


ANNEXURE C 2018 9


RUBY

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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)  	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"><li>• As provided for in Annexure G of the GEMS Rules.</li><li>• 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"><li>▪ a Designated Service Provider ("DSP") for that</li></ul></li></ul>

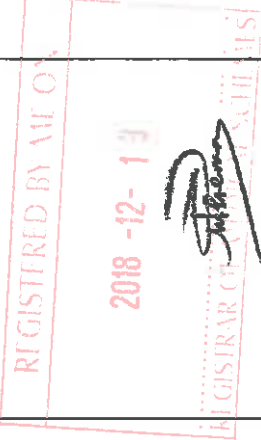
*LD*

*11*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>condition;</p> <ul style="list-style-type: none"> <li>▪ a non-DSP, if no DSP for that condition exists; or</li> <li>▪ 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),</li> </ul> <p>subject to:</p> <ul style="list-style-type: none"> <li>▪ Pre-authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits;</li> </ul>



11

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>and</p> <ul style="list-style-type: none"> <li>▪ The Act.</li> <li>• This Rule supersedes all other benefit provisions in this Annexure.</li> </ul>
<b>B</b>	<b>IN-HOSPITAL BENEFITS</b>		<p>No overall limit. Sub-limits as provided for.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p>
<b>B1</b>	<p><b>Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities</b></p> <p>1. Accommodation in a general ward, high care ward and intensive care</p>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Open network.</li> <li>• Authorisation shall be obtained from the Scheme's managed care service provider at least 48 hours</li> </ul>



((

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>unit.</p> <ol style="list-style-type: none"> <li>2. Theatre fees.</li> <li>3. Medicines, materials and hospital equipment (includes bone cement for prostheses).</li> <li>4. Neonatal care.</li> </ol> <div data-bbox="858 1413 1107 1845" 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;">2018 -12- 13</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>before a Beneficiary is admitted to a hospital or day clinic (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Accommodation in a private ward is subject to motivation</li> </ul>

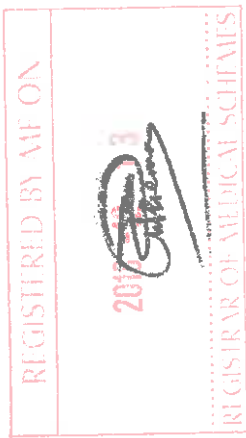
*[Signature]*

11

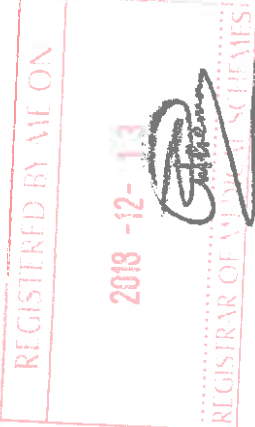
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>by attending practitioner and Scheme's managed care protocols and processes.</p> <ul style="list-style-type: none"> <li>All in-hospital treatment and services are subject to pre-authorization (inclusive of non-PMB one-day admissions), managed care protocols and processes.</li> </ul>
B2	<p><b>Maternity</b> Hospital, home birth or registered birthing unit. Including midwife.</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"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to registration on Maternity Management Programme prior to admission, and managed care protocols and processes.</li> </ul>

X

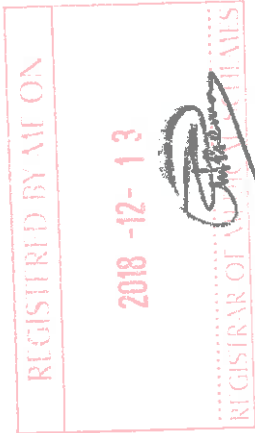
*[Handwritten signature]*  
(1)

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>• Authorisation shall be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a hospital (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply.</li> <li>• 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</li> </ul>

*[Handwritten signature]*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>apply.</p> <ul style="list-style-type: none"> <li>Elective Caesarean Sections may be subjected to second opinion and managed care protocols and processes.</li> </ul>
B3	<p><b>Family Practitioner Services</b> Consultations and visits.</p> 	100% of Scheme Rate.	<p>Unlimited. Reimbursement according to Scheme-approved tariff file.</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Reimbursement rate applicable to both Caesarean delivery and non-Caesarean delivery.</li> </ul>
B4	<p><b>Specialist Services</b> Consultations and visits.</p>	<p>100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network</p>	<p>Unlimited. Reimbursement according to Scheme-approved tariff file.</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

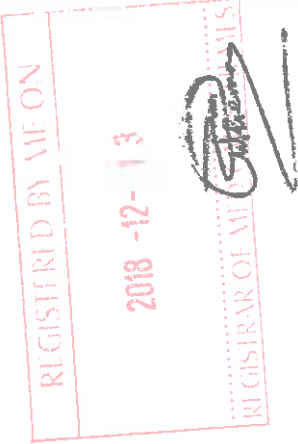
*[Handwritten signature]*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B5	Surgical Procedures  	Specialists.  100% of Scheme Rate.	Unlimited.  Refer to Annexure E of the GEMS Rules.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Includes hospital procedures performed in practitioner's rooms, as approved by Scheme.</li> <li>Includes Maxillofacial Surgery.</li> <li>Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.</li> <li>Subject to pre-authorisation and managed care protocols and processes.</li> </ul>




11



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B6	Dentistry Conservative, restorative and specialised. 	100% of Scheme Rate.	Professional fees, subject to shared limit with out-of-hospital dentistry benefit specified under C6: Dental Services of R3 373 per Beneficiary per annum. Hospital cost as per B1. Refer to Annexure E of the GEMS Rules.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars.</li> <li>Lingual and labial frenectomies under general anaesthesia for Beneficiaries under the age of eight (8) years, subject to managed healthcare programme and pre-authorisation.</li> <li>Subject to pre-authorisation, list of approved services and use of Day Theatres.</li> </ul>

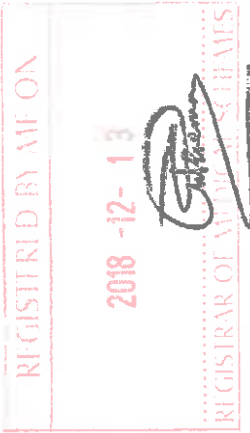


( )

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>• General anaesthesia and conscious sedation for dentistry, both In- and Out-of-Hospital, is subject to pre-authorisation and managed care protocols and processes.</li> <li>• Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.</li> <li>• Services classified as conservative, restorative and specialised per tariff code.</li> </ul>
B7	Basic Radiology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Managed care rules apply.</li> </ul>

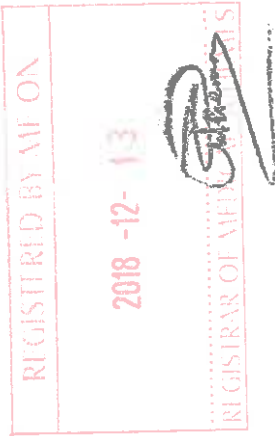


11

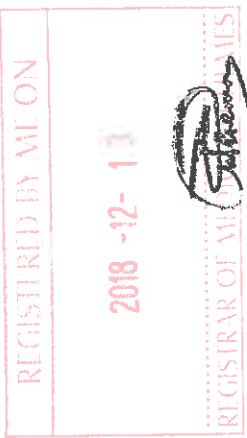
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>Includes 2 x 2D ultrasound scans per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.</li> </ul>
B8	<b>Advanced Radiology</b>  	100% of Scheme Rate, subject to PMBs.	Shared limit with out-of-hospital Advanced Radiology benefit (C9) of R22 309 per family per annum.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Specific authorisation (in addition to hospital pre-authorisation) is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.</li> </ul>




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>Subject to managed care protocols and processes.</li> </ul>
<b>B9</b>	<b>Pathology</b>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pathology tests being related to admission diagnosis.</li> <li>Managed care rules apply.</li> </ul>
<b>B10</b>	<b>Blood Transfusions</b>	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorisation, managed care protocols and processes.</li> <li>Includes cost of blood, blood</li> </ul>



*[Handwritten signature]*

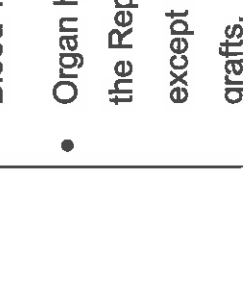
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B11	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Limited to R5 014 per Beneficiary per annum, subject to PMBs.	<ul style="list-style-type: none"> <li>equivalents, blood products and the transport thereof.</li> <li>Includes erythropoietin.</li> </ul>
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy 	100% of Scheme Rate.	Limited to ten (10) post-surgery physiotherapy visits (shared with C14: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorization and managed care protocols and processes.</li> </ul>
				<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorization and managed care protocols and processes.</li> </ul>

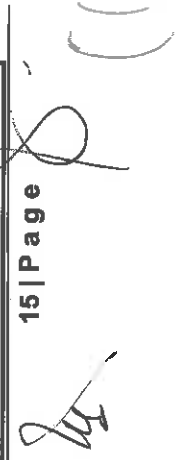
*Day* (1)

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			limit of R5 292 per Beneficiary per event, utilised within sixty (60) days of surgery.	
B13	Organ and Tissue Transplants Includes materials. <div data-bbox="877 1400 1157 1825" style="border: 1px solid red; padding: 5px; margin-top: 10px;">             REGISTERED BY AML ON              2018 -12- 13                REGISTRAR OF VEHICLES           </div>	100% of Scheme Rate, subject to PMBs.	Limit of R619 748 per Beneficiary per annum. Sub-limit of R21 038 per Beneficiary per annum for corneal grafts (Imported corneal grafts, subject to managed care protocols.).	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to pre-authorization, clinical guidelines used in public facilities, and use of facility as per B1.</li> <li>• Limit includes all costs associated with the transplant, including immunosuppressants.</li> <li>• Authorised erythropoietin is included in limits listed in B10:</li> </ul>

*[Handwritten signature]*

*[Handwritten mark]*

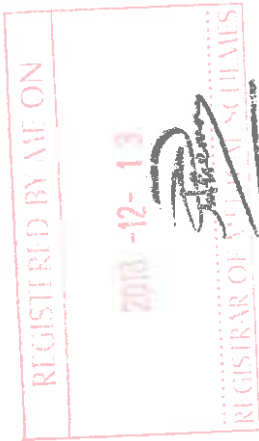
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>Blood Transfusions.</p> <ul style="list-style-type: none"> <li>Organ harvesting is limited to the Republic of South Africa, except in the case of cornea grafts.</li> </ul>
<b>B14</b>	<p><b>Prostheses</b> This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and all accompanying temporary or 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>	<p>Shared limit with C16: Medical and Surgical Appliances and Prostheses of R42 171 per family per annum. Shared sub-limits with C16: Medical and Surgical Appliances and Prostheses of:</p> <ul style="list-style-type: none"> <li>R4 631 for foot orthotics and prosthetics, with a</li> </ul>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> <li>Scheme may obtain competitive quotes or arrange supply of prosthesis.</li> <li>Bone cement paid from B1, subject to pre-authorisation.</li> <li>Foot orthotics and prosthetics, subject to formulary and</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>sub-limit of R1 323 for orthotic shoes, foot inserts and levellers per Beneficiary per annum;</p> <ul style="list-style-type: none"> <li>• R527 for crutches per Beneficiary per annum;</li> <li>• R5 797 for wheelchairs per Beneficiary per annum;</li> <li>• R8 432 per hearing aid per Beneficiary per annum; and</li> <li>• One (1) CPAP</li> </ul>	<p>managed care protocols and processes.</p> <ul style="list-style-type: none"> <li>• Subject to internal and external devices being related to admission diagnosis and procedure.</li> </ul> <div data-bbox="651 152 938 591" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">REGISTERED BY ME ON 2018 -12- 13</p> <p style="text-align: center;"><i>[Signature]</i> REGISTRAR OF HEALTH SERVICES</p> </div>


*[Handwritten signature]*  
(1)



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			device of up to R10 013 per Beneficiary every thirty six (36) months of month of receipt of device.	
B15	<b>Emergency Services (Casualty Department)</b> 	100% of cost, but subject to PMB legislation.	Limited to PMBs (Emergency Medical Condition, as defined in Section 4 of the main body and Annexure G of the GEMS Rules).	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to use of facility as per B1, or other registered emergency facility.</li> <li>Subject to authorisation and managed care protocols and processes.</li> <li>Cost to be defrayed from C3: Family Practitioner Services,</li> </ul>




11


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				for non-PMB and unauthorized events.
<b>B16</b>	<b>Renal Dialysis</b> In hospital. Includes materials and related pathology tests.  	100% of Scheme Rate, subject to PMBs.	Limit of R265 601 per Beneficiary per annum for chronic dialysis.  Acute dialysis included in B1.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to pre-authorization and managed care protocols and processes.</li> <li>• Subject to use of facility as per B1 and clinical guidelines used in public facilities.</li> <li>• Includes cost of pathology, radiology, medical technologists, material and immunosuppressants.</li> <li>• Erythropoietin included in B10: Blood Transfusions.</li> </ul>

*M*

( )


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B17	<b>Oncology (Chemo and Radiotherapy)</b> In- and out-of-hospital, and includes medicine and materials. <div data-bbox="805 1400 1053 1836" style="border: 1px solid red; padding: 5px; margin-top: 10px;">             REGISTERED BY ME ON              2018 -12- 13                REGISTRAR OF HEALTH SCHEMES           </div>	100% of Scheme Rate, subject to PMBs.	Limit of R334 668 per family per annum. Sub-limit of R252 964 per family for biological and similar specialised medicines.	<ul style="list-style-type: none"> <li>• Pathology and radiology tests, subject to managed care protocols and processes.</li> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to pre-authorization and managed care protocols and processes.</li> <li>• Subject to Medicine Price List (MPL).</li> <li>• Subject to use of facility as per B1, or a registered alternative.</li> <li>• Includes cost of pathology, related radiology above/advanced radiology</li> </ul>

*[Handwritten signature]*

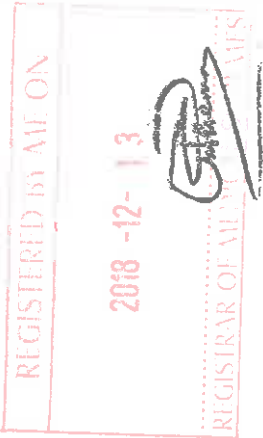
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>benefit, medical technologists and oncology medicines.</p> <ul style="list-style-type: none"> <li>Erythropoietin included in B10: Blood Transfusions.</li> <li>Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced and metastatic solid organ malignant tumors, unless pre-authorised.</li> </ul>
B18	<b>Mental Health</b> Accommodation, theatre fees, medicine, hospital equipment and professional fees of Family	100% of Scheme Rate, subject to PMBs.	Limit of R18 592 per family per annum. Limited to one (1) individual psychologist	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorisation</li> </ul>



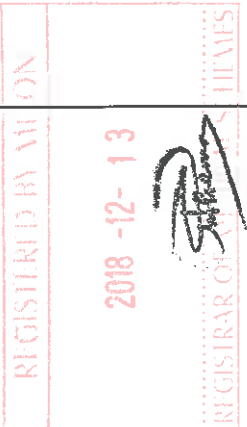
( )

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Practitioners, Psychiatrists and Psychologists.  		consultation and one (1) group psychologist consultation per day.	and managed care protocols and processes. <ul style="list-style-type: none"> <li>• Subject to the use of facility as per B1, or a registered alternative.</li> <li>• Maximum of three (3) days hospitalisation by a Family Practitioner.</li> <li>• Psychologist services are subject to the exclusion of educational and industrial psychologist services.</li> </ul>
<b>B19</b>	<b>Alternatives to Hospitalisation</b> 1. Sub-acute Hospitals and Private Nursing 2. Hospice	1. 100% of Scheme Rate. 2. 100% of cost, but	1. Unlimited. 2. Unlimited, but	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to pre-authorisation and managed care protocols</li> </ul>

*[Handwritten signature]*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		subject to PMB legislation.	subject to PMB legislation.	<p>and processes.</p> <ul style="list-style-type: none"> <li>Includes physical rehabilitation for approved conditions.</li> <li>Includes home nursing.</li> <li>Excludes Frail Care and recuperative holidays. Refer to Annexure E of the GEMS Rules.</li> </ul>
B20	Medical Technologists	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to event pre-authorisation and case management.</li> </ul>
B21	Breast Reductions		No benefit, unless	<ul style="list-style-type: none"> <li>All limits are subject to A.</li> </ul>

*[Handwritten signature]*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			PMBs.	Statutory Prescribed Minimum Benefits ("PMBs").
B22	<b>Allied Health Services</b> Includes Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.  	Limited to PMSA and Block Benefit, subject to PMBs.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Consultations at Scheme Rate.</li> <li>Subject to managed care protocols and processes.</li> <li>Subject to services being related to admission diagnosis.</li> </ul>
B23	<b>Alcohol and Drug Dependencies</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorisation, managed care protocols.</li> </ul>

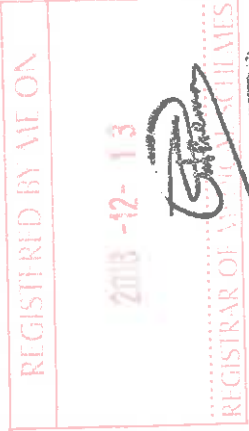
*Handwritten signature and initials*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C	OUT-OF-HOSPITAL BENEFITS			
C1	Personal Medical Savings Account (PMSA)	100% of Scheme Rate.	Fixed at 20% of the total gross contribution made in respect of a Member during the financial year.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Excludes PMB claims.</li> <li>Claims paid in accordance with benefits listed in C3 to C27, and Annexure F of the GEMS Rules.</li> <li>Benefit is pro-rated from the date of admission of Beneficiary to end of financial year.</li> </ul>
C2	Block Benefit	100% of Scheme Rate.	R2 261 per family per annum.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

REGISTERED BY ME ON  
2013-10-13  
Registrar of Medical Schemes

*[Handwritten signature]*



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>• Claims are paid against this benefit once the PMSA limit has been reached.</li> <li>• Benefit is pro-rated from the date of admission of Beneficiary to end of financial year.</li> </ul>
C3	<b>Family Practitioner Services</b> Consultations, visits and all other services not specifically provided for otherwise in this Annexure.	100% of Scheme Rate. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.	Limited to PMSA and Block Benefit.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Limit is pro-rated from date of admission of Beneficiary to end of financial year.</li> <li>• Subject to managed care protocols and processes.</li> </ul>
C4	<b>Family Practitioner Network Extender Benefit for</b>	100% of Scheme Rate.	Payable from Risk.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum</li> </ul>

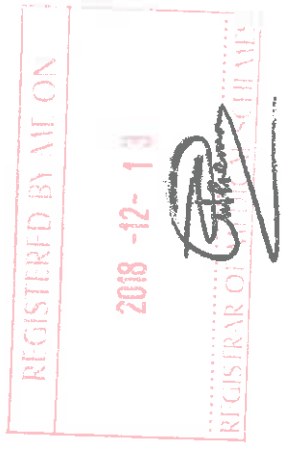



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Beneficiaries with chronic conditions registered on Disease Management Programme		One (1) additional Family Practitioner consultation at a DSP/Network provider, once PMSA and Block Benefit is exhausted.	Benefits ("PMBs"). <ul style="list-style-type: none"> <li>The additional Family Practitioner consultation at a DSP/Network provider, subject to pre-authorisation and managed care protocols and processes.</li> </ul>
C5	Specialist Services Consultations, visits and all other services not specifically provided for otherwise in this Annexure.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists. Reimbursement at 200% of Scheme Rate for cataract procedures performed	Limited to PMSA and Block Benefit.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Limit is pro-rated from date of admission of Beneficiary to end of financial year.</li> <li>Subject to Family Practitioner referral and managed care protocols and processes.</li> </ul>

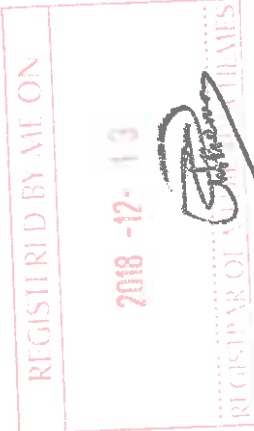
24

*[Handwritten signature]*

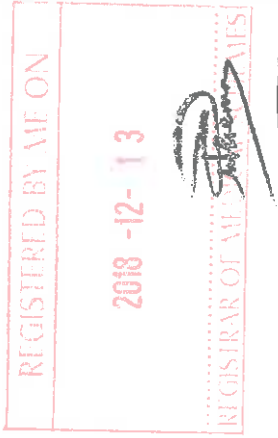
(1)

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		<p>by Ophthalmologists in their rooms.</p> <p>Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.</p>		
C6	<p><b>Dental Services</b></p> <p>1. Conservative and Restorative Dentistry: Include Plastic Dentures.</p> <p>2. Special Dentistry: Include Metal Base Partial Dentures</p>	<p>100% of Scheme Rate.</p> <p>200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctor's rooms.</p>	<p>Shared limit with B6:</p> <p>Dentistry of R3 373 per Beneficiary per annum.</p> <p>Panoramic x-rays limited to one (1) x-ray every three (3) years per Beneficiary.</p> <p>Refer to Annexure E of</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>General anaesthesia and conscious sedation for dentistry, subject to pre- authorisation and managed care protocols and processes.</li> </ul> <p>Only applicable to</p>


*(Handwritten signature and initials)*

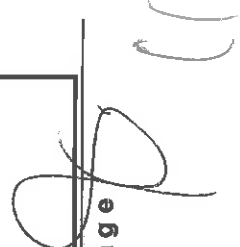
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>the GEMS Rules.</p>	<p>beneficiaries under the age of eight (8) years, severe trauma and impacted third molars.</p> <ul style="list-style-type: none"> <li>• No pre-authorization required for metal-base dentures.</li> <li>• Lingual and labial frenectomies under general anaesthesia for Beneficiaries under the age of eight (8) years, subject to managed healthcare programme and pre-authorization.</li> <li>• Panoramic x-rays included.</li> <li>• Four (4) bitewing x-rays per Beneficiary per year included.</li> <li>• Fluoride treatment excluded for Beneficiaries older than</li> </ul>




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C7	<p><b>Prescribed Medication and Injection Material</b></p> 			<p>sixteen (16) years.</p> <ul style="list-style-type: none"> <li>Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery. Dental services classified as conservative, restorative and specialised per tariff code.</li> </ul>
				<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Prescribed and administered by a professional, legally entitled to do so.</li> <li>Subject to the Medicine Price List (MPL) and Medicine Exclusion List (MEL)</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>1. Acute Medical Conditions.</p>  <p>2. Chronic Medical Conditions: CDL and DTP PMB chronic conditions and conditions listed in Annexure D.</p>	<p>1. 100% of Scheme Rate.</p> <p>2. 100% of cost, but subject to PMB legislation.</p>	<p>1. Subject to PMSA and a limit of R555 per family per annum for homeopathic medicine.</p> <p>2. Unlimited for CDL and DTP PMB Conditions and conditions listed in Annexure D of the</p>	<p>1. Subject to the following:</p> <ul style="list-style-type: none"> <li>• Managed care protocols, formulary and processes.</li> <li>• A 30% co-payment shall apply to voluntary use of out-of-formulary medicine, where formulary exists.</li> <li>• Benefit includes prescribed maternity vitamin supplements.</li> </ul> <p>2. Subject to the following:</p> <ul style="list-style-type: none"> <li>• Prior application and approval, and use of chronic medicine pharmacy DSP.</li> </ul>

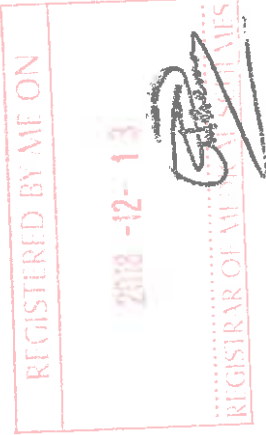
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	 <p data-bbox="837 1444 933 1870">3. Self-Medication: Over-the-Counter (OTC) Medicine.</p>	<p data-bbox="837 1064 933 1355">3. 100% of Scheme Rate.</p>	<p data-bbox="255 683 470 996">GEMS Rules. All other non-PMB conditions, subject to PMSA.</p> <p data-bbox="837 705 1045 996">3. Subject to PMSA and limited to R188 per Beneficiary per event.</p>	<ul data-bbox="255 190 750 616" style="list-style-type: none"> <li>• Medicine for PMB conditions and conditions listed in Annexure D, subject to use of DSP.</li> <li>• A 30% co-payment shall apply to voluntary use of out-of-formulary medicine and voluntary use of non-DSP.</li> </ul> <p data-bbox="829 257 869 638">3. Subject to the following:</p> <ul data-bbox="901 190 1236 593" style="list-style-type: none"> <li>• Managed care protocols, formulary and processes.</li> <li>• Only MCC-registered Schedule 0, 1 and 2 medicines payable from the OTC benefit.</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	4. Prescribed medication from hospital stay (TTO)	4. 100% of Scheme Rate.	4. Subject to PMSA. Payable from Risk, once PMSA is depleted.	4. Subject to the following: <ul style="list-style-type: none"> <li>• TTO limited to seven (7) days.</li> </ul>
C8	<b>Basic Radiology</b> X-rays and soft tissue ultrasound scans. <div data-bbox="810 1420 1075 1854" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> REGISTERED BY MFC ON  2018-12-13  REGISTRAR OF A...  <i>[Signature]</i> </div>	100% of Scheme Rate.	Subject to PMSA.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Includes 2 x 2D ultrasound scans per pregnancy provided for by C22: 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.</li> </ul>

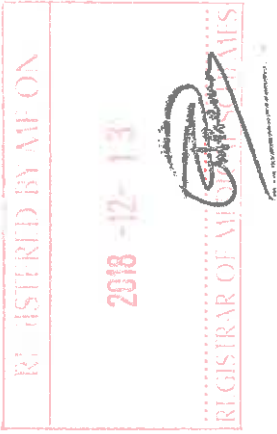
*[Handwritten Signature]*



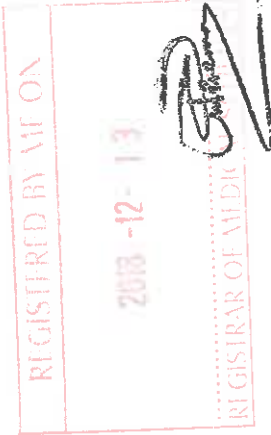
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C9	<p>Advanced Radiology</p> 	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R22 309 per family per annum.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorisation, managed care protocols and processes.</li> <li>Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.</li> </ul>
C10	Pathology	100% of Scheme Rate.	Limited to PMSA and Block Benefit.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> </ul>

*(Handwritten signature and initials)*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>Includes liquid-based cytology pap smears.</li> </ul>
C11	<b>Optical Services</b> 1. Frames, lenses and contact lenses (permanent and disposable); 2. Refractive eye surgery; and 3. Eye examinations.	100% of Scheme Rate.	Limited to PMSA and Block Benefit. Limited to one (1) eye examination per Beneficiary per Financial Year, starting on 01 January and ending on 31 December of the same year. Either spectacles or contact lenses shall be funded in a Financial Year, not both. Frame sub-limit of R1	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to Optical Managed Care protocols and processes.</li> <li>Excludes variable tint and photochromic lenses.</li> <li>Optical benefit is not provided, irrespective of date of Beneficiary registration.</li> <li>Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation.</li> </ul>



*[Handwritten signature]*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>359per Beneficiary shall apply.</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>	<ul style="list-style-type: none"> <li>Refer to Annexure E of the GEMS Rules for Optometry Exclusions.</li> </ul>
C12	<p><b>Allied Health Services</b></p> <p>Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, Acupuncturists and</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limited to PMSA and Block Benefit.</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Consultations at Scheme Rate.</li> </ul>

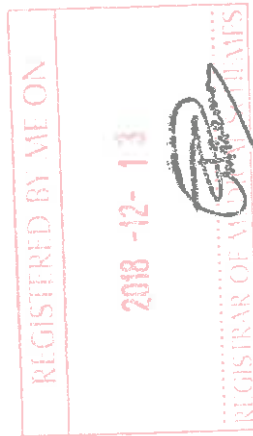
*Handwritten signature*


*Handwritten mark*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Chinese Medicine Practitioners.			
C13	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Limited to PMSA and Block Benefit.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>
C14	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Surgery 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"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorization, managed care protocols and processes.</li> </ul>
C15	Audiology, Occupational Therapy and Speech Therapy	100% of Scheme Rate.	Limited to PMSA and Block Benefit.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum</li> </ul>


*Log*

( )




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C16	<p><b>Medical and Surgical Appliances and Prostheses</b></p> <p>Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses.</p> <p>Applicable to in- and out-of-hospital.</p> <div data-bbox="1002 1429 1257 1859" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">REGISTERED BY MFCOS</p> <p style="text-align: center;">2018-12-13</p> <p style="text-align: right;">   <small>REGISTRAR OF MEDICINES</small> </p> </div>	100% of Scheme Rate, subject to PMBs.	<p>Shared limit with B14: Prostheses of R42 171 per family per annum.</p> <p>Sub-limit of R16 454 for medical and surgical appliances per family per annum, with the following further sub-limits (shared sub-limit with B14: Prostheses):</p> <ul style="list-style-type: none"> <li>• R4 631 per Beneficiary for foot orthotics and prosthetics, with a sub-limit of R1 323 for orthotic shoes,</li> </ul>	<p>Benefits ("PMBs").</p> <ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• Diabetic accessories and appliances, other than Glucometers, to be pre-authorised and claimed from the chronic medication benefit (C7.2).</li> <li>• The Scheme has the right to obtain competitive quotes.</li> <li>• Foot orthotics and prosthetics, subject to formulary, managed care protocols and</li> </ul>


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>foot inserts and levellers per Beneficiary per annum;</p> <ul style="list-style-type: none"> <li>• R527 for crutches per Beneficiary per annum;</li> <li>• R5 797 for wheelchairs per Beneficiary per annum;</li> <li>• R8 432 per hearing aid per Beneficiary per annum; and</li> <li>• One (1) CPAP device of up to R10 013 per Beneficiary every thirty six (36)</li> </ul>	<p>processes.</p> <ul style="list-style-type: none"> <li>• Bilateral hearing aids every thirty six (36) months.</li> </ul>

*[Handwritten signature]*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C17	<b>Renal Dialysis</b> Out-of-hospital. Includes materials and related pathology tests.	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorisation, managed care protocols and processes.</li> <li>Subject to use of Renal Dialysis Network DSP, failing which, a co-payment of 30% per event shall apply in accordance with Network rules.</li> </ul>
C18	<b>Screening Services</b> Serum Cholesterol, Bone Density Scan, Pap Smear, Prostate	100% of Scheme Rate.	Payable from Risk. All screenings are limited to one (1) per	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>


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

Ruby 2018

39 TP age


*[Handwritten signature]*

*[Handwritten marks]*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Childhood Hearing, Childhood Optometry, Serum Glucose, Occult Blood tests, Thyrotropin (TSH) for Neonatal Hypothyroidism and Mammogram and other screening according to evidence-based standard practice.</p>		<p>annum, unless otherwise indicated herein.</p>	<ul style="list-style-type: none"> <li>Pap smears include liquid-based cytology.</li> <li>Neonatal Hypothyroidism screening test-TSH (Thyrotropin)-tariff 4507 only.</li> <li>All subject to managed care protocols and processes.</li> <li>Includes screening services provided in pharmacies.</li> </ul>
<p><b>C19</b></p>	<p><b>Preventative Care Services</b>  Influenza Vaccination, HPV Vaccination and Pneumococcal Vaccination.</p> <div data-bbox="1066 1384 1310 1816" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; font-size: small;">REGISTERED BY VICON</p> <p style="text-align: center; font-size: x-small;">2018 -12- 13</p> <p style="text-align: center; font-size: x-small;">REGISTRAR OF VACCINES</p>  </div>	<p>100% of Scheme Rate.</p>	<p>Payable from Risk.  All vaccinations are limited to one (1) per annum, unless otherwise indicated herein.</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Annual Influenza Vaccinations for Beneficiaries at risk in accordance with managed care protocols.</li> <li>Pneumococcal vaccines</li> </ul>







NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>every five (5) years for Beneficiaries at risk in accordance with managed care protocols.</p> <ul style="list-style-type: none"> <li>• HPV vaccination for female Beneficiaries.</li> <li>• All subject to managed care protocols and processes.</li> <li>• Includes preventative care services provided in pharmacies.</li> </ul>
C20	<b>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• Includes one (1) consultation</li> </ul>



( (

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>for diagnosis and initial counselling.</p> <ul style="list-style-type: none"> <li>• Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.</li> </ul>
C21	<p><b>Mental Health</b>            Consultations, assessments, treatment and counselling by Family Practitioner, Psychiatrist and Psychologist.</p>	<p>100% of cost, but subject to PMB legislation.</p>	<p>Limited to PMSA.            Limited to one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• If out-of-hospital treatment is offered as an alternative to hospitalisation, then in-hospital benefits (B1) shall apply.</li> </ul>

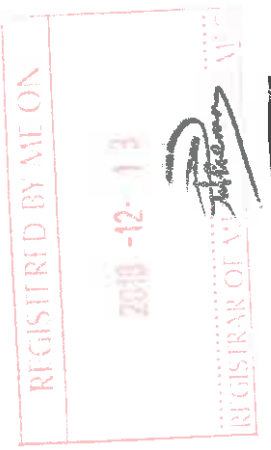
*[Handwritten signature]*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> <li>Psychologist services are subject to the exclusion of educational and industrial psychologist services.</li> </ul>
C22	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorisation, managed care protocols and processes, and use of DSP.</li> </ul>
C23	Maternity Ante and post-natal care.	100% of Scheme Rate.	Subject to PMSA. Ante-natal visits, subject to Maternity Programme Protocols.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to registration on Maternity Programme.</li> <li>Includes benefits defined in managed care protocols, paid</li> </ul>

10 X

X

*[Handwritten signature]*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>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.</p> <ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> </ul>
C24	<p><b>Contraceptives</b> Oral, insertables, injectables and dermal.</p>	100% of Scheme Rate.	Subject to PMSA.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols, formulary and processes.</li> </ul>
C25	<b>Emergency Assistance (Road</b>	100% of cost, but	Unlimited, but subject	<ul style="list-style-type: none"> <li>• All limits are subject to A:</li> </ul>

*(Handwritten signature and initials)*

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	and Air)	subject to PMB legislation.	to PMB legislation.	Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> <li>• Subject to use of Emergency Services Network provider and managed care protocols and processes.</li> </ul>
C26	Circumcision	100% Scheme Rate.	Global fee of R 1 498 per Beneficiary, which includes all post-op care within a month of procedure.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> <li>• Subject to pre-authorization, managed care protocols and processes.</li> <li>• Out-of-hospital only.</li> <li>• Limit applies to all related costs (consult, medication etc.).</li> </ul>

76 X


X



(1)

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C27	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate.		<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> </ul>

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

DESKTOP DIVISION  
 2008-12-13  
  
 REGISTRAR OF MEDICAL SCHEMES



( (

<b>SEP</b>	Single Exit Price
<b>TTO</b>	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.



*[Handwritten signature]*

*[Handwritten mark]*