

ANNEXURE C 2023

ONYX

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.	Unlimited, but subject to PMB legislation.	<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;

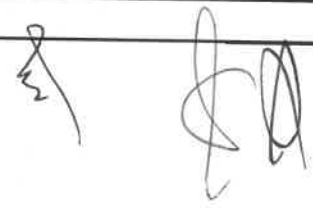
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				<ul style="list-style-type: none"> ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: <ul style="list-style-type: none"> ▪ Authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C: Out-of-Hospital Benefits; and ▪ The Act.

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				<ul style="list-style-type: none"> This Rule supersedes all other benefit provisions in this 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	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"). Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical

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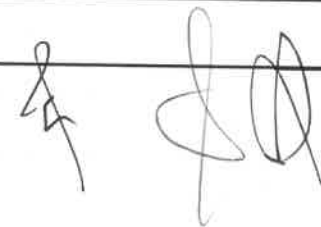
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	(includes bone cement for prostheses); and 4. Neonatal care.			<p>Condition), failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> • In the event of an admission to a Private facility for an Emergency 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. • Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols.

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				<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.
B2	Maternity Hospital, home birth or registered birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to 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

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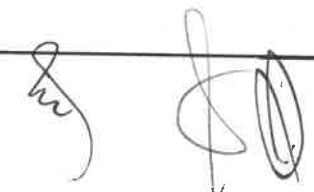
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				<p>admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, the co-payment of R1 000 per admission shall apply. Elective Caesarean Sections may be subjected to second

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				<p>opinion and managed care protocols.</p> <ul style="list-style-type: none"> Benefit includes midwife services. Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorization.
B3	<p>Family Practitioner Services Consultations and visits.</p>	<p>100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners.</p>	<p>Unlimited. Reimbursement according to the Scheme-approved tariff file.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p>
B4	<p>Specialist Services Consultations and visits.</p>	<p>100% of Scheme Rate for non-Network Specialists.</p>	<p>Unlimited.</p>	<p>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</p>

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		<p>2022/12/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> <p>Specialists.</p>	<p>mbursement as per</p> <p>cheme-approved tariff</p> <p>file.</p>
B5	Surgical Procedures	<p>100% of Scheme Rate.</p> <p>200% of Scheme Rate for procedures specified by managed care, performed in doctor's rooms instead of in hospital.</p>	<p>Unlimited.</p> <p>Refer to Annexure E of the GEMS Rules.</p> <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. Includes hospital procedures performed in doctor's rooms, as approved by the Scheme. Including Maxillofacial Surgery. Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.

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B6	Dentistry Conservative, restorative and specialized dentistry.	100% of Scheme Rate.	Professional fees, subject to shared limit with C3: Dental Services of R11 187 per Beneficiary per annum. Hospital cost included in hospital benefit (B1). Dental Sealants: Excluded under B6: Dentistry and C3: Dental Services, but included under C10: Preventative Care Services for Beneficiaries under 18 years of age. 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. 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 hospital pre-authorisation, managed care protocols and processes, list

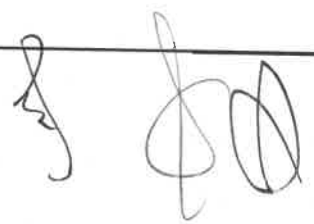
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				<p>of approved services, and use of Day Theatres.</p> <ul style="list-style-type: none"> • General anaesthesia and conscious sedation for dentistry, subject to pre-authorisation and managed care protocols and processes. • Services classified as conservative, restorative and specialised per tariff code.
B7	<p>Basic Radiology X-rays and soft tissue ultrasound scans.</p>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

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B8	Advanced Radiology	100% of Scheme Rate, subject to PMBs.	Shared limit with C5: Advanced Radiology of R33 736 per family per annum.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Advanced Radiology authorisation (in addition to hospital pre-authorisation) 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").



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				<ul style="list-style-type: none"> Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis.
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.	Limited to R6 065 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, managed care protocols and

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				processes, and services being related to admission diagnosis.
B12	Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C1.9: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R6 401 per Beneficiary per event, utilised within sixty (60) days of surgery.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation, and managed care protocols and processes.
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	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care

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			(imported corneal grafts, subject to managed care protocols.).	<p>protocols and processes, and use of facility as per B1.</p> <ul style="list-style-type: none"> • Limit includes all costs associated with the transplant, including materials and immunosuppressants. • Authorised erythropoietin is included in limits listed in B10: Blood Services. • Organ harvesting is limited to the Republic of South Africa, except for cornea tissue.
B14	<p>Prostheses</p> <p>This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> • Shared limit with C7: Medical and Surgical Appliances and Prostheses of 	<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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	<p>accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.</p>		<p>R68 906 per family per annum for Medical and Surgical Appliances and Prostheses generally, plus R68 906 per family per annum for Joint Revisions only; and</p> <ul style="list-style-type: none"> • Shared sub-limits with C7: Medical and Surgical Appliances and Prostheses of: <ul style="list-style-type: none"> ○ R5 602 per Beneficiary per annum for foot orthotics and prosthetics, with a 	<ul style="list-style-type: none"> • Scheme may obtain competitive quotes or arrange supply of prosthesis. • Bone cement paid from B1, subject to hospital pre-authorization. • Foot orthotics and prosthetics, subject to formulary, 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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			sub-limit of R1 601 per Beneficiary per annum for orthotic shoes, foot/shoe/ankle inserts and levelers; <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 	

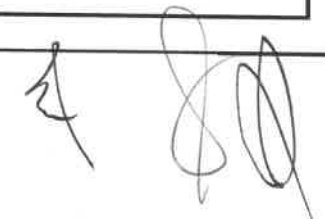
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			<p>hearing aids, of up to R10 199 per hearing aid per Beneficiary every thirty six (36) months of month of receipt of hearing aid(s);</p> <ul style="list-style-type: none"> o One (1) CPAP device of up to R12 112 per Beneficiary every thirty six (36) months of month of receipt of device; o Three (3) pairs of compression stockings of up to R530 per pair per 	

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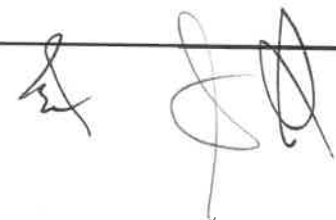
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			Beneficiary per annum; <ul style="list-style-type: none"> o One (1) Pulse Oximeter of up to R424 per Family per annum; and o One (1) knee and one (1) back brace of up to R3 180 per brace per Beneficiary per annum. 	
B15	Emergency Services (Casualty 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.

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				<ul style="list-style-type: none"> • Subject to hospital authorisation, managed care protocols and processes. • Cost to be defrayed from C1.1: Family Practitioner (FP) Services, for non-PMB and unauthorised events.
B16	Renal Dialysis In-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R321 268 per Beneficiary per annum for chronic dialysis. Acute dialysis included in B1.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to 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

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				<p>managed care protocols and processes.</p> <ul style="list-style-type: none"> Erythropoietin included in B10: Blood Services. Once the limit is depleted, the benefit is unlimited for PMBs.
B17	<p>Oncology (Chemo and Radiotherapy) In- and Out-of-Hospital</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Limit of R590 353 per family per annum. Sub-limit of R399 020 per family for biological and similar specialised medicines.</p>	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to Oncology pre- authorisation, managed care protocols and processes. Subject to Medicine Price List (MPL).

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				<ul style="list-style-type: none"> • Subject to use of facility as per B1, or a registered alternative. • Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials. • 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

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				(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 and Limitations) of GEMS Rules.
B18	Mental Health Accommodation, theatre fees, medicine, hospital equipment, and professional fees of Family Practitioners, Psychiatrists, and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> • Limit of R47 225 per family per annum; • Shared sub-limit with C1.10: Mental Health of R2 616 per family per annum for services by Educational and Industrial Psychologists; and 	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes. • Subject to use of facility as per B1, or a registered alternative.

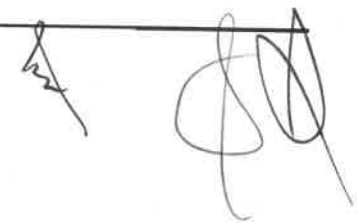
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			<ul style="list-style-type: none"> Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day. 	<ul style="list-style-type: none"> Maximum of three (3) days hospitalisation by a Family Practitioner.
B19	<p>Alternatives to Hospitalisation</p> <ol style="list-style-type: none"> Sub-acute Hospitals, Physical Rehabilitation and Private Nursing. Hospice. 	<ol style="list-style-type: none"> 100% of Scheme Rate, subject to PMBs. 100% of cost, but subject to PMB legislation. 	<ol style="list-style-type: none"> Unlimited, 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 pre-authorisation of alternative facility and services, and managed care protocols and processes. Includes home nursing, but subject to managed care protocols and processes.

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				<ul style="list-style-type: none"> 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.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Subject to hospital pre-authorization and case management. Includes materials.
B21	Breast Reductions	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<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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B22	Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	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, and services being related to admission diagnosis. Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre- authorisation, managed care protocols and processes.
B23	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers,	100% of Scheme Rate, subject to PMBs.	Shared limit as per C1: Day-to-Day Block Benefit; and Sub-limit of R1 501 per family per annum for	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Services performed in hospital, or in lieu of

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	Registered Counsellors and Orthoptists.		Social Workers and Registered Counsellors, shared between B23: Other Professional Health Services and C1.7: Other Professional Health Services.	<p>hospitalisation, shall be paid from B1, subject to pre- authorisation, managed care protocols and processes.</p> <ul style="list-style-type: none"> • Subject to managed care protocols and processes, and services being related to 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- authorisation of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.

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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. Other Professional Health Services; 7. Physiotherapy; 8. Occupational Therapy; 9. Speech Therapy;	100% of Scheme Rate.	Limit of R23 604 per family, and R11 801 per Beneficiary, per annum, shared between B22: Allied Health Services, B23: Other Professional Health Services, C1.1 and C1.3 – C1.12.	<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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	10. Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy; 11. Mental Health; 12. Maternity (where not covered under C2: Maternity Programme); and 13. Female Contraceptives.			
C1.1	Family Practitioner (FP) Services Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners. Reimbursement at 200% of Scheme Rate for procedures	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, visits and approved minor procedures at Family Practitioners, subject to medical necessity and

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		specified by managed care, performed in doctors' rooms instead of in hospital.		<p>managed care protocols and processes.</p> <ul style="list-style-type: none"> Limit is pro-rated from date of admission of Member to end of financial year.
C1.2	Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme.	100% of Scheme Rate, subject to PMBs.	Payable from Risk. One (1) additional Family Practitioner consultation at DSP/Network provider, once Block Benefit is exhausted.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). The additional Family Practitioner consultation at a DSP/Network provider is subject to pre-authorisation, managed care protocols and processes.
C1.3	Specialist Services Consultations, visits and all other Specialist services not	100% of Scheme Rate for non-Network Specialists.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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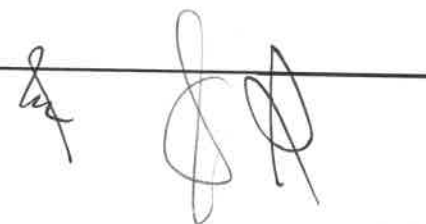
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	specifically provided for otherwise in this Annexure.	<p>130% of Scheme Rate for Network Specialists.</p> <p>200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.</p> <p>Reimbursement at 200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.</p>		<ul style="list-style-type: none"> Limit is pro-rated from date of admission of Member to end of financial year.

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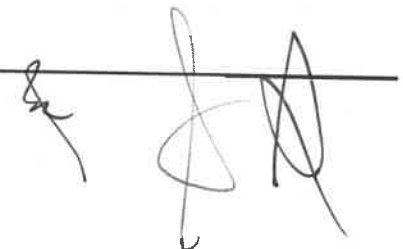


NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C1.4	Basic Radiology X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum 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.
C1.5	Pathology and Medical Technology	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.

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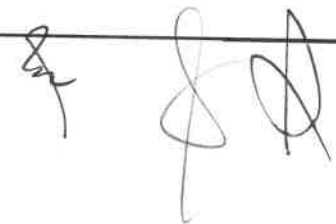


NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<ul style="list-style-type: none"> Includes liquid-based cytology and Hr-HPV DNA pap smears.
C1.6	Allied Health Services: Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	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 medicines prescribed by the Allied Health professionals listed in this C1.6: Allied Health Services. Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorisation, managed care protocols and processes.

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C1.7	Other Professional Health Services Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit; and Sub-limit of R1 501 per family per annum for Social Workers and Registered Counsellors, shared between B23: Other Professional Health Services and C1.7: Other Professional Health Services.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Includes medicines prescribed by the health professionals listed under this C1.7: Other Professional Health Services. Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorization, managed care protocols and processes.
C1.8	Physiotherapy, Occupational Therapy and Speech Therapy	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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				<ul style="list-style-type: none"> 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.
C1.9	Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	100% of Scheme Rate.	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p> <p>Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R6 401 per</p>	<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.

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			Beneficiary per event, utilised within sixty (60) days of surgery.	
C1.10	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"> • Shared limit as per C1: Day-to-Day Block Benefit; • Shared sub-limit with B18: Mental Health of R2 616 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual Psychologist 	<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, In-Hospital benefits (B1) shall apply.

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			consultation and one (1) group Psychologist consultation per day.	
C1.11	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 Maternity Programme.	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorization.
C1.12	Female Contraceptives: Oral, insertables, injectables and dermal.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Sublimit of R4 278 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.

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C2	Maternity Programme Ante- and post-natal care.	100% of Scheme Rate, but subject to Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	<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, C1.11: Maternity shall apply. • Includes: <ul style="list-style-type: none"> ○ Benefits defined in managed care protocols. ○ 2 x 2D ultrasounds per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D

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				<p>scan shall be funded up to the cost of a 2D scan.</p> <ul style="list-style-type: none"> o Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C3	<p>Dental Services</p> <p>Conservative and Restorative Dentistry (includes plastic dentures); and</p> <p>Special Dentistry (includes metal-base dentures).</p>	<p>100% of Scheme Rate.</p> <p>200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctor's rooms.</p>	<p>Shared limit with B6: Dentistry of R11 187 per Beneficiary per annum.</p> <p>Panoramic x-rays limited to one (1) x-ray every three (3) years per Beneficiary.</p> <p>Bitewing x-rays limited to four (4) per Beneficiary per annum.</p> <p>Dental Sealants:</p> <p>Excluded under B6:</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • General anaesthesia and conscious sedation for dentistry, subject to pre-authorisation, managed care protocols and processes. Only applicable to Beneficiaries under the age of six (6) years, severe

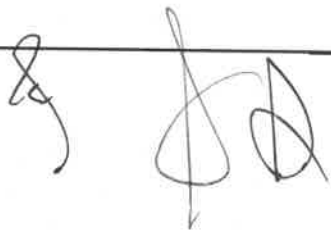
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			<p>Dentistry and C3: Dental Services, but included under C10: Preventative Care Services for Beneficiaries under 18 years of age.</p> <p>Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.</p>	<p>trauma and impacted third molars.</p> <ul style="list-style-type: none"> • In respect of Conservative and Restorative Dentistry: <ul style="list-style-type: none"> ◦ Panoramic and Bitewing x-rays included. • In respect of Special Dentistry: <ul style="list-style-type: none"> ◦ No pre-authorisation required for metal-base dentures. • Subject to managed care protocols and processes. • Dental services classified as conservative, restorative and specialised per tariff code.

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C4	<p>Prescribed Medication and Injection Material</p> <p>1. Acute Medical Conditions.</p>	<p>1. 100% of Scheme Rate.</p>	<p>1. Limit of R21 236 per family, and R7 582 per Beneficiary, per annum, and sub-limit of R671 per family per annum for</p>	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • 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>2. Chronic Medical Conditions listed in DTP PMB, DTP CDL and Annexure D of the GEMS Rules</p>	<p>2. 100% of Scheme Rate, subject to PMBs.</p>	<p>homeopathic medicine.</p> <p>2. Unlimited for PMB chronic conditions listed in PMB DTP and PMB CDL, but subject to PMB legislation.</p> <p>Limit of R47 225 per family, and R23 040 per Beneficiary, per annum for non-PMB chronic conditions</p>	<ul style="list-style-type: none"> 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 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

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		<div 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>listed in Annexure D of the GEMS Rules. No benefit for non-PMB chronic conditions not listed in Annexure D of the GEMS Rules.</p>	<p>Rules, subject to use of Chronic Medicine Pharmacy DSP.</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 non-Chronic Medicine Pharmacy DSP, as provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules. • 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 the GEMS Rules. However, once limit is

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	3. Self-Medication: Over-the-Counter (OTC) Medicine.	3. 100% of Scheme Rate.	3. Subject to acute medicine benefit limit (C4.1), event limit of R377 per Beneficiary, annual Beneficiary limit of R1 382, and a limit of R2 289 per family per annum.	<p>exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation.</p> <ul style="list-style-type: none"> Includes benefit for life threatening allergies, payable from Risk, and subject to managed care protocols, formulary and processes. <p>3. Subject to the following:</p> <ul style="list-style-type: none"> Managed care protocols, Formulary and processes. Only SAHPRA-registered schedule 0, 1 and 2 medicines payable from the OTC benefit.

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	4. Prescribed medication from hospital stay (TTO).	4. 100% of Scheme Rate.	4. Shared limit with acute medication benefit limit (C4.1). Payable from Risk, once acute medication benefit limit (C4.1) is exhausted.	4. Subject to the following: <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 R33 736 per family per annum.	<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. Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans,

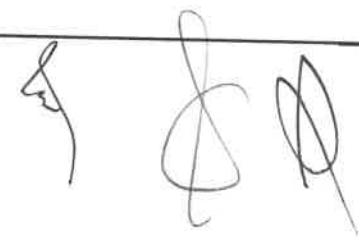
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NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				PET scans, MRI scans and Radio-isotope studies.
C6	Optical Services 1. Eye examinations; 2. Frames, lenses and contact lenses (permanent and disposable); and 3. Refractive eye surgery.	100% of Scheme Rate.	Limited to R6 392 per family per financial year, starting on 01 January and ending on 31 December of the same year ("Family Financial Cycle"). Further limited to R3 325 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	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • All Optical services included in benefit. • Subject to the 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 photophobia, subject to pre-authorisation.

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			<p>end of such previous two (2) year period (if any) ended on 31 December ("Beneficiary Financial Cycle"), subject to frames not exceeding R2 404.</p> <p>Limited to:</p> <ul style="list-style-type: none"> One (1) eye examination per Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye 	<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>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 Cycle”). <p>Save for the financial limits specified hereinabove, no limit shall apply to the</p>	

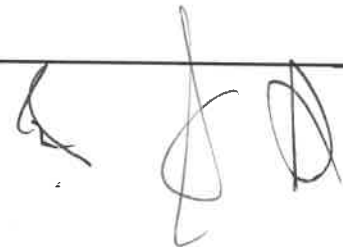
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			<p>number of contact lenses that may be rendered to a Beneficiary.</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p> <p>Post-cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 585 for both lens and frame, with a sublimit of R266 for the frame.</p>	

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C7	<p>Medical and Surgical Appliances and Prostheses</p> <p>Includes Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulisers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics, External Prostheses and Compression Stockings.</p> <p>Applicable In- and Out-of-Hospital.</p>	<p>100% of Scheme Rate, subject to PMBs.</p>	<p>Subject to:</p> <ul style="list-style-type: none"> Shared limit with B14: Prostheses of R68 906 per family per annum for Medical and Surgical Appliances and Prostheses generally; and Sub-limit of R23 036 per family per annum for C7: Medical and Surgical Appliances and Prosthesis, with further, shared sub-limits with B14: Prostheses of: 	<ul style="list-style-type: none"> All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). 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 (C4.2). Foot orthotics and prosthetics, subject to Formulary, managed care protocols and processes. The Scheme has the right to obtain competitive quotes.

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			<ul style="list-style-type: none"> o 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; 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 	

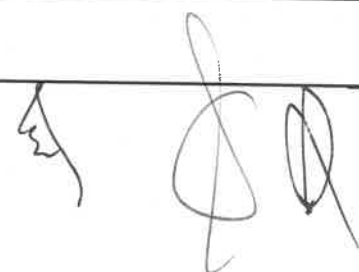
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			<p>receipt of wheelchair;</p> <ul style="list-style-type: none"> o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R10 199 per hearing aid per Beneficiary every thirty six (36) months of month of receipt of hearing aid(s); o One (1) CPAP device of up to R12 112 per Beneficiary every thirty six (36) 	

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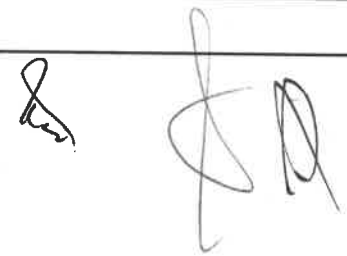
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			<p>months of month of receipt of device;</p> <ul style="list-style-type: none"> o Three (3) pairs of compression stockings of up to R530 per pair per Beneficiary per annum; o One (1) Pulse Oximeter of up to R424 per Family per annum; and o One (1) knee and one (1) back brace of up to R3 180 per brace per Beneficiary per annum. 	

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C8	Renal Dialysis Out-of-Hospital	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 Renal Dialysis 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. • Includes materials and related pathology tests.
C9	Screening Services Including: Cholesterol, Bone Density, Pap Smear, Prostate Specific	100% of Scheme Rate.	Payable from Risk. All screenings are limited to one (1) of each per annum, unless	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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	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.		otherwise indicated herein.	<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. • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.

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C10	Preventative Care Services Includes: 1. all vaccinations; and 2. dental sealants.	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 accordance with managed care protocols. HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime.	<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, i.e. vaccinations, provided in pharmacies. • Dental Sealants: Limited to Beneficiaries under 18 years of age, and subject to use of a Network provider.

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			Other Vaccinations: Limited to R863 per Beneficiary per annum.	
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. • 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-authorisation of facility and service(s),

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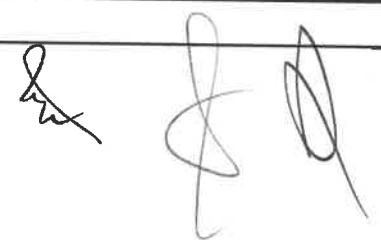
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				<p>managed care protocols and processes, and use of a DSP (i.e. State or Network) facility; failing which, the Scheme shall not be liable to fund the first R12 000 of the other facility's bill.</p>
C13	Emergency Assistance (Road and Air)	100% of 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 Medical Services DSP, and managed care protocols and processes.
C14	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").

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				<ul style="list-style-type: none"> • Subject to pre-authorization of facility and services, and managed care protocols and processes. • 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.
C15	Chronic Back and Neck Rehabilitation Programme	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	<ul style="list-style-type: none"> • All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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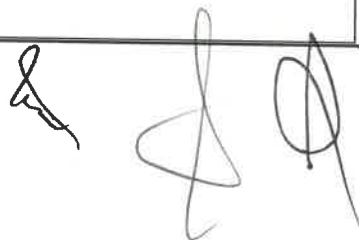


NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				<ul style="list-style-type: none"> • Subject to registration on Chronic Back and Neck Rehabilitation Programme, and managed care protocols and processes. • Out-of-Hospital benefits (excluding this benefit C15: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.

Legend:	
Scheme Rate	See Rule 4.36 of the GEMS Rules.
CDL	Chronic Disease List

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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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