foot orthotics and 	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Subject to prescription by a DSP practitioner and managed care protocols and processes. • Foot orthotics and prosthetics subject to formulary and managed care protocols and


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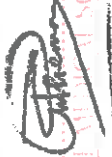
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			prosthetics, with a sub-limit of R1 323 for orthotic shoes, foot inserts and levellers per Beneficiary per annum; <ul style="list-style-type: none"> • R527 for crutches per Beneficiary per annum; • R5 797 for wheelchairs per Beneficiary per annum; • R8 432 per hearing aid per Beneficiary per annum; and 	processes. <ul style="list-style-type: none"> • Bilateral hearing aids every thirty six (36) months.

REGISTERED BY ME ON
 2018 -12- 13

 REGISTRAR OF THE SCHEDULE

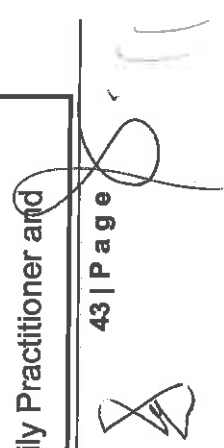

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C16	<p>Renal Dialysis Out-of-hospital. Includes materials and related pathology tests.</p>	<p>100% of cost, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> One (1) CPAP device of up to R10 013 per Beneficiary every thirty six (36) months of month of receipt of device. 	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2018 -12- 13</p>  <p>REGISTRAR OF VULNERABLE SCHEMES</p> </div> <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. Subject to use of Renal Dialysis Network DSP, failing which, a co-payment of 30% per event shall apply in accordance with Network

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C17	HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.
C18	Mental Health Consultations, assessments, treatment and counselling by Family Practitioner, Psychiatrist and Psychologist.	100% of Scheme Rate, subject to PMBs.	<p>Subject to annual hospital limit and combined in- and out-of-hospital sub-limit of R9 971 per family per annum.</p> <p>Limited to one (1)</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 use of DSP/Network Family Practitioner and

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			individual Psychologist consultation and one (1) group Psychologist consultation per day.	Specialist Network. <i>2</i> <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.	100% of Scheme Rate.	Part of Specialist Benefit.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to referral from DSP/Network Family <i>2</i>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>Practitioner, registration on Maternity 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. 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.
C21	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"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of Emergency Services DSP

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				and managed care protocols and processes.
C22	Circumcision	100% Scheme Rate.	Global fee of R1 498 per Beneficiary, which includes all post-op care within a month of procedure.	<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 the DSP/Network. X Out-of-hospital only. X Limit applies to all related costs (consult, medication etc.).
C23	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate		<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				protocols and processes

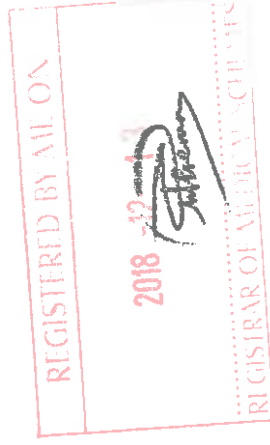
Legend:				
Scheme Rate	See Rule 4.36 of the GEMS Rules.			
CDL	Chronic Disease List			
Chronic DSP	Chronic Designated Service Provider. Subject to Annexure G of the GEMS Rules.			
DTP	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.			
PDF	Professional Dispensing Fee			
PMB	Prescribed Minimum Benefit			
SEP	Single Exit Price			
TTO	Treatment Taken Out			

REGISTERED BY ME ON
2018 -12- 13
REGISTRAR OF MEDICAL PRACTICES

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



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