


ANNEXURE C 2018

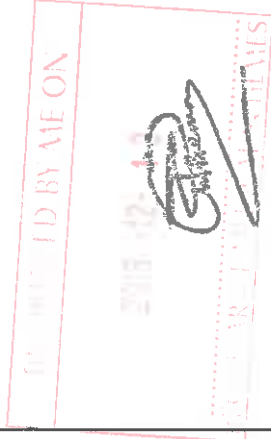
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SUBJECT TO THE PROVISIONS OF THE SCHEME RULES, MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING BENEFITS:

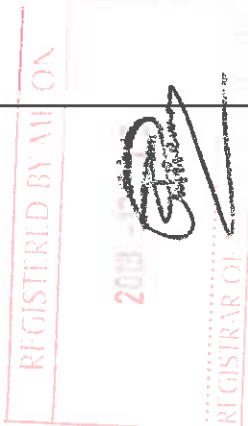
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A	<p>STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)</p> 	<p>100% of cost, but subject to PMB legislation.</p>	<p>Unlimited, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> As provided for in Annexure G of the Rules. Prescribed Minimum Benefits ("PMBs") are not subject to the monetary benefit limits stated in this Annexure and shall be paid in full, where the diagnosis, treatment and care of a Prescribed Minimum Benefit Condition were obtained from: <ul style="list-style-type: none"> a Designated Service Provider ("DSP") for that condition;

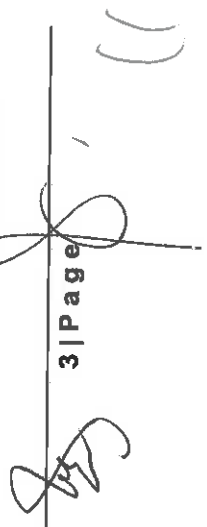
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: <ul style="list-style-type: none"> ▪ Pre-authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and ▪ The Act. • This Rule supersedes all other benefit provisions in this

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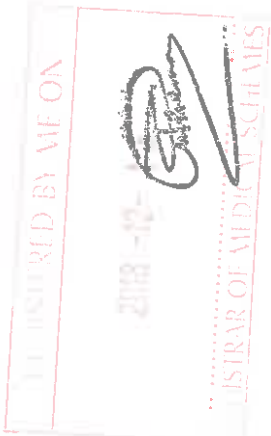
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Annexure.
B	IN-HOSPITAL BENEFITS		No overall limit. Sub-limits as provided for.	
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres Day Clinics and Psychiatric Facilities 1. Accommodation in a general ward, high care ward and intensive care unit; 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for	100% of Scheme Rate. 	Unlimited.	<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 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



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	prostheses); and 4. Neonatal care. 			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 co-payment of R1 000 per admission shall apply. Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols. All in-hospital treatment and services are subject to pre-authorisation (inclusive of non-PMB one-day admissions), managed care protocols and


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B2	<p>Maternity Benefits (including midwife) Hospital, home birth or registered birthing unit.</p> 	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<p>processes.</p> <ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). 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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				<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.
B3	Family Practitioner Services Consultations and visits.	100% of Scheme Rate.	Unlimited. Reimbursement according to the Scheme-approved tariff file.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B4	Specialist Services	100% of Scheme	Unlimited.	All limits are subject to A:

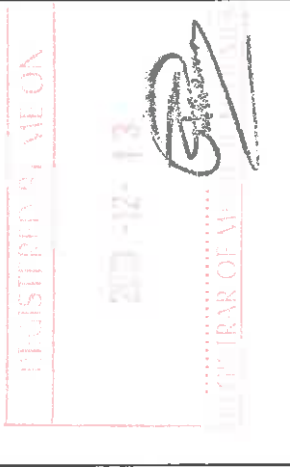
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	Consultations and visits.	Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Reimbursement as per Scheme-approved tariff file.	Statutory Prescribed Minimum Benefits ("PMBs").
B5	Surgical Procedures Including Maxillofacial Surgery. <div data-bbox="906 1400 1145 1818" style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED MEMBER ON 2018-12 REGISTRAR OF MEDICAL 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-authorization, managed care protocols and processes. • Includes hospital procedures performed in practitioner's rooms, as approved by the Scheme. • Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic


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B6	<p>Dentistry Conservative, restorative and specialized dentistry.</p> 	100% of Scheme Rate.	<p>Professional fees, subject to shared limit with C3: Dental Services of R9 249 per Beneficiary per annum. Hospital cost included in hospital benefit (B1). Refer to Annexure E of the GEMS Rules.</p>	<p>Surgery.</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 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.




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				<ul style="list-style-type: none"> • 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 procedures and Orthognathic Surgery. • Services classified as conservative, restorative and specialised per tariff code.
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"). • Managed care rules apply.


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B8	<p>Advanced Radiology</p> 	100% of Scheme Rate, subject to PMBs.	Shared limit with C5: Advanced Radiology of R27 890 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 Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies. 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 pathology tests being related to admission

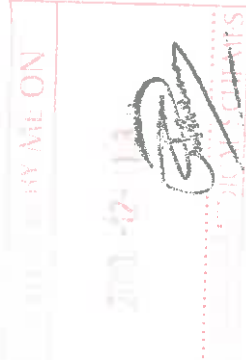
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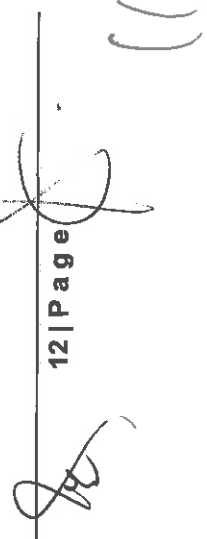
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				<p>diagnosis.</p> <ul style="list-style-type: none"> Managed care rules apply.
B10	<p>Blood Transfusions</p> 	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Unlimited, but subject to PMB legislation.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization, managed care protocols and processes. Includes cost of blood, blood equivalents, blood products and the transport thereof. Includes erythropoietin.
B11	<p>Physiotherapy</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limited to R5 014 per Beneficiary per annum.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization and managed care protocols

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B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy 	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C1.8: 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.	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.
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 per annum for corneal	<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



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			<p>grafts (Imported corneal grafts, subject to managed care protocols.).</p>	<p>public facilities, and use of facility as per B1.</p> <ul style="list-style-type: none"> 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.
B14	<p>Prostheses This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and all accompanying temporary or</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Shared limit with C7: Medical and Surgical Appliances and Prostheses of R56 967 per family per annum. Shared sub-limits with</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. Scheme may obtain




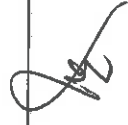
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	<p>permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.</p> 		<p>C7: Medical and Surgical Appliances and Prostheses of:</p> <ul style="list-style-type: none"> • R4 631 for foot orthotics and prosthetics, with a sub-limit of R1 323 for orthotic shoes, foot inserts and levellers per Beneficiary per annum; • R527 for crutches per Beneficiary per annum; • R5 797 for wheelchairs per Beneficiary per annum; 	<p>competitive quotes or arrange supply of prosthesis.</p> <ul style="list-style-type: none"> • Bone cement paid from B1, subject to pre-authorisation. • Foot orthotics and prosthetics, subject to formulary, managed care protocols and processes. • Subject to internal and external devices being related to admission diagnosis and procedure.

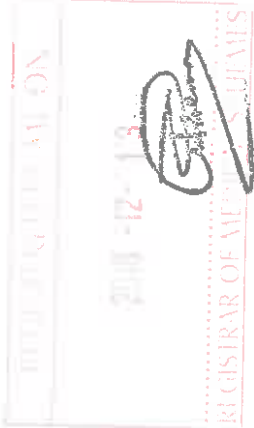
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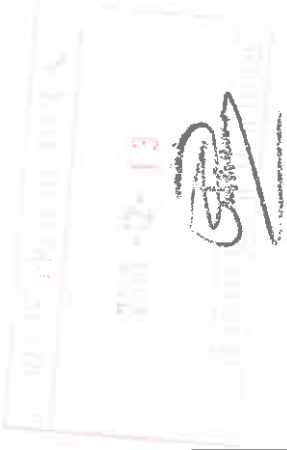
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			<ul style="list-style-type: none"> R8 432 per hearing aid per Beneficiary per annum; and One (1) CPAP device of up to R10 013 per Beneficiary every thirty six (36) months of month of receipt of device. 	
B15	Emergency Services (Casualty Department)	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



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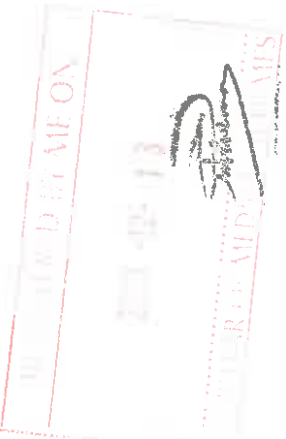
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>processes.</p> <ul style="list-style-type: none"> • Cost to be defrayed from C1.1: Family Practitioner (FP) Services, if pre-authorisation is not obtained.
B16	<p>Renal Dialysis In-hospital. Includes materials and related pathology tests.</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.

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B17	<p>Oncology (Chemo and Radiotherapy) In- and out-of-hospital, and includes medicine and materials.</p> 	100% of Scheme Rate, subject to PMBs.	<p>Limit of R488 059 per family per annum. Sub-limit of R329 880 per family for biological and similar specialised medicines.</p>	<ul style="list-style-type: none"> Erythropoietin included in B10: Blood Transfusions. Pathology and radiology tests, subject to managed care protocols and processes. All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorisation, 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 above / advanced radiology benefit, medical technologists and

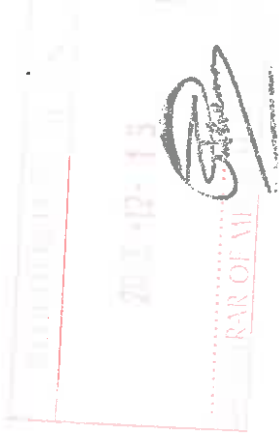


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				<p>oncology medicines.</p> <ul style="list-style-type: none"> Erythropoietin included in B10: Blood Transfusions. Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced and metastatic solid organ malignant tumors, unless pre-authorized.
B18	Mental Health Accommodation, theatre fees, medicine, hospital equipment, and professional fees of Family Practitioners, Psychiatrists, and	100% of Scheme Rate, subject to PMBs.	Limit of R39 042 per family per annum. Limited to one (1) individual psychologist consultation and one (1) group psychologist	<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.



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	Psychologists. 		consultation per day.	<ul style="list-style-type: none"> • 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.
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.



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B20	Medical Technologists	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> Includes home nursing. Excludes frail care and recuperative holidays.
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 event pre-authorisation and case management.
B22	Allied Health Services Include Chiropractors,	100% of Scheme Rate, subject to	Subject to Day-to-Day Block Benefit.	<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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	Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners. 	PMBs.	Shared sub-limit with C1.6: Allied Health Services of R1 241 per family for Social Workers and Registered Counsellors.	Benefits ("PMBs"). <ul style="list-style-type: none"> • Consultations at Scheme Rate. • Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorisation, managed care protocols and processes. • Subject to services being related to admission diagnosis. • Managed care protocols and processes apply.
B23	Alcohol and Drug Dependencies	100% of cost, but subject to PMB legislation.	Limited to PMBs.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Subject to pre-authorisation, managed care protocols and processes.



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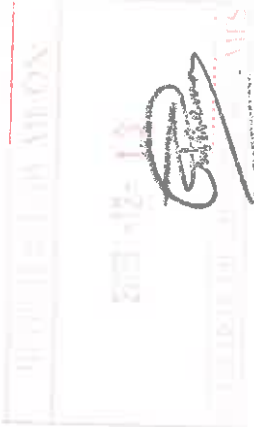
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C	OUT-OF-HOSPITAL BENEFITS			
C1	Day-to-Day Block Benefit 1. Family Practitioner Services; 2. Specialist Services; 3. Basic Radiology; 4. Pathology; 5. Allied Health Services; 6. Physiotherapy; 7. Occupational Therapy; 8. Speech Therapy; 9. Mental Health; 10. Maternity (where not covered under C2: Maternity Programme);	100% of Scheme Rate.	Shared limit between C1.1 and C1.3 – C.1.1.11 of R9 756 per Beneficiary and R19 514 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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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	and 11. Contraceptives.			
C1.1	Family Practitioner (FP) Services Consultations, visits and all other services not specifically provided for otherwise in this Annexure. <div style="text-align: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> REGISTERED BY WILSON 20-12-19  REGISTRAR OF </div>	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"). 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	Family Practitioner Network Extender Benefit for Beneficiaries with chronic	100% of Scheme Rate, subject to PMBs.	Payable from Risk. One (1) additional Family Practitioner	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").



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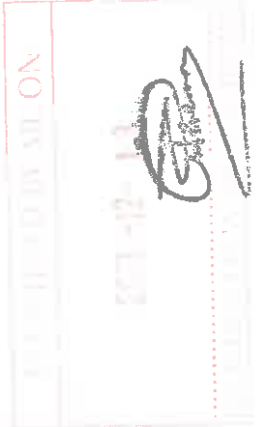
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	<p>conditions registered on Disease Management Programme.</p>		<p>consultation at DSP/Network provider, once Block Benefit is exhausted.</p>	<ul style="list-style-type: none"> The additional Family Practitioner consultation at a DSP/Network provider is subject to pre-authorisation, managed care protocols and processes.
C1.3	<p>Specialist Services Consultations, visits and all other services not specifically provided for otherwise in this Annexure.</p> 	<p>100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists. 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"). Limit is pro-rated from date of admission of Beneficiary to end of financial year.

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		Reimbursement at 200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.		
C1.4	Basic Radiology 1. X-rays and soft tissue ultrasound scans; and 2. Maternity. 	1. 100% of Scheme Rate. 2. 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"). Includes 2 x 2D ultrasound scans per pregnancy provided for by C2: 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.

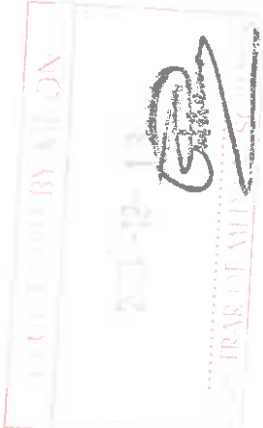


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C1.5	Pathology 	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Includes liquid-based cytology pap smears.
C1.6	Allied Health Services Include Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Social Workers, Registered Counsellors, Orthoptists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Shared sub-limit with B22: Allied Health Services of R1 241 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. Medicines prescribed by Allied Health professionals. Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorisation, managed

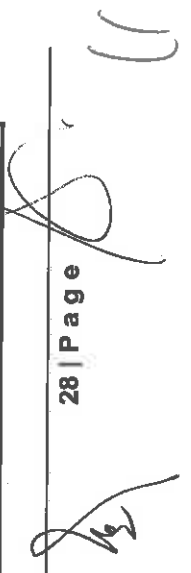



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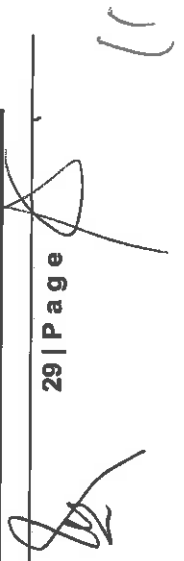
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C1.7	Physiotherapy, Occupational Therapy and Speech Therapy 	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	care protocols and processes. • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Physiotherapy, Occupational Therapy and Speech Therapy performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to managed care protocols and processes.
C1.8	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 Replacement	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation and managed care protocols and processes.


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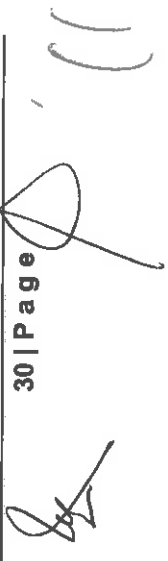
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>or Revision Surgery Physiotherapy) up to a limit of R5 292 per Beneficiary per event, utilised within sixty (60) days of surgery.</p>	
C1.9	<p>Mental Health Consultations, assessments, treatment and counselling by Family Practitioner, Psychiatrist and Psychologist.</p> 	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Shared limit as per C1: Day-to-Day Block Benefit. 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 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

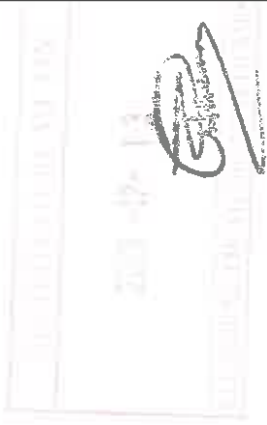


NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.10	Maternity Ante- and post-natal care 	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Ante-natal visits, where not accessed under the Maternity Programme.	psychologist services. <ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
C1.11	Contraceptives: Oral, insertables, injectables and dermal.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Sublimit of R3 537 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, formulary and processes.
C2	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




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>Maternity Programme, and managed care protocols and processes.</p> <ul style="list-style-type: none"> Includes benefits defined in managed care protocols, paid from Risk, and 2 x 2D 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.
C3	<p>Dental Services</p> <ol style="list-style-type: none"> Conservative and Restorative Dentistry: Include plastic dentures. 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</p>	<p>Shared limit with B6: Dentistry of R9 249 per Beneficiary per annum. Panoramic x-rays limited to one (1) x-ray every three (3) years</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

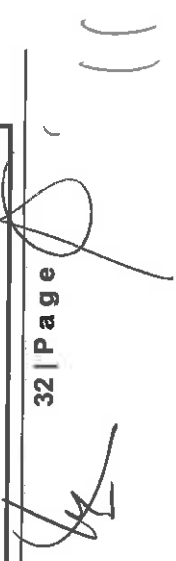



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		<p>doctor's rooms.</p>	<p>per Beneficiary. Refer to Annexure E of the GEMS Rules.</p>	<p>protocols and processes. Only applicable to Beneficiaries under the age of eight (8) years, severe trauma and impacted third molars.</p> <ul style="list-style-type: none"> • No pre-authorization 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-authorization. • Panoramic x-rays included. • Four (4) bitewing x-rays per Beneficiary per year included. • Fluoride treatment excluded for

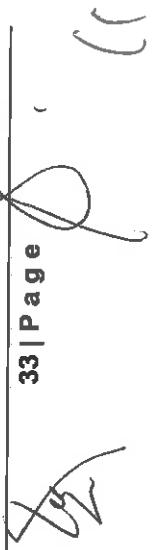


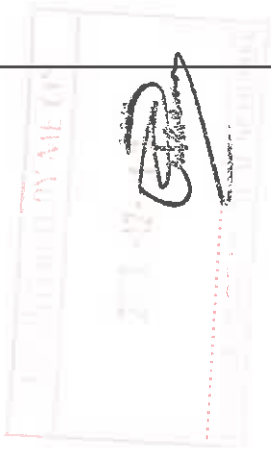
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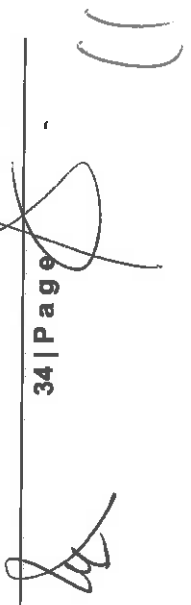
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				<p>Beneficiaries older than sixteen (16) years of age.</p> <ul style="list-style-type: none"> • 1 and 2: Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery. Dental services classified as conservative, restorative and specialised per tariff code.
C4	Prescribed Medication and Injection Material			<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).




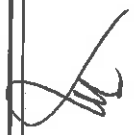
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	<p>1. Acute Medical Conditions.</p>  <p>2. Chronic Medical Conditions: CDL and DTP PMB chronic conditions and conditions listed in Annexure D.</p>	<p>1. 100% of Scheme Rate.</p> <p>2. 100% of Scheme Rate, subject to PMBs.</p>	<p>1. Limit of R6 268 per Beneficiary and R17 556 per family per annum, subject to a sub-limit of R555per family per annum for homeopathic medicine.</p> <p>2. Limit of R19 048 per Beneficiary and R39 042 per family per annum. Unlimited for PMBs, but subject to PMB legislation.</p>	<p>1. Subject to the following:</p> <ul style="list-style-type: none"> Managed care protocols, formulary and processes. A 30% co-payment shall apply to voluntary use of out-of-formulary medicine, where formulary exists. Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> Prior application, approval and use of chronic medicine pharmacy DSP. Includes benefit for life threatening allergies, payable from Risk, and



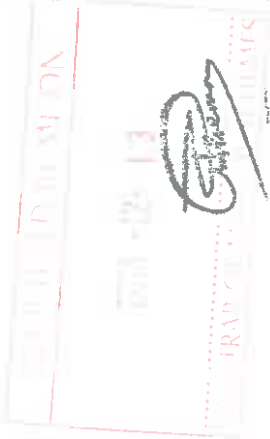
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>3. Subject to acute medicine benefit limit (C4.1), event limit of R312 per</p>	<p>subject to managed care protocols, formulary and processes.</p> <ul style="list-style-type: none"> • Medicine for PMB conditions and conditions listed in Annexure D, subject to use of DSP. • 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 will be limited. <p>3. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, formulary and processes.
3.	Self-Medication: Over-the-Counter (OTC) Medicine.	100% of Scheme Rate.		



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>Beneficiary, annual Beneficiary limit of R1 143, and a limit of R1 892 per family per annum.</p> <p>4. Shared limit with acute medication benefit limit (C4.1). Payable from Risk, once acute medication benefit limit (C4.1) is exhausted.</p>	<ul style="list-style-type: none"> 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.
C5	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R27 890 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

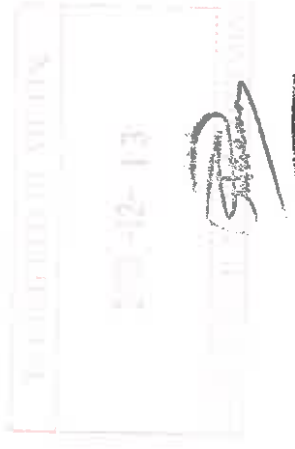


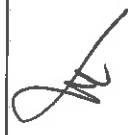
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>processes.</p> <ul style="list-style-type: none"> Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
C6	<p>Optical Services</p> <ol style="list-style-type: none"> Frames, lenses and contact lenses (permanent and disposable); Refractive eye surgery; and Eye examinations. 	100% of Scheme Rate.	<p>Limited to R5 511 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 749 per Beneficiary for every two (2) financial years, calculated from 01</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). All services included in benefit. Subject to the Optical Managed Care protocols and processes. Excludes variable tint and photochromic lenses. Optical benefit is not pro-rated irrespective of date of

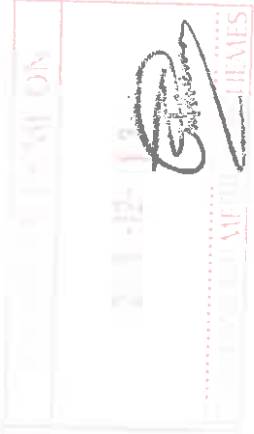


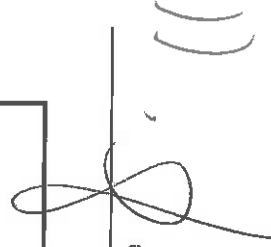
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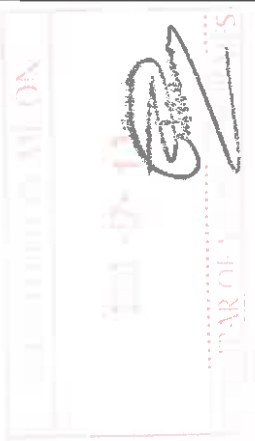
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>January of the year within which any Optical Service was first rendered to the affected Beneficiary following the end of such previous two (2) year period (if any) ended on 31 December ("Beneficiary Financial Cycle"), subject to frames not exceeding R2 198.</p> <p>Limited to:</p> <ul style="list-style-type: none"> One (1) eye examination per Beneficiary per twelve (12) month period, calculated 	<p>Beneficiary registration.</p> <ul style="list-style-type: none"> 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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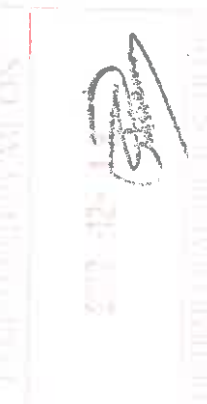
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			<p>from the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and</p> <ul style="list-style-type: none"> One (1) frame and one (1) pair of lenses per Beneficiary per twenty four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Optical Appliance 	

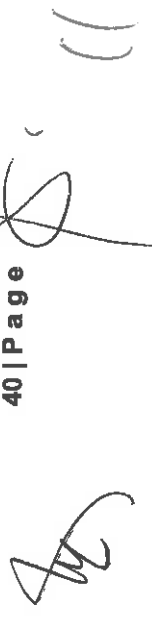




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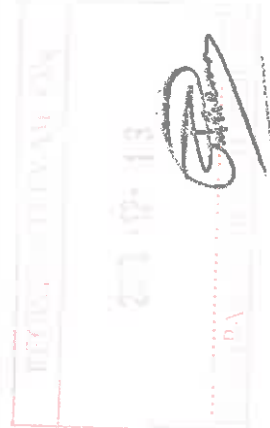
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<p>exceeding R1 118 for both lens and frame, with a sublimit of R221 for the frame.</p>	
C7	<p>Medical and Surgical Appliances and Prostheses Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulisers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses. Applicable in- and out-of-hospital.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Shared limit with B14: Prostheses of R56 967 per family per annum. Sub-limit of R19 045 for medical and surgical appliances per family per annum, with the following further sub-limits (shared sub-limit with B14: Prostheses):</p> <ul style="list-style-type: none"> • R4 631 per Beneficiary for foot orthotics and prosthetics, with a 	<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. • Diabetic accessories and appliances, other than Glucometers, to be pre-authorised and claimed from the chronic medication benefit (C4.2). • The Scheme has the right to obtain competitive quotes.




NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			<ul style="list-style-type: none"> • sub-limit of R1 323 for orthotic shoes, foot inserts and levellers per Beneficiary per annum; • R527 for crutches per Beneficiary per annum; • R5 797 for wheelchairs per Beneficiary per annum; • R8 432 per hearing aid per Beneficiary per annum; and • One (1) CPAP device of up to 	<ul style="list-style-type: none"> • Foot orthotics and prosthetics, subject to formulary, managed care protocols and processes. • Bilateral hearing aids every thirty six (36) months.

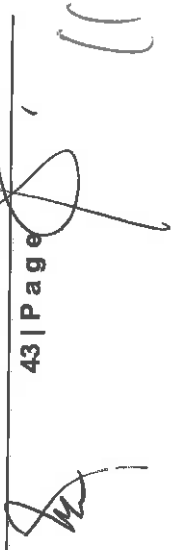
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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			R10 013 per Beneficiary every thirty six (36) months of month of receipt of device.	
C8	Renal Dialysis Out-of-hospital. Includes materials and related pathology tests.	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization, managed care protocols and processes. Subject to use of Renal Dialysis Network DSP, failing which, a co-payment of 30% per event shall apply in accordance with Network rules.
C9	Screening Services Serum Cholesterol, Bone	100% of Scheme Rate.	Payable from Risk. All screenings are	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Density Scan, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Childhood Hearing, Childhood Optometry, Serum Glucose, Occult Blood test, Thyrotropin (TSH) for Neonatal Hypothyroidism and Mammogram and other screening according to evidence-based standard practice.		limited to one (1) per annum, unless otherwise indicated herein.	Benefits ("PMBs"). <ul style="list-style-type: none"> • Pap smears include liquid-based cytology. • Neonatal Hypothyroidism screening test-TSH (Thyrotropin)-tariff 4507 only. • All subject to managed care protocols and processes. • Includes screening services provided in pharmacies.
C10	Preventative Care Services Influenza Vaccination, HPV Vaccination and Pneumococcal Vaccination.	100% of Scheme Rate.	Payable from Risk. All vaccinations are limited to one (1) per annum, unless otherwise indicated herein.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • Annual Influenza Vaccinations for Beneficiaries at risk in accordance with managed care



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<p>protocols.</p> <ul style="list-style-type: none"> • Pneumococcal vaccines every five (5) years for Beneficiaries at risk in accordance with managed care protocols. • HPV vaccination for female Beneficiaries. • All subject to managed care protocols and processes. • Includes preventative care services provided in pharmacies.
C11	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.



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				<ul style="list-style-type: none"> Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.
C12	Infertility 	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization, managed care protocols and processes, and use of DSP.
C13	Emergency Assistance (Road and Air)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of Emergency Services DSP, and managed care protocols and processes.



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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C14	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. 70 Limit applies to all related costs (consult, medication etc.).
C15	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate		<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes

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

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

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