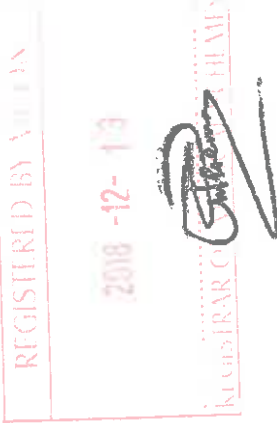


ANNEXURE C 2018

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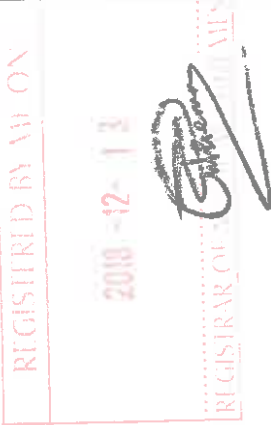
SUBJECT TO THE PROVISIONS OF THE SCHEME RULES, MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING BENEFITS:

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
A	<p>STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)</p> 	<p>100% of cost, but subject to PMB legislation.</p>	<p>Unlimited, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> As provided for in Annexure G of the GEMS Rules. Prescribed Minimum Benefits ("PMBs") are not subject to the monetary benefit limits stated in this Annexure and shall be paid in full, where the diagnosis, treatment and care of a Prescribed Minimum Benefit Condition were obtained from:

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


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

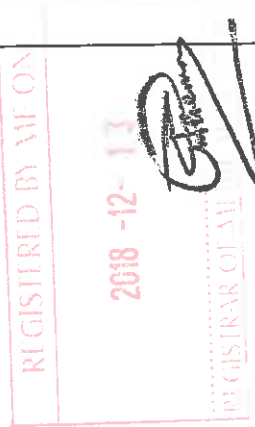
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>ward and intensive care unit;</p> <p>2. Theatre fees;</p> <p>3. Medicines, materials and hospital equipment (includes bone cement for prostheses); and</p> <p>4. Neonatal care.</p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>REGISTERED BY ME ON</p> <p>2018 -12- 13</p> <p></p> <p>REGISTRAR OF VULNERABLES</p> </div>			<p>provider at least 48 hours before a Beneficiary is admitted to a hospital or Day Clinic (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> In the event of an admission for an Emergency Medical Condition, the Scheme shall be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply.

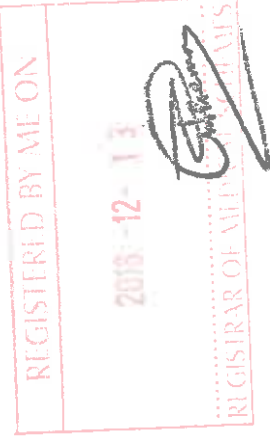


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols and processes. All in-hospital treatment and services are subject to pre-authorisation (inclusive of non-PMB one-day admissions), managed care protocols and processes.
B2	Maternity Benefits (including midwife) Hospital, home birth or registered birthing unit.	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 registration on Maternity Programme prior




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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>to admission, and managed care protocols and processes.</p> <ul style="list-style-type: none"> • 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. • In the event of an admission for an Emergency Medical Condition, the Scheme shall be notified of such



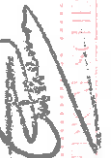
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>admission within one (1) working day after the admission, failing which, the co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> • Elective Caesarean <p>Sections may be subjected to second opinion, managed care protocols and processes.</p>
B3	<p>Family Practitioner Services Consultations and visits.</p>	<p>100% of Scheme Rate.</p>	<p>Unlimited. Reimbursement according to the Scheme-approved tariff file.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p>

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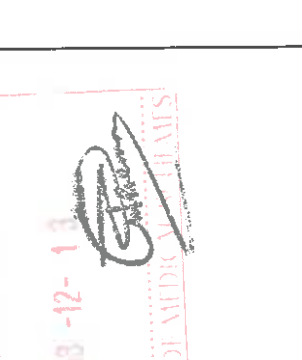
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B4	Specialist Services Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Unlimited. Reimbursement according to the Scheme-approved tariff file.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B5	Surgical Procedures Including Maxillofacial Surgery. <div data-bbox="890 1395 1129 1821" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY MIF ON 2018 -12- 13  REGISTRAR OF VENDOR SCHEMES </div>	100% of Scheme Rate.	Unlimited. 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, managed care protocols and processes. Includes hospital procedures performed in

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>practitioner's rooms, as approved by Scheme.</p> <ul style="list-style-type: none"> Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.
B6	<p>Dentistry</p> <p>Conservative, restorative and specialised dentistry.</p> 	100% of Scheme Rate.	<p>Limited to professional fees.</p> <p>Shared limit with C2: Dental Services of R5 184 per Beneficiary per annum.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars. Lingual and labial frenectomies under general anaesthesia for

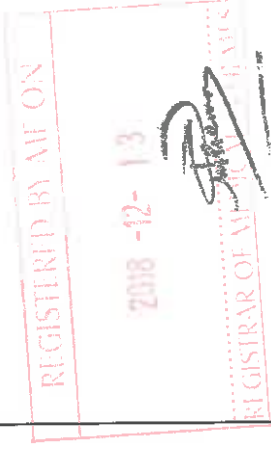
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p style="text-align: center;">REGISTERED BY AVE ON</p> <p style="text-align: center;">2018 -12- 13</p> <p style="text-align: center;"></p> <p style="text-align: center;">REGISTRAR OF MEDICAL SOCIETIES</p>			<p>Beneficiaries under the age of eight (8) years, subject to managed healthcare programme and pre-authorisation.</p> <ul style="list-style-type: none"> • Subject to pre-authorisation, list of approved services and use of Day Theatres. • General anaesthesia and conscious sedation for dentistry, both in- and out-of-hospital, is subject to pre-authorisation and managed care protocols and processes. • Excludes Osseo-integrated Implants, all implant-related



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				procedures and Orthognathic Surgery.
B7	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 managed care protocols and processes.
B8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with C8: Advanced Radiology of R22 309 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Specific authorisation (in addition to hospital pre-authorisation) is required for Angiography, CT scans, MDCT, Coronary



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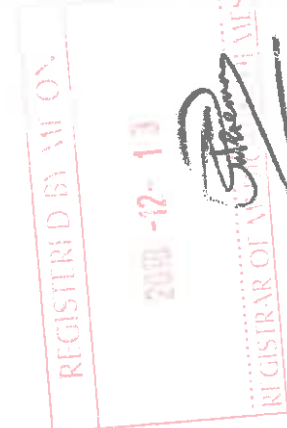
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies. <ul style="list-style-type: none"> Subject to managed care protocols and processes.
B9	Pathology	100% of Scheme Rate.	Unlimited.	<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.	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 pre- authorisation, managed

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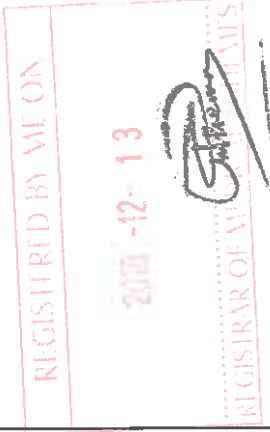
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B11	Physiotherapy 	100% of Scheme Rate, subject to PMBs.	Limited to R5 014 per Beneficiary per annum.	care protocols and processes. <ul style="list-style-type: none"> Includes cost of blood, blood equivalents, blood products and the transport thereof. Includes erythropoietin.
				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.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy 	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C1.6: 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"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre- authorisation, managed care protocols and processes.
B13	Organ and Tissue Transplants Includes materials.	100% of Scheme Rate, subject to PMBs.	Limit of R619 748 per Beneficiary per annum. Sub-limit of R21 038 per Beneficiary	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

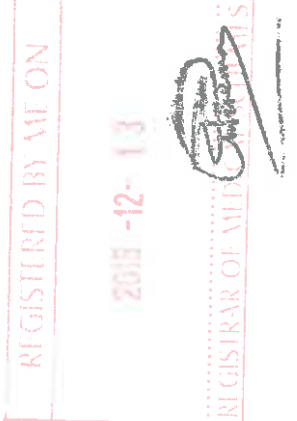
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>per annum for corneal grafts (Imported corneal grafts, subject to managed care protocols and processes.).</p>	<ul style="list-style-type: none"> • Subject to pre- authorisation, clinical guidelines used in public facilities, and use of facility as per B1. • Limit includes all costs associated with the transplant, including immunosuppressants. • Authorised erythropoietin is included in limits listed in B10: Blood Transfusions. • Organ harvesting is limited to the Republic of South Africa, except for cornea tissue.

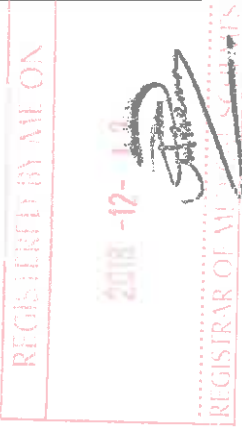
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B14	<p>Prostheses This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.</p> 	100% of Scheme Rate, subject to PMBs.	<p>Shared limit with C10: Medical and Surgical Appliances and Prostheses of R42 171 per family per annum.</p> <p>Shared sub-limits with C10: Medical and Surgical Appliances and Prostheses of :</p> <ul style="list-style-type: none"> • R4 631 for foot orthotics and prosthetics, with a sub-limit of R1 323 for orthotic shoes, foot inserts and levellers per 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Scheme may obtain competitive quotes, or arrange supply of prosthesis. • Bone cement paid from B1, subject to pre-authorisation. • Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<ul style="list-style-type: none"> Beneficiary per annum; 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 One (1) CPAP device of up to R10 013 per Beneficiary every thirty six (36) 	<ul style="list-style-type: none"> 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	Emergency Services (Casualty Department) 	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"> 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, managed care protocols and processes. Cost to be defrayed from C1.1: Family Practitioner (FP) Services, if pre-authorisation is not obtained.


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B16	<p>Renal Dialysis In hospital. Includes materials and related pathology test.</p> 	100% of Scheme Rate, subject to PMBs.	<p>Limit of R265 601 per Beneficiary per annum for chronic dialysis. Acute dialysis included in B1.</p>	<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. Subject to use of facility as per B1 and clinical guidelines used in public facilities. Includes cost of pathology, radiology, medical technologists, material and immunosuppressants. Erythropoietin included in B10: Blood Transfusions.


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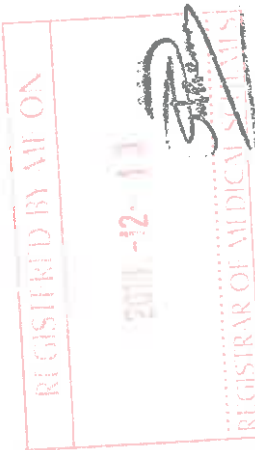
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> Pathology and radiology tests, subject to managed care protocols and processes.
B17	Oncology (Chemo and Radiotherapy) In- and out-of-hospital and includes medicine and materials. <div data-bbox="890 1373 1149 1809" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME/ON 2010-12-13  REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Limit of R371 852 per family per annum. Sub-limit of R252 964 per family for biological and similar specialised medicine.	<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 MPL. Subject to use of facility as per B1 or a registered alternative. Includes cost of pathology, related basic radiology



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>above / advanced radiology benefit, medical technologists and oncology medicines.</p> <ul style="list-style-type: none"> Erythropoietin included in B10: Blood Transfusions. 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 and professional fees of Family Practitioners, Psychiatrists and Psychologists.</p> 	100% of Scheme Rate, subject to PMBs.	<p>Limit of R18 592 per family per annum.</p> <p>Limited to one (1) individual psychologist consultation and one (1) group psychologist consultation per day.</p>	<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, or a registered alternative. • Maximum of three (3) days hospitalisation by a Family Practitioner. • Psychologist services are subject to the exclusion of educational and industrial psychologist services

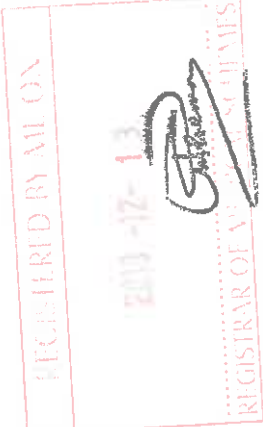


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B19	Alternatives to Hospitalisation 1. Sub-acute Hospitals and Private Nursing. 2. Hospice	1. 100% of Scheme Rate 2. 100% of cost, but subject to PMB legislation.	1. Unlimited. 2. Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation and managed care 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.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed




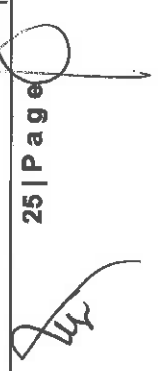
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> Subject to event pre- authorisation and case management.
B21	<p>Breast Reductions</p> 	<p>100% of Scheme Rate.</p>	<p>Unlimited.</p>	<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.
B22	<p>Allied Health Services Include, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<ul style="list-style-type: none"> Shared limit with C5: Allied Health Services of 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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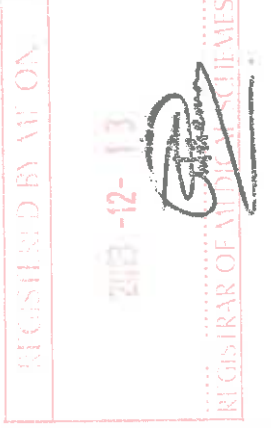
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Workers, Registered Counsellors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.		R1 599 per family per annum. <ul style="list-style-type: none"> Shared sub-limit with C5: Allied Health Services of R800 per family for Social Workers and Registered Counsellors. 	<ul style="list-style-type: none"> Consultations at Scheme Rate. Managed care protocols and processes apply.
B23	Alcohol and Drug Dependencies 	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation, managed care protocols and processes.


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C	OUT-OF-HOSPITAL BENEFITS			
C1	Day-to-day Block Benefit 1. Out of hospital Family Practitioner Services; 2. Out-of-hospital Specialist Services; 3. Physiotherapy; 4. Maternity (where not covered under C6: Maternity Programme); 5. Audiology, Occupational Therapy and Speech Therapy; and 6. Pathology and Medical Technology.	100% of Scheme Rate.	Shared limit between C1.1 and C1.4 – C1.9 of R4 638 per Beneficiary and R9 279 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). Benefit is pro-rated from date of admission of Beneficiary to end of financial year. <div data-bbox="906 230 1157 660" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red;">REGISTERED BY AF ON</p> <p style="text-align: center; color: red;">2018 -12- 13</p> <p style="text-align: center; color: red;">REGISTRAR GENERAL OF SOCIETIES</p>  </div>

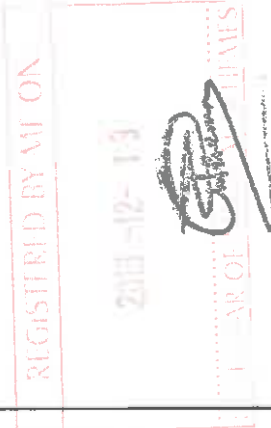
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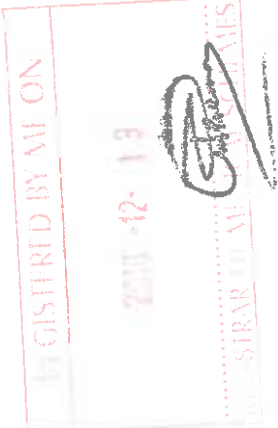
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.1	<p>Family Practitioner (FP) Services</p> <p>Consultations, visits and all other services not specifically provided for otherwise in this Annexure.</p> 	<p>100% of Scheme Rate.</p> <p>Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in-hospital.</p>	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Benefit covers consultations and approved minor procedures at Family Practitioners. Limit is pro-rated from date of admission of Beneficiary to end of financial year. Subject to managed care protocols and processes.
C1.2	<p>Primary Care Extender Benefit</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Payable from Risk. Shared limit between:</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<ul style="list-style-type: none"> • C1.1: Family Practitioner (FP) Services; • C1.9: Pathology and Medical Technology; and • C7.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions, of R500 per Beneficiary per annum, when any of aforementioned benefits are exhausted. 	<ul style="list-style-type: none"> • The additional benefit of R500 per Beneficiary per annum is: <ul style="list-style-type: none"> ○ In the case of C1.1: Family Practitioner (FP) Services, subject to: <ul style="list-style-type: none"> ▪ Use of Network Family Practitioner; and ▪ Managed care protocols and processes. ○ In the case of C1.9: Pathology and Medical Technology, subject to:

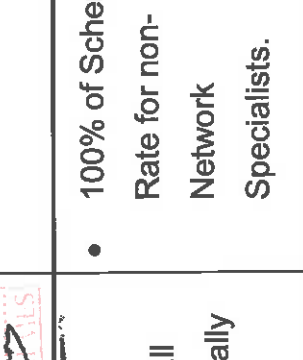
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> ▪ Managed care protocols and processes. ○ In the case of C7.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions, subject to: <ul style="list-style-type: none"> ▪ The Conditions / Remarks provided for in C7: Prescribed Medication and Injection Material. • The additional benefit of R500 per Beneficiary per annum shall not be pro-rated, irrespective of the

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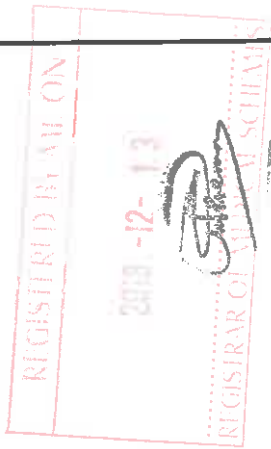
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.3	<p>Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme</p> 	100% of Scheme Rate, subject to PMBs.	<ul style="list-style-type: none"> Payable from Risk. Two (2) additional Family Practitioner consultations at a Network Family Practitioner, once Block Benefit is exhausted. 	<p>date of Beneficiary registration.</p> <ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). The additional Family Practitioner consultations at a Network Family Practitioner are subject to pre-authorisation, managed care protocols and processes.
C1.4	<p>Specialist Services Consultations, visits and all other services not specifically</p>	<ul style="list-style-type: none"> 100% of Scheme Rate for non-Network Specialists. 	Shared limit as per C1: Day-to-Day Block Benefit.	<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
	<p>provided for otherwise in this Annexure.</p>	<ul style="list-style-type: none"> 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. Reimbursement at 200% of Scheme Rate for cataract procedures performed by 		<ul style="list-style-type: none"> Limit is pro-rated from date of admission of Beneficiary to end of financial year.



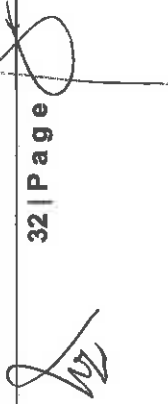
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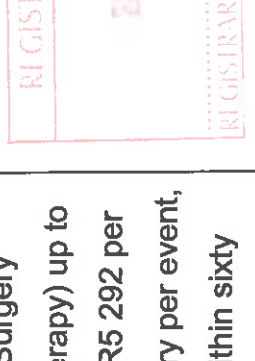
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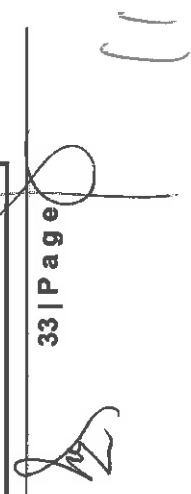
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		Ophthalmologists in their rooms.		
C1.5	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Shared limit as per C1: Day-to-Day Block Benefit. Sub-limit of R2 263 per Beneficiary and R4 518 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
C1.6	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and	<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.


REGISTERED BY ME ON
 2018-12-13

 REGISTRAR OF MEDICAL SOCIETIES



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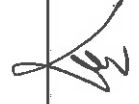
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Shoulder Replacement or Revision Surgery (Physiotherapy) up to a limit of R5 292 per Beneficiary per event, utilised within sixty (60) days of surgery.	
C1.7	Maternity Ante- and post-natal care.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit, where not accessed under Maternity Programme.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C1.8	Audiology, Occupational Therapy and Speech Therapy	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<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>Shared sub-limit with C1.9: Pathology and Medical Technology of R2 263 per Beneficiary and R4 534 per family per annum.</p> <p>Further sub-limit of R1 819 per Beneficiary and R3 636 per family per annum.</p>	<ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Occupational or speech therapy performed in-hospital shall be paid from B1.
C1.9	Pathology and Medical Technology	100% of Scheme Rate.	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p> <p>Shared sub-limit with C1.8: Audiology, Occupational</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.

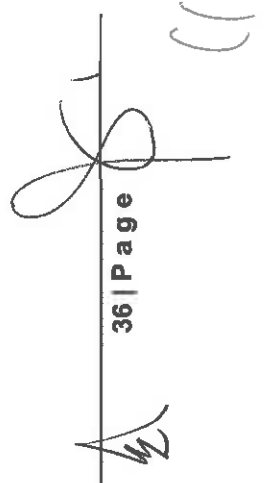
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>Therapy and Speech Therapy of R2 263 per Beneficiary and R4 534 per family per annum.</p>	<ul style="list-style-type: none"> Includes liquid-based cytology pap smears.
C2	<p>Dental Services</p> <ol style="list-style-type: none"> Conservative and Restorative Dentistry (includes plastic dentures); and Special Dentistry (includes metal-base dentures). 	<p>100% of Scheme Rate. 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: Dentistry of R5 184 per Beneficiary per annum. Panoramic x-rays limited to one (1) x-ray every three (3) years per Beneficiary.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). General anaesthesia and conscious sedation for dentistry, subject to pre-authorisation, managed care protocols and processes. Only applicable to Beneficiaries under the age of six (6) years, severe

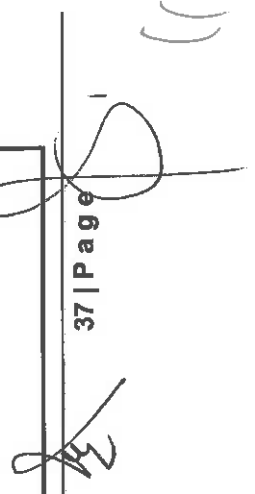



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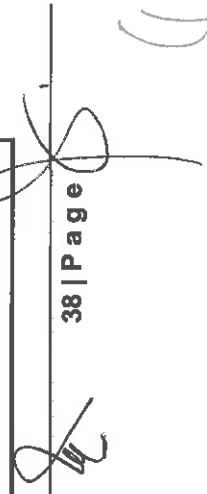
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>trauma and impacted third molars.</p> <ul style="list-style-type: none"> • No pre-authorisation required for metal base dentures. • Lingual and labial frenectomies under general anaesthesia for Beneficiaries under the age of eight (8) years, subject to managed healthcare programme and pre-authorisation. • Subject to managed care protocols. • Panoramic x-rays included.

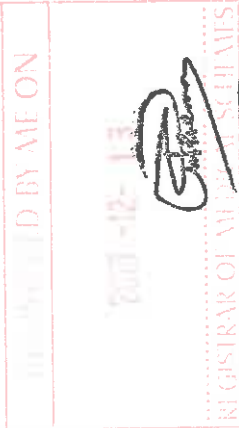


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> • Four (4) bitewing x-rays per Beneficiary per annum included. • Fluoride treatment excluded for Beneficiaries older than sixteen (16) years of age. • Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.
C3	Optical Services 1. Frames, lenses and contact lenses (permanent and disposable); 2. Refractive eye surgery; and 3. Eye examinations.	100% of Scheme Rate.	Limited to R4 656 per family per financial year, starting on 01 January and ending on 31 December of the same year ("Family Financial Cycle").	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • All services included in benefit.




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>Further limited to R2 329 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 ("Beneficiary Financial Cycle"), subject to frames not exceeding R1 359.</p>	<ul style="list-style-type: none"> • Subject to Optical Managed Care protocols and processes. • Excludes variable tint and photochromic lenses. • Optical benefit is not provided, irrespective of date of Beneficiary registration. • Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation. • Refer to Annexure E of the GEMS Rules for Optometry Exclusions.



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>Limited to:</p> <ul style="list-style-type: none"> One (1) eye examination per Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and One (1) frame and one pair of lenses per Beneficiary per twenty four (24) month period, calculated from 	


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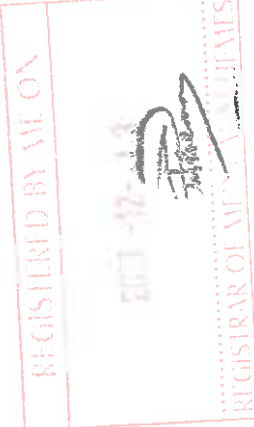
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p style="text-align: center;"> REGISTERED BY ME ON 2019-12-13  REGISTERAR OF MEDICAL SCHEMES </p>		<p>the month within which same was last rendered to the affected Beneficiary ("Optical Appliance Cycle").</p> <p>Save for the financial limits specified hereinabove, no limit shall apply to the number of contact lenses that may be rendered to a Beneficiary.</p> <p>Either spectacles or contact lenses shall be funded in an</p>	

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>Optical Appliance Cycle, not both. 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>	
C4	<p>Basic Radiology X-rays and soft tissue ultrasound scans.</p>	<p>100% of Scheme Rate.</p>	<p>Sub-limit of R3 703 per Beneficiary and R6 787 per family per annum.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Includes 2 x 2D ultrasound scans per pregnancy provided for under C6:


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>Maternity Programme. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.</p>
C5	<p>Allied Health Services Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Shared limit with B22: Allied Health Services of R1 599 per family per annum. Shared sub-limit with B22: Allied Health Services of R800 per family for Social Workers and Registered Counsellors.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Consultations at Scheme Rate.

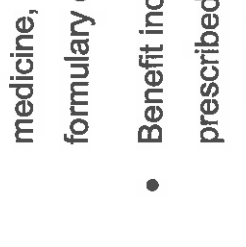
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C6	Maternity Programme Ante- and post-natal care. 	100% of Scheme Rate.	Ante-natal visits, subject to Maternity Programme Protocols.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to registration on Maternity Programme and managed care protocols and processes. Includes benefits defined in managed care protocols, paid from Risk, and 2 x 2D ultrasounds 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.

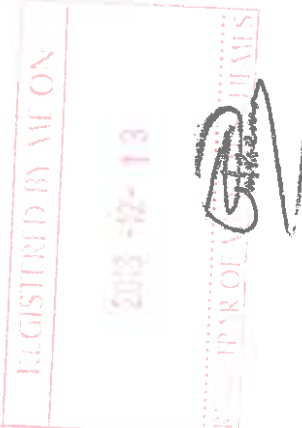
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C7	Prescribed Medication and Injection Material 		1. Limit of R3 719 per Beneficiary and R11 154 per family per annum, subject to a sub-	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Prescribed and administered by a professional, legally entitled to do so. Subject to a Medicine Price List (MPL) and Medicine Exclusion List (MEL).
	1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Subject to the following: <ul style="list-style-type: none"> Managed care protocols, formulary and processes. A 30% co-payment shall apply to voluntary use of 	


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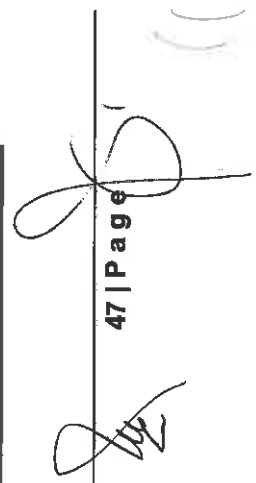
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	 <p>2. Chronic Medical Conditions: CDL and DTP PMB chronic conditions, and conditions listed in Annexure D of the GEMS Rules.</p>	<p>2. 100% of Scheme Rate, subject to PMBs.</p>	<p>limit of R555 per family per annum for homeopathic medicine.</p> <p>2. Limit of R11 154 per Beneficiary and R22 461 per family per annum.</p> <p>Unlimited for PMBs, but subject to PMB legislation.</p>	<p>out-of-formulary medicine, where formulary exists.</p> <ul style="list-style-type: none"> Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> Prior application and approval, and use of Chronic Medicine Pharmacy DSP. Medicine for PMB conditions and conditions listed in Annexure D of the GEMS Rules, subject to use of DSP.

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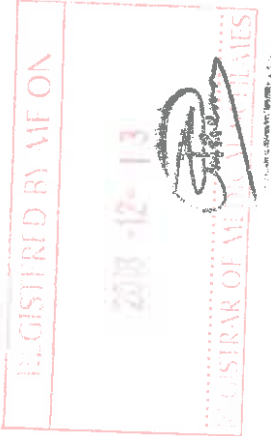
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	 <p>3. Self-Medication: Over-the-Counter (OTC) Medicine</p>	<p>3. 100% of Scheme Rate.</p>	<p>3. Subject to acute medicine benefit limit (C7.1), event</p>	<ul style="list-style-type: none"> • A 30% co-payment shall apply to voluntary use of out-of-formulary medicine and voluntary use of non-DSP. • Once limit is exhausted, CDL benefit shall be limited. • Includes benefit for life-threatening allergies, payable from Risk, and subject to managed care protocols, formulary and processes. <p>3. Subject to the following:</p>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	 <p>4. Prescribed medication from hospital stay (TTO).</p>	<p>4. 100% of Scheme Rate.</p>	<p>limit of R250 per Beneficiary, sub-limit of R937 per Beneficiary per annum, and a family annual limit of R1 498.</p> <p>4. Included in acute medication benefit limit (C7.1). Payable from Risk, once acute medication benefit (C7.1) is exhausted.</p>	<ul style="list-style-type: none"> Managed care protocols, formulary and processes. Only MCC-registered Schedule 0, 1, and 2 medicines payable from the OTC benefit. <p>4. Subject to the following:</p> <ul style="list-style-type: none"> TTO limited to seven (7) days.



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	5. Contraceptives: Oral, insertables, injectables and dermal.	5. 100% of Scheme Rate.	5. Subject to acute medicine benefit limit (C7.1) and a sub-limit of R2 822 per Beneficiary per annum.	5. Subject to managed care protocols, formulary and processes.
C8	Advanced Radiology	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"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation, managed care protocols and processes. Specific authorisation is required for Angiography, CT scans, MDCT, Coronary

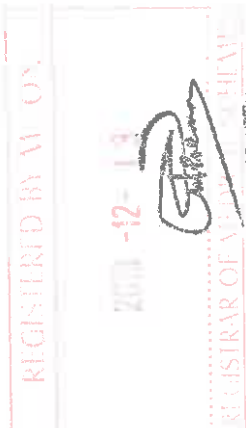


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C9	<p>Mental Health Consultations, assessments, treatment and counselling by Family Practitioner, Psychiatrist and Psychologist.</p> 	100% of Scheme Rate, subject to PMBs.	<p>Shared limit with B18: Mental Health of R18 592 per family per annum.</p> <p>Sub-limit of R5 513 for out-of-hospital Psychologist consultations.</p> <p>Limited to one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.</p>	<p>Angiography, MUGA scans PET scans, MRI scans and Radio-isotope studies.</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. If out-of-hospital treatment is offered as alternative to hospitalisation, then in-hospital benefits (B1) shall apply. Psychologist services are subject to the exclusion of educational and industrial psychologist services

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C10	Medical and Surgical Appliances and Prostheses Includes Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses. Applicable in- and out-of-hospital.	100% of Scheme Rate, subject to PMBs.	Shared limit with B14: Prostheses of R42 171 per family per annum. 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): <ul style="list-style-type: none"> • R4 631 per Beneficiary for foot orthotics and prosthetics, with a sub-limit of R1 323 for 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Foot orthotics and prosthetics, subject to formulary, managed care protocols and processes. • Bilateral hearing aids every thirty six (36) months.




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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>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 • One (1) CPAP device of up to 	

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			R10 013 per Beneficiary every thirty six (36) months of month of receipt of device.	
C11	Renal Dialysis Out of hospital. Includes materials and related pathology tests. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY AIL ON 2018-12-13  THE REGISTRAR OF HEALTH CARE PROVIDERS </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre- authorisation, managed care protocols and processes. Subject to use of Renal Dialysis Network DSP, failing which, a co-payment of 30% per event shall

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C12	Screening Services Serum Cholesterol, Bone Density Scan, Pap Smear, Prostate 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.	100% of Scheme Rate. <div data-bbox="657 1317 965 1668" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTRATION 2018-12-13 REGISTRAR OF VETERINARY MEDICINE </div>	Payable from Risk. All screenings are limited to one (1) per annum, unless otherwise indicated herein.	apply in accordance with Network rules. <ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Pap smears include liquid-based cytology. • All subject to managed care protocols and processes. • Neonatal Hypothyroidism screening test-TSH (Thyrotropin)-tariff 4507 only. • Includes screening services provided in pharmacies.

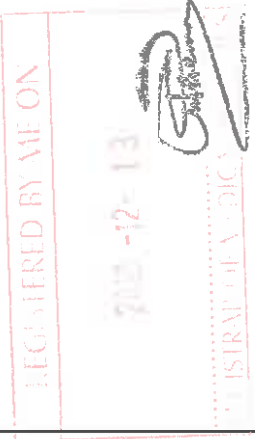
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C13	Preventative Care Services Influenza Vaccination, HPV Vaccination and Pneumococcal Vaccination. <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> REGISTERED BY A/E/O/N 2017-12-13  REGISTRAR OF COMPANIES </div>	100% of Scheme Rate.	Payable from Risk. All vaccinations are limited to one (1) per annum, unless otherwise indicated herein.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Annual Influenza Vaccinations for Beneficiaries at risk in accordance with managed care protocols. • 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.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> Includes preventative care services provided in pharmacies.
C14	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.
C15	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

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> Subject to pre-authorization, managed care protocols and processes, and use of DSP.
C16	<p>Emergency Assistance (Road and Air)</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"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of Emergency Services Network providers and managed care protocols and processes.



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C17	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. • Out of hospital only. <i>o</i> • Limit applies to all related costs (consult, medication etc.)
C18	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").

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> Subject to managed care 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

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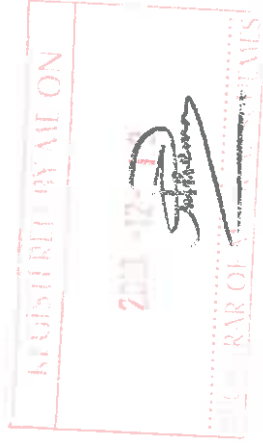
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REGISTRAR OF MEDICAL SCHEMES

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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