
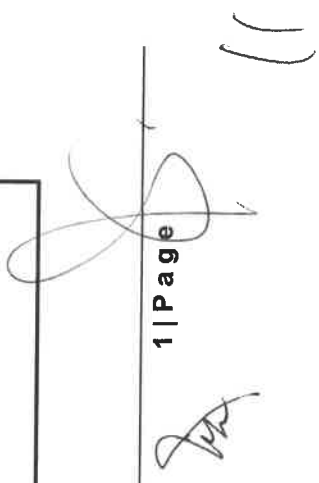



ANNEXURE C 2018 9

EMERALD VALUE

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

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




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
B	IN-HOSPITAL BENEFITS		No overall limit.	<ul style="list-style-type: none"> processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and <ul style="list-style-type: none"> ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
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. Subject to use of a Network Hospital. If a non-Network Hospital is used, the Scheme shall not be liable to fund the first	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of a Network Hospital. • Authorisation shall be obtained from the

Emerald Value 2019


 13
 REGISTERED IN MEDICAL SCHEMES





NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	ward and intensive care unit; 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses); and 4. Neonatal care.	R10 000 of the hospital bill.		Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a hospital or Day Clinic (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply. <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

REGISTERED BY M F O N

2018


REGISTRAR OF MEDICAL SCHEMES

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p style="text-align: center;">  </p>			<p>co-payment of R1 000 per admission shall apply.</p> <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").


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> • Subject to use of a Network Hospital. • Subject to registration on Maternity Programme prior to admission, and managed care protocols and processes. • Authorisation shall be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is 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.



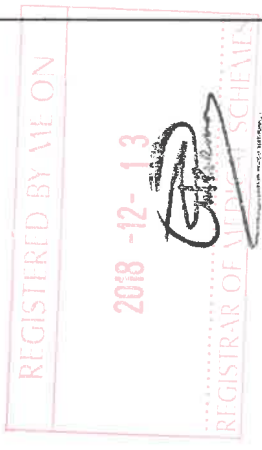
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> In the event of an admission for an Emergency Medical Condition, the Scheme shall be notified of such admission within one (1) working day after the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




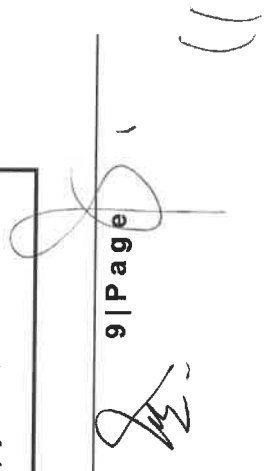
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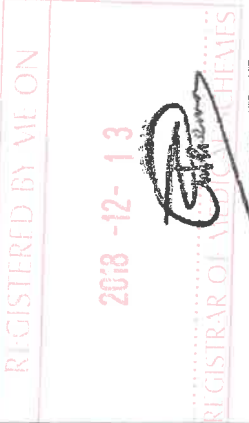
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Scheme-approved tariff file.	Minimum Benefits ("PMBs").
B4	Specialist Services Consultations and visits.	<ul style="list-style-type: none"> 100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists. 	Unlimited. Reimbursement according to the Scheme-approved tariff file.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B5	Surgical Procedures Including Maxillofacial Surgery.	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 use of Network Hospital or doctors' rooms. Subject to pre-authorisation, managed



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>care protocols and processes.</p> <ul style="list-style-type: none"> Includes hospital procedures performed in practitioner's rooms, as approved by Scheme. Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.
B6	Dentistry Conservative, restorative and specialised dentistry.	100% of Scheme Rate.	<p>Limited to professional fees. 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



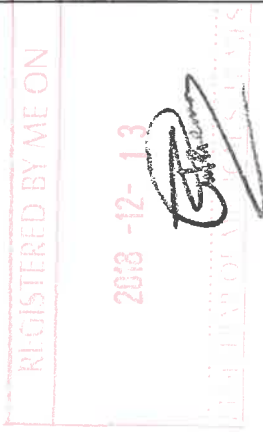
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>trauma and impacted third molars.</p> <ul style="list-style-type: none"> Lingual and labial frenectomies under general anaesthesia for Beneficiaries under the age of eight (8) years, subject to managed healthcare programme and pre- authorisation. Subject to pre- authorisation, list of approved services and use of Day Theatres within the Network. General anaesthesia and conscious sedation for dentistry, both in- and out- of-hospital, is subject to

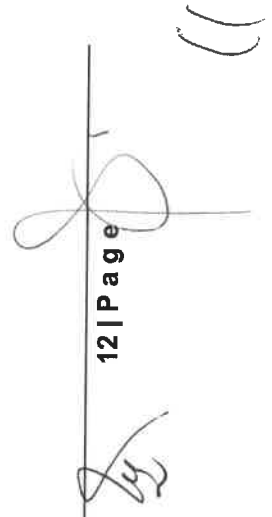
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>pre-authorisation, managed care protocols and processes.</p> <ul style="list-style-type: none"> Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic 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").

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B9	Pathology 	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • Specific authorisation (in addition to hospital pre-authorisation) is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies. • Subject to managed care protocols and processes. <ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

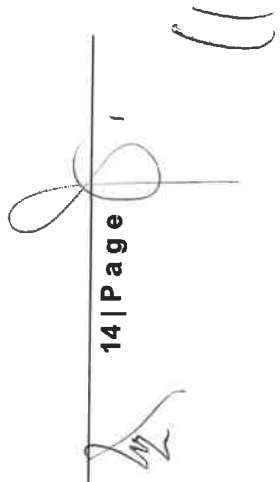


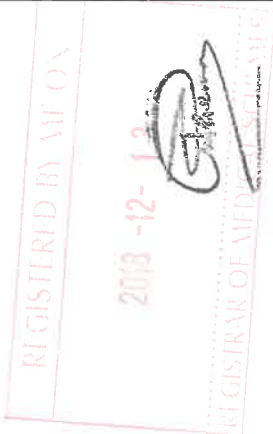
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B10	Blood Transfusions 	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation, managed care protocols and processes. Includes cost of blood, blood equivalents, blood products and the transport thereof. Includes erythropoietin.
B11	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Limited to R5 014 per Beneficiary per annum.	<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
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"> • Subject to pre-authorisation and managed care protocols and processes.
				<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.

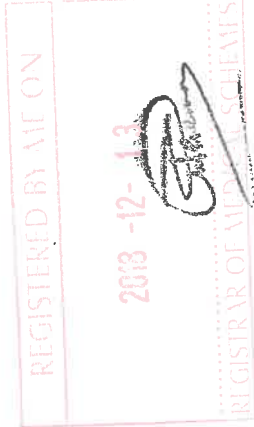


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B13	<p>Organ and Tissue Transplants Includes materials</p> 	100% of Scheme Rate, subject to PMBs.	<p>Limit of R619 748 per Beneficiary per annum. Sub-limit of R21 038 per Beneficiary per annum for corneal grafts (Imported corneal grafts, subject to managed care protocols and processes.).</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation, clinical guidelines used in public facilities, and use of facility as per B1. 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

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Africa, except for cornea tissue.
B14	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.	100% of Scheme Rate, subject to PMBs.	Shared limit with C10: Medical and Surgical Appliances and Prostheses of R42 171 per family per annum. Shared sub-limits with C10: Medical and Surgical Appliances and Prostheses of: <ul style="list-style-type: none"> • R4 631 for foot orthotics and prosthetics, with a sub-limit of R1 323 for orthotic 	<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



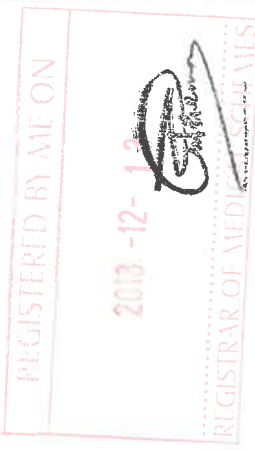
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>shoes, foot inserts and levellers per Beneficiary per annum;</p> <ul style="list-style-type: none"> • R527 for crutches per Beneficiary per annum; • R5 797 for wheelchairs per Beneficiary per annum; • R8 432 per hearing aid per Beneficiary per annum; and • One (1) CPAP device of up to R10 013 per 	<p>formulary, managed care protocols and processes.</p> <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: Member


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Nominated Family Practitioners, if pre- authorisation is not obtained.
B16	Renal Dialysis In-hospital. Includes materials and related pathology tests. <div data-bbox="858 1413 1114 1848" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> REGISTERED BY A/E ON 2013 -12- 13  </div>	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"> • 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




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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>technologists, material and immunosuppressants.</p> <ul style="list-style-type: none"> Erythropoietin included in B10: Blood Transfusions. Pathology and radiology tests, subject to managed care protocols and processes.
B17	<p>Oncology (Chemo and Radiotherapy) In- and out-of-hospital, and includes medicine and materials.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limit of R371 852 per family per annum. Sub-limit of R252 964 per family for biological and similar specialised medicine.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> Subject to pre-authorisation, managed care protocols and processes. Subject to MPL.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> • Subject to use of facility as per B1, or a registered alternative. • Includes cost of pathology, related basic radiology above / advanced radiology benefit, medical technologists and oncology medicines. • 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

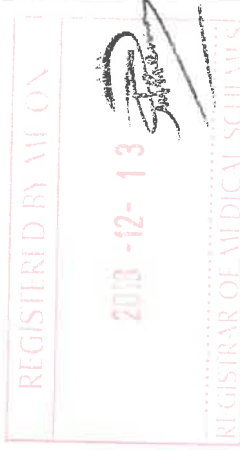


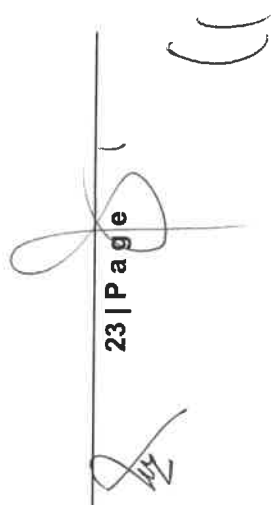
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B18	Mental Health Accommodation, theatre fees, medicine, hospital equipment, and professional fees of Family Practitioners, Psychiatrists and Psychologists. <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> REGISTERED BY ME ON 2013 -12- 13 REGISTRAR OF MEDICAL SERVICES </div>	100% of Scheme Rate, subject to PMBs.	Limit of R18 592 per family per annum. Limited to one (1) individual psychologist consultation and one (1) group psychologist consultation per day.	solid organ malignant tumors, unless pre-authorised. <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, or a registered alternative. • Maximum of three (3) days hospitalisation by a Family Practitioner.



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> Psychologist services are subject to the exclusion of educational and industrial psychologist services.
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, managed care protocols and processes. Includes physical rehabilitation for approved conditions. Includes home nursing.




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> 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 Minimum Benefits ("PMBs"). Subject to event pre-authorisation and case management.
B21	Breast Reductions	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation, managed

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				care protocols and processes.
B22	Allied Health Services Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	<ul style="list-style-type: none"> Shared limit with C5: Allied Health Services of R1 599 per family per annum. Shared sub-limit with C5: Allied Health Services of R800 per family for Social Workers and Registered Counsellors. 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). 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

REGISTERED BY ME ON
 2013-12-10
 REGISTRAR OF MEDICAL SOCIETIES

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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-authorisation, managed care protocols and processes.
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;	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.

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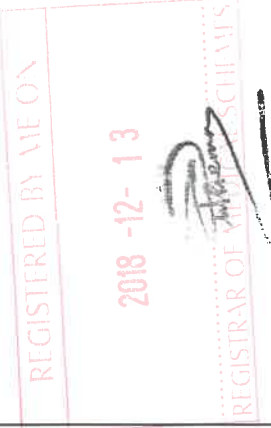
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	4. Maternity (where not covered under C6: Maternity Programme); 5. Audiology, Occupational Therapy and Speech Therapy; and 6. Pathology and Medical Technology.			<ul style="list-style-type: none"> Subject to Family Practitioner and Specialist Referral Rules.
C1.1	Family Practitioner (FP) Services: Member Nominated Family Practitioners 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.	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"). Subject to use of a Nominated Family Practitioner. A 30% co-payment shall apply to any out-of-hospital visit to a Family Practitioner

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>other than the Nominated Family Practitioner – irrespective of the doctor being on the Network or not.</p> <ul style="list-style-type: none"> Benefit covers consultations and approved minor procedures at Member-nominated Network Family Practitioners. Limit is pro-rated from date of admission of Beneficiary to end of financial year. Subject to managed care protocols and processes.


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.2	Primary Care Extender Benefit	100% of Scheme Rate, subject to PMBs.	Payable from Risk. Shared limit between: <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 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • 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 Nominated Network Family Practitioner; and ▪ Managed care protocols and processes.

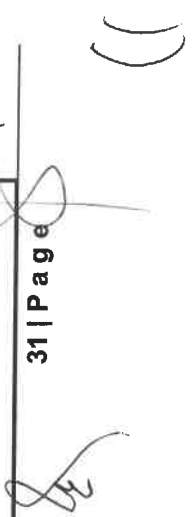
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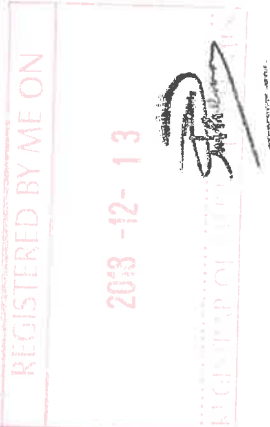
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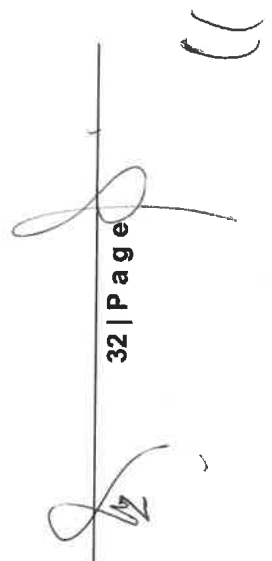
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>benefits are exhausted.</p>	<ul style="list-style-type: none"> o In the case of C1.9: Pathology and Medical Technology, subject to: <ul style="list-style-type: none"> ▪ Managed care protocols and processes. • In the case of C7.1: Prescribed 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





NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.3	Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme. 	100% of Scheme Rate, subject to PMBs.	Payable from Risk. Two (2) additional Family Practitioner consultations at a Nominated Network Family Practitioner, once Block Benefit is exhausted.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). The additional Family Practitioner consultations at a Nominated Network Family Practitioner are subject to pre-authorisation, managed care protocols and processes.
C1.4	Specialist Services	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




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>provided for otherwise in this Annexure.</p> 	<p>130% of Scheme Rate for Network Specialists. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in-hospital. Reimbursement at 200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms.</p>		<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> Limit is pro-rated from date of admission of Beneficiary to end of financial year. Subject to Family Practitioner Nomination and Specialist Referral Rules. A 30% co-payment shall apply to any out-of-hospital visit to a Specialist, if not referred by a Family Practitioner.




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
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 Shoulder	<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
			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 the 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. Shared sub-limit with C1.9 of R2 263 per	<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
C1.9	Pathology and Medical Technology 	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Shared sub-limit with C1.8 of R2 263 per Beneficiary and R4 534 per family per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Family Practitioner Nomination and Specialist Referral Rules apply. • Subject to managed care protocols and processes.
			Beneficiary and R4 534 per family per annum. Further sub-limit of R1 819 per Beneficiary and R3 636 per family per annum.	<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.


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C2	Dental Services 1. Conservative and Restorative Dentistry (includes plastic dentures); and 2. Special Dentistry (includes metal-base dentures). 	100% of Scheme Rate. 200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctor's rooms.	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.	<ul style="list-style-type: none"> Includes liquid based cytology pap smears. All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). General anaesthesia and conscious sedation for dentistry, subject to pre-authorisation and managed care protocols and processes. Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars.



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<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. • Four (4) 4 bitewing x-rays per Beneficiary per year included.


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C3	<p>Optical Services</p> <ol style="list-style-type: none"> 1. Frames, lenses and contact lenses (permanent and disposable); 2. Refractive eye surgery; and 3. Eye examinations. 	100% of Scheme Rate.	<p>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").</p> <p>Further limited to R2 329 per Beneficiary for every two (2)</p>	<ul style="list-style-type: none"> • Fluoride treatment excluded for Beneficiaries older than sixteen (16) years of age. • Excludes Osseointegrated Implants, all implant-related procedures and Orthognathic Surgery. • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • All services included in benefit. • Subject to Optical Managed Care protocols and processes.


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>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> <p>Limited to:</p> <ul style="list-style-type: none"> • One (1) eye examination per 	<ul style="list-style-type: none"> • Excludes variable tint and photochromic lenses. • Optical benefit is not pro-rated irrespective of date of Beneficiary registration. • Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation. • Refer to Annexure E of the GEMS Rules for Optometry Exclusions.




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

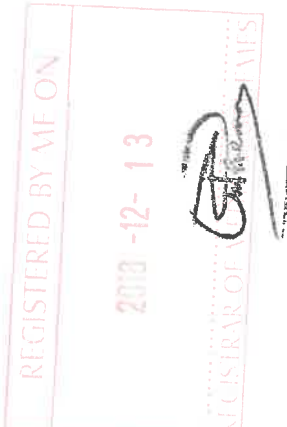
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>last rendered to the affected Beneficiary ("Optical Appliance Cycle").</p> <p>Save for the financial limits specified hereinabove, no limit shall apply to the number of contact lenses that may be rendered to a Beneficiary.</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p>	




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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C4	Basic Radiology X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	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.	
			Sub-limit of R3 703 per Beneficiary and R6 787 per family per annum.	<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: Maternity Programme. Alternatively, should any



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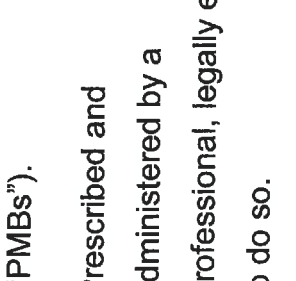
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.</p> <ul style="list-style-type: none"> Specialist Referral Rules apply.
C5	<p>Allied Health Services Include Chiropractors, 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 Services of R800 per family for Social Workers and Registered Counsellors.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> Consultations at Scheme Rate.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C6	Maternity Programme Ante- and post-natal care. <div data-bbox="564 1397 810 1823" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> REGISTERED BY A/E ON 2018 -12- 13  REGISTRAR OF MEDICAL PRACTICE </div>	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.

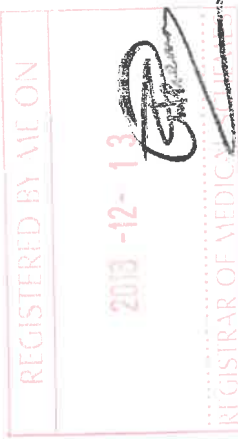


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C7	Prescribed Medication and Injection Material 	1. 100% of Scheme Rate.	1. Limit of R3 719 per Beneficiary and R11 154 per family per annum, subject to a sub-	<ul style="list-style-type: 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 Medicine Price List (MPL) and Medicine Exclusion List (MEL). 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

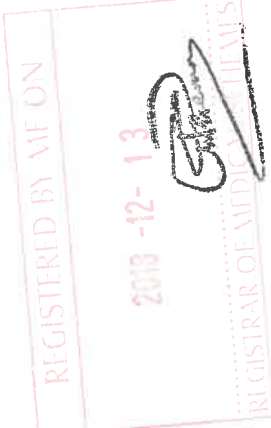


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	 <p data-bbox="499 342 738 1968">2. Chronic Medical Conditions: CDL and DTP PMB chronic conditions and conditions listed in Annexure D of the GEMS Rules.</p>	<p data-bbox="499 342 738 1968">2. 100% of Scheme Rate, subject to PMBs.</p>	<p data-bbox="738 342 978 1968">limit of R555 per family per annum for homeopathic medicine.</p> <p data-bbox="738 342 978 1968">2. Limit of R11 154 per Beneficiary and R22 461 per family per annum.</p> <p data-bbox="738 342 978 1968">Unlimited for PMBs, but subject to PMB legislation.</p>	<p data-bbox="978 342 1361 1968">out-of-formulary medicine, where formulary exists.</p> <ul data-bbox="978 342 1361 1968" style="list-style-type: none"> Benefit includes prescribed maternity vitamin supplements. <p data-bbox="978 342 1361 1968">2. Subject to the following:</p> <ul data-bbox="978 342 1361 1968" 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.

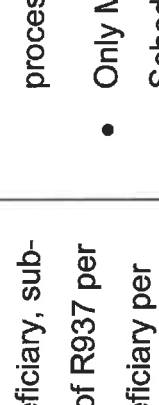
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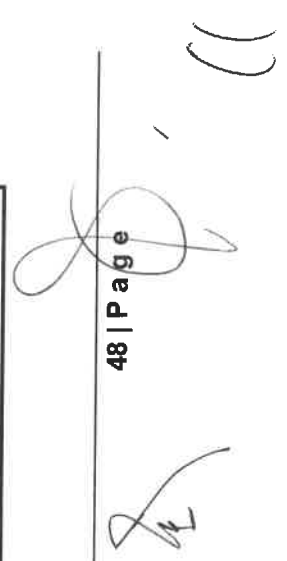
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	 <p>3. Self-Medication: Over-the-Counter (OTC) Medicine.</p>	<p>3. 100% of Scheme Rate.</p>	<p>3. Subject to acute medicine benefit</p>	<ul style="list-style-type: none"> A 30% co-payment shall apply to voluntary use of out-of-formulary medicine and voluntary use of non-DSP. Once limit is depleted, 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. 100% of Scheme Rate.</p>	<p>limit (C7.1), event 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 limit (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.

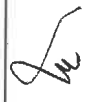


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	5. Contraceptives: Oral, insertables, injectables and dermal.	5. 100% of Scheme Rate.	5. Subject to acute medicine benefit limit and a sub-limit of R2 822 per Beneficiary per annum.	5. Subject to managed care protocols, formulary and processes.
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 Angiography, MUGA scans

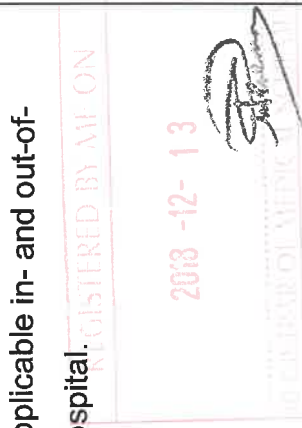


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C9	Mental Health Consultations, assessments, treatment and counselling by Family Practitioner, Psychiatrist and Psychologist. <div data-bbox="869 1400 1125 1825" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON 2018 -12- 13  REGISTRAR OF MEDICAL CHIEFS </div>	100% of Scheme Rate, subject to PMBs.	Shared limit with B18: Mental Health of R18 592 per family per annum. Sub-limit of R5 513 for out-of-hospital Psychologist consultations. Limited to one (1) individual Psychologist consultation and one (1) group	PET scans, MRI scans and Radio-isotope studies. <ul style="list-style-type: none"> • Specialist Referral Rules apply. • 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




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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C10	<p>Medical and Surgical Appliances and Prostheses</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 in- and out-of-hospital.</p> 	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Psychologist consultation per day.</p> <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 sub-limits (shared sub-limit with B14: Prostheses):</p> <ul style="list-style-type: none"> • R4 631 per Beneficiary for foot orthotics and prosthetics, with 	<p>educational and industrial psychologist services.</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. • Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes. • Bilateral hearing aids every thirty six (36) months.

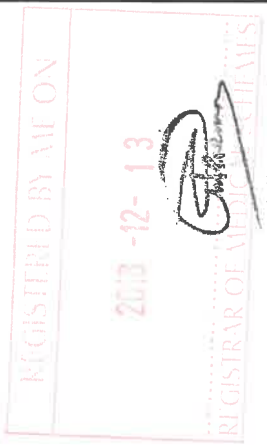


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>a sub-limit of R1 323 for orthotic shoes, foot inserts and levellers per Beneficiary per annum;</p> <ul style="list-style-type: none"> • R527 for crutches per Beneficiary per annum; • R5 797 for wheelchairs per Beneficiary per annum; • R8 432 per hearing aid per Beneficiary per annum; and 	

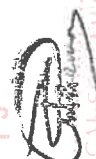


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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C11	Renal Dialysis Out of hospital. Includes materials and related pathology tests.	100% of cost, but subject to PMB legislation.	Limited to PMBs. • One (1) CPAP device of up to R10 013 per Beneficiary every thirty six (36) months of month of receipt of device.	 <ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation, managed care protocols and processes. • Subject to use of Renal Dialysis Network DSP,


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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.	Payable from Risk. All screenings are limited to one (1) per annum, unless otherwise indicated herein. <div data-bbox="957 716 1212 1142" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON 2013 -12- 13  REGISTRAR OF MEDICAL COUNCILS </div>	failing which, a co-payment of 30% per event shall apply in accordance with Network rules. • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMIBs"). • Pap smears include liquid-based cytology. • All subject to managed care protocols and processes. • Neonatal Hypothyroidism screening test-TSH (Thyrotropin)-tariff 4507 only.


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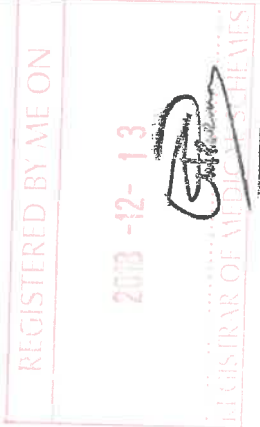
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C13	Preventative Care Services Influenza Vaccination, HPV Vaccination and Pneumococcal Vaccination. <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> REGISTERED BY ME LON 2018 -12- 13  REGISTRAR OF MEDICAL PRACTICES </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"> • Includes screening services provided in pharmacies. • 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.



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C14	HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness 	100% of cost, but subject to PMB legislation.	<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 	<ul style="list-style-type: none"> HPV vaccination for female Beneficiaries. All subject to managed care protocols and processes. Includes preventative care services provided in pharmacies.

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C15	Infertility 	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<p>managed care protocols and processes.</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, and use of DSP.
C16	Emergency Assistance (Road and Air)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of Emergency Services

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Network providers and managed care protocols and processes.
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-authorization, managed care protocols and processes. • Out of hospital only. <i>2</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

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Minimum Benefits ("PMBs"). <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

REGISTERED BY AIE ON
 2018 -12- 13
 REGISTRAR OF MEDICAL PROFESSIONS


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



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