

ANNEXURE C 2023

BERYL

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

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)	100% of cost, but subject to PMB legislation. <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> REGISTERED BY ME ON 2022/12/12 REGISTRAR OF MEDICAL SCHEMES </div>	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 / EXCLUSIONS	CONDITIONS / REMARKS
		<div style="border: 1px solid red; padding: 2px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2022/12/12</p> <hr style="border-top: 1px dashed red;"/> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<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), <p>subject to:</p> <ul style="list-style-type: none"> ▪ Authorisation, managed care protocols, formulary and

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				<p>processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and</p> <ul style="list-style-type: none"> ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	IN-HOSPITAL BENEFITS	100% of Scheme Rate, subject to PMBs.	Subject to overall hospital limit of R1 327 438 per family per annum and such sub-limits as provided for.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B1	Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	<p>Clinics and Psychiatric Facilities:</p> <ol style="list-style-type: none"> 1. Accommodation in a general ward, high care ward and intensive care unit (ICU); 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); 4. Confinements and midwives; and 5. Neonatal care. 			<ul style="list-style-type: none"> • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply. • In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within

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				<p>one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> All In-Hospital treatment and services are subject to hospital authorisation (for Private facilities only, and inclusive of non-PMB one-day admissions), managed care protocols and processes TTO limited to seven (7) days, subject to medication being related to admission diagnosis.

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B2	Maternity Hospital, home birth or accredited birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (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 to a Private facility for an Emergency Medical Condition, the Scheme must 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. Elective Caesarean Sections may be subjected to second opinion and managed care protocols and processes. Benefit includes midwife services.

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				<ul style="list-style-type: none"> Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
B3	Family Practitioner Services Consultations and visits.	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Reimbursement according to Scheme-approved tariff file. Child birth by a Family Practitioner.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and use of facility as per B1.
B4	Specialist Services Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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			Reimbursement according to Scheme-approved tariff file.	<ul style="list-style-type: none"> Subject to hospital pre-authorization and use of facility as per B1.
B5	Surgical Procedures	100% of Scheme Rate. 200% of Scheme Rate for procedures specified by managed care, performed in doctor's rooms instead of in hospital.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Maxillofacial surgery, subject to an annual sub-limit of R26 548 per family. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1, or doctor's rooms. Includes hospital procedures performed in doctors' rooms, as approved by the Scheme.

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				<ul style="list-style-type: none"> Includes Maxillofacial Surgery. Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.
B6	Dentistry Conservative, restorative and specialised dentistry.	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and Out-of-Hospital dentistry limits specified under C5: Dental Services. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	<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. Subject to hospital pre-authorisation, managed

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				<p>care protocols and processes, list of approved services, and use a State or Network facility.</p> <ul style="list-style-type: none"> Services classified as conservative, restorative and specialised per tariff code.
B7	Basic Radiology	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes, and use of facility as per B1.

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B8	Advanced Radiology	100% of Scheme Rate, subject to PMB.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R25 651 per Beneficiary per annum shared between B8: Advanced Radiology and C8: Advanced Radiology.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Advanced Radiology pre-authorisation (in addition to hospital pre-authorisation), managed care protocols and processes, list of approved services, and use of facility as per B1.
B9	Pathology	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes,

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				pathology tests being related to admission diagnosis, and use of facility as per B1.
B10	Blood Services	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 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.	Subject to annual hospital limit specified under B: In-Hospital	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed

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			Benefits, and sub-limit of R5 765 per Beneficiary per annum.	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to hospital pre-authorization, managed care protocols and processes, services being related to admission diagnosis, and use of facility as per B1.
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C15: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R6 401 per Beneficiary per event,	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1.

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			utilised within sixty (60) days of surgery.	
B13	Organ and Tissue Transplants	100% of Scheme Rate, subject to PMBs.	Limit of R749 643 per Beneficiary per annum. Sub-limit of R25 447 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorization, managed care protocols and processes, and use of facility as per B1. • Limit includes all costs associated with the transplant, including materials and immunosuppressants.

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				<ul style="list-style-type: none"> • Authorised erythropoietin is included in limits listed in B10: Blood Services. • Organ harvesting is limited to the Republic of South Africa, except in the case of cornea grafts.
B14	<p>Prostheses</p> <p>This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary and permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.</p>	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limits of R39 825 per family per annum for Prostheses generally, plus R39 825 per family per 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, and use of facility as per B1. • Scheme may obtain competitive quotes or

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			<p>annum for Joint Revisions only; and</p> <ul style="list-style-type: none"> Shared sub-limits with C16: Medical and Surgical Appliances and Prostheses of: R5 602 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 601 per Beneficiary per annum for orthotic shoes, foot/shoe/ankle inserts and levelers; 	<p>arrange supply of prosthesis.</p> <ul style="list-style-type: none"> Bone cement paid from B1, subject to hospital pre-authorisation. Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes. Subject to the prostheses and/or device(s) being related to the admission diagnosis and procedure. Once the limit is depleted, the benefit is unlimited for PMBs.

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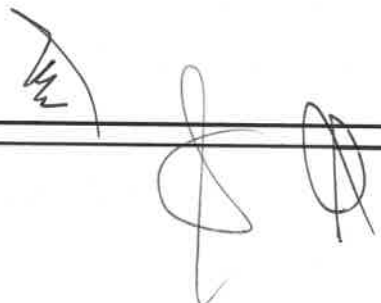
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			<ul style="list-style-type: none"> o R637 for crutches per Beneficiary per annum; o One (1) wheelchair of up to R7 012 per Beneficiary every twenty four (24) months of month of receipt of wheelchair; o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R10 199 per hearing aid per Beneficiary every thirty six (36) months of month of receipt of hearing aid(s); 	

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			<ul style="list-style-type: none"> o One (1) CPAP device of up to R12 112 per Beneficiary every thirty six (36) months of month of receipt of device; o Three (3) pairs of compression stockings of up to R530 per pair per Beneficiary per annum; o One (1) Pulse Oximeter of up to R424 per Family per annum; and o One (1) knee and one (1) back brace of 	

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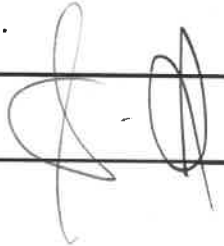
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			up to R3 180 per brace per Beneficiary per annum.	
B15	Emergency Services (Casualty Department)	100% of cost, but subject to PMB legislation.	Limited to PMBs (Emergency Medical Condition, as defined in Section 4 of the 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 hospital authorisation and managed care protocols and processes.
B16	Renal Dialysis In-Hospital	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed

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			<p>Benefits, and sub-limit of R265 483 per family per annum for chronic dialysis.</p> <p>Acute dialysis included in B1.</p>	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1. • Includes related materials, and related pathology and radiology tests, but subject to managed care protocols and processes. • Erythropoietin included in B10: Blood Services. • Once the limit is depleted, the benefit is unlimited for PMBs.

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B17	Oncology (Chemo and Radiotherapy) In- and Out-of-Hospital	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R265 483 per family per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Oncology pre-authorization and managed care protocols and processes. • Subject to Medicine Price List (MPL). • Subject to use of facility as per B1. • Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials.

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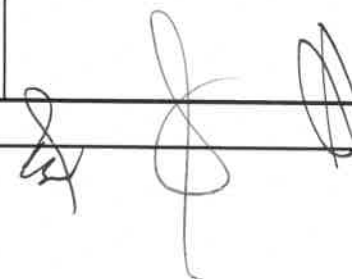
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				<ul style="list-style-type: none"> • Erythropoietin included in B10: Blood Services. • Once the limit is depleted, the benefit is unlimited for PMBs. • Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced or metastatic solid organ malignant tumours, unless pre-authorised in accordance with paragraph 9.1.13.6 of Annexure E Exclusions

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				and Limitations) of GEMS Rules.
B18	Mental Health Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limit of R21 377 per Beneficiary per annum, less the Beneficiary's usage of the sub-limit of R12 061 per family per annum under C19: Mental Health; • Further, shared sub-limit with C19: Mental Health of R2 616 per family 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorization and managed care protocols and processes. • Subject to use of facility as per B1. • Maximum of three (3) days hospitalisation by a Family Practitioner.

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			per annum for services by Educational and Industrial Psychologists; and <ul style="list-style-type: none"> Limit of one (1) individual psychologist consultation and one (1) group psychologist consultation per day. 	
B19	Alternatives to Hospitalisation 1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing.	1. 100% of Scheme Rate, subject to PMBs.	1. Subject to annual hospital limit	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization of alternative

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	2. Hospice	2. 100% of cost, but subject to PMB legislation.	<p>specified under B: In-Hospital Benefits.</p> <p>2. Unlimited, but subject to PMB legislation.</p>	<p>facility and services, and managed care protocols and processes.</p> <ul style="list-style-type: none"> Includes home nursing, but subject to managed care protocols and processes. Excludes Frail Care and recuperative holidays. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.
B20	Medical Technologists	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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			R26 548 per family per annum.	<ul style="list-style-type: none"> • Subject to hospital pre-authorization, case management, and use of facility as per B1. • Includes materials.
B21	Breast Reductions	No benefit.	No benefit, unless PMB.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B22	Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; and • Sub-limit of R3 867 per family, and R2 572 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to referral by a Family Practitioner or Specialist, managed care protocols and processes, and use of facility as per

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			per Beneficiary, per annum; all of which limits are shared between B22: Allied Health Services and B23: Other Professional Health Services.	B1 (subject to the service(s) being related to the admission diagnosis).
B23	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limits as per B22: Allied Health Services; and Further sub-limit of R1 859 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"). • Subject to referral by a Family Practitioner or Specialist, managed care protocols and processes, and use of facility as per B1 (subject to the

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				service(s) being related to the admission diagnosis).
B24	Alcohol and Drug Dependencies	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre-authorization of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of GEMS Rules.
C	OUT-OF-HOSPITAL BENEFITS			
C1	Family Practitioner Services			<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed

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	<p>Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.</p> <p>1. DSP/Network providers.</p> <p>2. Voluntary use of non-DSP / Out-of-Network providers.</p>	<p>1. 100% of Scheme Rate.</p> <p>2. 70% of Scheme Rate (30% Member co-payment).</p>	<p>1. Unlimited.</p> <p>2. Limited to three (3) visits per family per annum and R1 313 per event.</p>	<p>Minimum Benefits ("PMBs").</p> <p>1. Benefit includes consultations, visits and approved minor procedures at DSP/Network providers, subject to medical necessity and managed care protocols and processes.</p> <p>2. Member must pay the claim and submit the claim with proof of payment for reimbursement.</p>

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	<p>3. Emergency Medical Conditions at DSP/Network providers or registered emergency facility, or involuntary use of non-DSP / Out-of-Network providers for PMBs.</p>	<p>3. 100% of cost, but subject to PMB legislation.</p> <p>Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p> <p>4. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, done in doctors' rooms instead of in hospital.</p>	<p>3. Unlimited for PMBs, but subject to PMB legislation.</p>	<p>3. Treatment for Emergency Medical Condition (as defined in Section 4 of the main body and Annexure G of the GEMS Rules) at DSP/Network provider or registered emergency medical facility.</p> <p>4. Subject to managed care protocols and processes. Refer to Family Practitioner Guide.</p>
C2	<p>Screening Services</p> <p>Including:</p>	100% of Scheme Rate.	<p>Paid from Risk.</p> <p>All screenings are limited to one (1) of</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed

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	Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism, Mammogram, and other screenings according to evidence-based standard practice.		each per annum, unless otherwise indicated herein.	Minimum Benefits ("PMBs"). <ul style="list-style-type: none"> • All subject to managed care protocols and processes. • Pap Smears include liquid-based cytology and Hr-HPV DNA tests. • Infant Hearing Screening for Child Dependants under the age of one (1) year. • Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years.

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				<ul style="list-style-type: none"> • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.
C3	Preventative Care Services Includes all vaccinations.	100% of Scheme Rate.	Paid from Risk. Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum. Pneumococcal Vaccinations: Limited to one (1) course per Beneficiary every five (5) years for Beneficiaries at risk in	<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 preventative care services provided in pharmacies.

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			<p>accordance with managed care protocols.</p> <p>HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime.</p> <p>Other Vaccinations: Limited to R863 per Beneficiary per annum.</p>	
C4	<p>Specialist Services</p> <p>Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.</p>	<p>100% of Scheme Rate for non-Network Specialists.</p> <p>130% of Scheme Rate for Network Specialists.</p> <p>200% of Scheme Rate for procedures specified by managed care,</p>	<p>Limited to five (5) consultations or R4 776 per family, and three (3) consultations or R3 185 per Beneficiary, per annum.</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to: <ul style="list-style-type: none"> ○ DSP/Network Family Practitioner referral;

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		<p>performed in doctors' rooms instead of in hospital.</p> <p>200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.</p>		<ul style="list-style-type: none"> ○ Pre-authorisation for each visit, procedure or referral; ○ List of approved services for radiology and pathology; ○ Treatment plans; and ○ Managed care protocols and processes.
C5	<p>Dental Services</p> <p>1. Examinations. 2. Preventative Treatment.</p>	100% of Scheme Rate, subject to PMBs.	1 and 2: Two (2) treatment events per Beneficiary per annum.	<ul style="list-style-type: none"> ● All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). <p>1 and 2: Subject to list of approved services, managed care protocols and processes,</p>

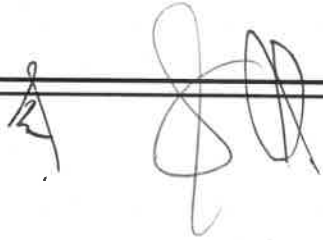
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	<p>3. Conditions with pain and sepsis.</p> <p>4. Fillings.</p> <p>5. Clinically indicated dental services, including extractions.</p> <p>6. Intra-oral Radiography.</p>		<p>3: Two (2) events per Beneficiary per annum, subject to PMBs.</p> <p>4: Unlimited at Dental DSP/Network.</p> <p>5 and 6: One (1) event per Beneficiary per annum, subject to PMBs, provided that:</p> <ul style="list-style-type: none"> o Panoramic x-rays are limit of one (1) per Beneficiary every three (3) years; and 	<p>and use of Dental DSP/Network.</p> <p>3, 4, 5, 6, 7, 8 and 9: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network.</p> <p>In respect of Conservative and Restorative Dentistry:</p> <ul style="list-style-type: none"> o Panoramic and Bitewing x-rays included. <p>Dental services classified as conservative, restorative and specialised per tariff code.</p>

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	<p>7. Clinically indicated root canal treatments.</p> <p>8. Emergency non-DSP visit.</p> <p>9. Plastic Dentures.</p>		<p>o Bitewing x-rays are limited to four (4) per Beneficiary per annum.</p> <p>7: Limited to one (1) root canal treatment per Beneficiary per annum, subject to PMBs.</p> <p>8: Emergency Out-of-Network visit, limited to one (1) event per Beneficiary per annum.</p> <p>9: In accordance with the approved Scheme Tariff.</p>	

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	<p>10. Periodontal Programme</p> <p>11. Specialised Dentistry.</p>	<p>11: 100% of cost, but subject to PMB legislation.</p>	<p>10: Paid from Risk, but limited to Periodontal Programme benefits.</p> <p>11: Limited to PMBs.</p> <p>Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.</p>	<p>10: Subject to registration on Periodontal Programme, pre-authorisation, managed care protocols and processes, and use of Dental DSP/Network. If not registered on Periodontal Programme, no Periodontal benefit.</p> <p>11: Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p>
C6	Prescribed Medication and Injection Material			<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed

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	1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Unlimited, save for the limit of R671 per family per annum for homeopathic medicine.	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so. • Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL). • Subject to Annexure E (Exclusions and Limitations) of GEMS Rules. <p>1. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, formulary and processes. • Prescription by a healthcare professional, legally entitled to do so.

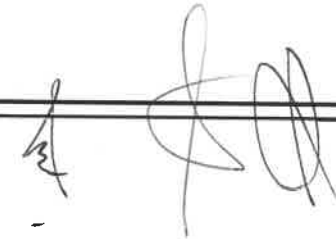
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			<p>Prescription by a dispensing Family Practitioner, dispensed by a DSP/Network Pharmacy: Limited to three (3) scripts of up to R230 each per Beneficiary per annum.</p>	<ul style="list-style-type: none"> • Dispensed by a DSP/Network dispensing Family Practitioner or DSP/Network Pharmacy. • A 30% co-payment shall apply for: <ul style="list-style-type: none"> ○ voluntary use of Out-of-Formulary medicine; and ○ voluntary use of a non-DSP / Out-of-Network dispensing Family Practitioner or non-DSP / Out-of-Network pharmacy. • The dispensing fee is as per the contracted Network Pharmacy Rate.

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	<p>2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules</p>	<p>2. 100% of Scheme Rate, subject to PMBs.</p>	<p>2. Unlimited for PMB chronic conditions listed in PMB DTP and PMB CDL, but subject to PMB legislation. Limit of R5 059 per Beneficiary per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules. No benefit for non-PMB chronic conditions not listed</p>	<ul style="list-style-type: none"> • Benefit includes prescribed maternity vitamin supplements. <p>2. Subject to the following:</p> <ul style="list-style-type: none"> • Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a healthcare professional, legally entitled to do so. • Medicine for chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, subject to use of Chronic Medicine Pharmacy DSP, as

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			in Annexure D of the GEMS Rules.	<p>provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.</p> <ul style="list-style-type: none"> • A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of a non-Chronic Medicine Pharmacy DSP. • Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, shall be paid from limit for non-PMB chronic conditions listed in Annexure D of GEMS Rules. However, once limit is exhausted, benefit shall

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	3. Self-Medication: Over-the-Counter (OTC) Medicine.	3. 100% of Scheme Rate.	3. Limited to R109 per Beneficiary per event and R303 per Beneficiary per annum.	<p>be unlimited for PMBs, but subject to PMB legislation.</p> <p>3. Subject to the following:</p> <ul style="list-style-type: none"> • Managed care protocols, Formulary and processes. • For minor ailments, dispensed by a Network Pharmacy or Network Family Practitioner. • A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine or voluntary use of a non-Network Pharmacy or non-Network Family Practitioner. • Only SAHPRA-registered Schedule 0, 1 and 2

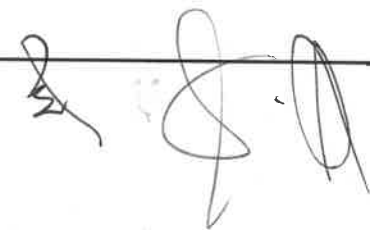
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	4. Female Contraceptives: Oral, insertables, injectables and dermal.	4. 100% of Scheme Rate.	4. Limited to R3 414 per Beneficiary per annum.	medicines payable from the OTC benefit. 4. Subject to managed care protocols, Formulary and processes.
C7	Basic Radiology X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to referral by a Family Practitioner or Specialist, and list of approved services specified in the GEMS Radiology Request Form, and managed care protocols and processes.

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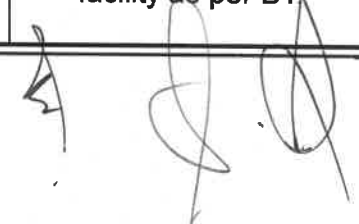


NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<ul style="list-style-type: none"> 2 x 2D ultrasound scans per pregnancy provided for by C21: Maternity. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.
C8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits, and sub-limit of R25 651 per Beneficiary per annum shared between B8: Advanced Radiology and C8: Advanced Radiology.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Advanced Radiology pre- authorisation, managed care protocols and processes, and use of facility as per B1.

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				<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.
C9	Pathology and Medical Technology	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to list of approved services, specified in the GEMS Pathology Clinical Request Form. Pathology pre-authorisation is required for certain tests, as stipulated on the managed

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				care Pathology Clinical Request Form.
C10	Optical Services Eye examinations, frames, lenses and contact lenses (permanent or disposable).	100% of Scheme Rate.	Limited to R1 748 per Beneficiary for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected Beneficiary following the end of such previous two (2) year period (if any) ended on 31 December ("Financial Cycle"). Limited to: <ul style="list-style-type: none"> One (1) eye examination per 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to use of GEMS Optical Network. Subject to Optical Managed Care protocols and processes. 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

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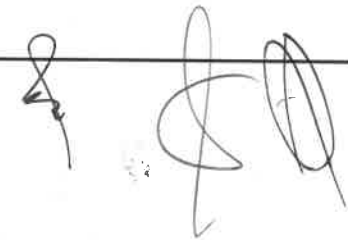
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		<div style="border: 1px solid red; padding: 2px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2022/12/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and</p> <ul style="list-style-type: none"> One (1) frame (subject to the approved list of frames) and one (1) pair of either single vision lenses or bifocal lenses, or 4 x boxes of disposable contact lenses, or 	<p>photophobia, subject to pre-authorisation.</p> <ul style="list-style-type: none"> Excludes variable tint and photochromic lenses. Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.

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			<p>one (1) set of permanent contact lenses,</p> <p>per Beneficiary per twenty four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Optical Appliance Cycle").</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p>	

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			Post-cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 585 for both lens and frame, with a sublimit of R266 for the frame.	
C11	Allied Health Services Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limit of R3 867 per family, and R2 572 per Beneficiary, per annum, shared between C11: Allied Health Services, C12: Other Professional Health Services, C13: Physiotherapy, and C14: Audiology, Occupational Therapy and Speech Therapy.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

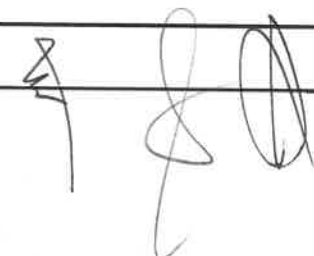
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C12	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services; and Sub-limit of R1 933 per family per annum for Social Workers and Registered Counsellors.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
C13	Physiotherapy	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes.
C14	Audiology, Occupational Therapy and Speech Therapy	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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				<ul style="list-style-type: none"> Subject to managed care protocols and processes.
C15	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy) up to a limit of R6 401 per Beneficiary per event, utilised within 60 days of surgery.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorisation and managed care protocols and processes.
C16	Medical and Surgical Appliances and Prostheses: Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulisers,	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> Annual hospital limit specified under B: In-Hospital Benefits; and 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	<p>CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics External Protheses and Compression Stockings.</p> <p>Applicable In- and Out-of-Hospital.</p>		<ul style="list-style-type: none"> • Sub-limit of R13 274 per family per annum, with further, shared sub-limits with B14: Protheses of: <ul style="list-style-type: none"> ○ R5 602 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 601 per Beneficiary per annum for orthotic shoes, foot/shoes/ankle inserts and levelers; 	<ul style="list-style-type: none"> • Subject to managed care protocols and processes. • Diabetic accessories and appliances, other than Glucometers, to be pre-authorized and claimed from the chronic medication benefit (C6.2). • Foot orthotics and prosthetics, subject to Formulary and managed care protocols and processes. • The Scheme has the right to obtain competitive quotes.

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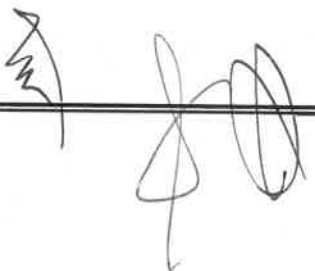
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			<ul style="list-style-type: none"> o R637 for crutches per Beneficiary per annum; o One (1) wheelchair of up to R7 012 per Beneficiary every twenty (24) months of month of receipt of wheelchair; o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R10 199 per hearing aid per Beneficiary every thirty six (36) months of month of 	

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			<ul style="list-style-type: none"> receipt of hearing aid(s); o One (1) CPAP device of up to R12 112 per Beneficiary every thirty six (36) months of month of receipt of device; o Three (3) pairs of compression stockings of up to R530 per pair per Beneficiary per annum; o One (1) Pulse Oximeter of up to R424 per Family per annum; and 	

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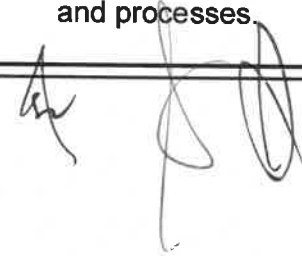
NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			<ul style="list-style-type: none"> o One (1) knee and one (1) back brace of up to R3 180 per brace per Beneficiary per annum. 	
C17	Renal Dialysis Out-of-Hospital	100% of cost, but subject to PMB legislation. <div data-bbox="880 991 1252 1219" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 0;">2022/12/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	Limited to PMBs.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Renal Dialysis pre-authorisation and managed care protocols and processes. • Subject to use of Renal Dialysis Network DSP; failing which, a co-payment of 30% per event

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				<p>shall apply in accordance with Network rules.</p> <ul style="list-style-type: none"> Includes materials and related pathology tests. Once the limit is depleted, the benefit is unlimited for PMBs.
C18	HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to managed care protocols and processes. Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.

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C19	Mental Health Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> • Annual hospital limit specified under B: In-Hospital Benefits; • Sub-limit of R12 061 per family per annum, less the sum total of the Beneficiaries' usage of the sub-limit of R21 377 per Beneficiary per annum under B18: Mental Health; • Further, shared sub-limit with B18: Mental Health of R2 616 per family per annum for 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Subject to use of a DSP/Network Family Practitioner or DSP/Network Specialist. • If a non-DSP / Out-of-Network Family Practitioner or non-DSP / Out-of-Network Specialist is used, a 30% co-payment shall apply. • If Out-of-Hospital treatment is offered as

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			services by Educational and Industrial Psychologists; and <ul style="list-style-type: none"> Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day. 	alternative to hospitalisation, In-Hospital benefits (B1) shall apply.
C20	Infertility	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to pre- authorisation of facility and service(s), managed

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				<p>care protocols and processes, and use of a DSP (i.e. State or Network) facility; failing which, the Scheme shall not be liable to fund the first R12 000 of the other facility's bill.</p>
C21	<p>Maternity Programme Ante- and post-natal care.</p>	<p>100% of Scheme Rate, subject to Maternity Programme Protocols.</p> <div data-bbox="887 1098 1261 1326" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2022/12/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Paid from Risk, but limited to Maternity Programme Benefits.</p>	<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. • If not registered on Maternity Programme, Out-of-Hospital benefits

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
		<p style="text-align: center; border: 1px solid red; padding: 5px;">REGISTERED BY ME ON</p> <p style="text-align: center;">2022/12/12</p> <p style="text-align: center; border-top: 1px dashed red; border-bottom: 1px solid red; padding: 2px;">REGISTRAR OF MEDICAL SCHEMES</p>		<p>(excluding this benefit C21: Maternity Programme) shall apply.</p> <ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols. ○ 2 x 2D ultrasound scans per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan. ○ Non-invasive prenatal testing for high-risk

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				pregnancies, subject to pre-authorisation.
C22	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 Medical Services DSP, and managed care protocols and processes.
C23	Circumcision	100% Scheme Rate.	Global fee of R1 812 per Beneficiary per annum.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation of facility and services, managed

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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<p>care protocols and processes, and use of DSP/Network Family Practitioner.</p> <ul style="list-style-type: none"> • Limit applies to: <ul style="list-style-type: none"> ○ All related costs, e.g. consultations, medication etc.; and ○ All post-op care within a month of procedure. • In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or doctors' rooms.
C24	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate.	Paid from Risk, but limited to Chronic Back	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed

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REGISTRAR OF MEDICAL SCHEMES



NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			and Neck Rehabilitation Programme benefits.	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> • Subject to registration on Chronic Back and Neck Rehabilitation Programme, and managed care protocols and processes. • Out-of-Hospital benefits (excluding this benefit C24: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.

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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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