REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:34:12(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

ANNEXURE C 2023

TANZANITE ONE

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.	• As provided for in Annexure G (Prescribed Minimum Benefits) of 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
				▪ a Designated Service Provider ("DSP") for that condition; ▪ a non-DSP, if no DSP for that condition exists; or ▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: ▪ Authorisation, managed care protocols, formulary and processes, as specified under B: In-Hospital Benefits and C:

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:34:51(UTC+02:00)
Signed by: Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NC	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				Out-of-Hospital Benefits; and ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	**IN-HOSPITAL BENEFITS**	100% of Scheme Rate.	Subject to overall annual hospital limit of R287 451 per family per annum and such sub-limits as provided for.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of a State or Network facility.
B1	**Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities:** 1. Accommodation in a general ward, high care	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of a State or Network facility; failing which, the Scheme shall not be liable

REGISTERED BY ME ON
Mfana Maswanganyi 2022/12/12
13/12/2022 15:34:41 (UTC+02:00)
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	ward and intensive care unit; 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); and 4. Neonatal care.			to fund the first R12 000 of the other facility's bill. • 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 one (1) working day after the

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:34:20 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNIFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				admission, failing which, a co-payment of R1 000 per admission shall apply. • 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.
B2	**Maternity** Hospital, home birth or accredited birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

REGISTERED BY ME ON
Mfana Maswanganyi
13/12/2022 15:39 UTC (+0200)
Signed by Mfana Maswanganyi.
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				• 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 one (1) working day after the admission, failing which, a co-

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:32:11 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

2022/12/13

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				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. • 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.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and use of facility as per B1.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Reimbursement according to Scheme-approved tariff file.	
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. Reimbursement according to Scheme-approved tariff file.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation 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.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation, managed care protocols and processes, and use of facility as per B1, or doctors' rooms.

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:35:26(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	• Includes hospital procedures performed in doctors' rooms, as approved by the Scheme. • Includes Maxillofacial Surgery. • Excludes Osseo-integrated Implants, implant-related procedures and Orthognathic Surgery.
B6	**Dentistry** Conservative and restorative 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.	• 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 care protocols and processes, list

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:32:00(UTC+02:00)
Signed by Mfana Maswanganyi;
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				of approved services, and use of a State or Network facility. • Services classified as conservative and restorative per tariff code.
B7	**Basic Radiology**	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	• 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.
B8	**Advanced Radiology**	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified under B: In-Hospital Benefits; and • Sub-limit of R9 199, or R13 798 if	• 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

REGISTERED BY ME ON
Mfana Maswanganyi 2022/12/12
13/12/2022 15:39:45(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			R9 199 sub-limit is exceeded with first CT/MRI scan, per Beneficiary per annum shared between B8: Advanced Radiology and C8: Advanced Radiology.	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.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, pathology tests being related to admission diagnosis, and use of facility as per B1.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:35:49 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

2022/12/13

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B10	**Blood Services**	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of facility as per B1. • 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 Benefits, and sub-limit of R2 875 per Beneficiary per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes, and

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:56:07(UTC+02:00)
Signed by Mfana Maswanganyi
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				services being related to admission diagnosis.
B12	**Post Hip, Knee and Shoulder Replacement or Revision 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, utilised within sixty (60) days of surgery.	• 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.
B13	**Organ and Tissue Transplants**	100% of Scheme Rate, subject to PMBs.	Subject to annual hospital limit specified under B: In-Hospital Benefits. Sub-limit of R25 447 per Beneficiary per	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).	protocols and processes, and use of facility as per B1. • 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 in the case of cornea grafts.
B14	**Prostheses** This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary and	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified under B: In-Hospital Benefits;	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	permanent devices used to assist the guidance, alignment or delivery of these prostheses and internal devices.		• Sub-limits of R33 831 per family per annum for Prostheses generally, plus R33 831 per family per annum for Joint Revisions only; and • Shared sub-limits with C16: Medical and Surgical Appliances and Prostheses of: o R5 602 per Beneficiary per annum for foot orthotics and prosthetics, with a	• Subject to managed care protocols and processes, and use of facility as per B1. • Scheme may obtain competitive quotes, or arrange supply of prosthesis. • 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.

REGISTERED BY ME ON
Mfana Maswanganyi
13/12/2022 15:36:37 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			sub-limit of R1 610 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 receipt of wheelchair; o One (1) unilateral hearing aid, or one (1) pair of bilateral	• Once the limit is depleted, the benefit is unlimited for PMBs.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:22:12 (+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			hearing aids, of up to R5 738 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 R7 962 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	

REGISTERED BY ME ON
Mfana Maswanganyi 2022/12/12
13/12/2022 15:36:54(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			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.	
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 (Prescribed Minimum	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of facility as per B1, or other registered emergency facility.

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:37:03(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Benefits) of the GEMS Rules).	• Subject to hospital authorisation and managed care protocols and processes.
B16	**Renal Dialysis** In-Hospital	100% of Scheme Rate, subject to PMBs.	Limited to PMBs.	• 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 managed care protocols and processes. • Erythropoietin included in B10: Blood Services.

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
14/12/2022 08:56:44 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B17	**Oncology (Chemo and Radiotherapy)** In- and Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Oncology pre-authorisation 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. • Erythropoietin included in B10: Blood Services.

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:26:41 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				• 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 and Limitations) of the GEMS Rules.
B18	**Mental Health** Accommodation, theatre fees, medicine, hospital equipment, professional fees of Family Practitioners,	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified under B: In-Hospital Benefits;	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and managed care protocols and processes.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:40:53(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	Psychiatrists and Psychologists.		• Sub-limit of R11 498 per Beneficiary per annum; • Further, shared sub-limit with C19: Mental Health of R2 616 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual Psychologist consultation and one (1) group Psychologist	• Subject to use of facility as per B1. • Maximum of three (3) days hospitalisation by a Family Practitioner.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:42:07 (GMT+2:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

2022/12/13

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			consultation per day.	
B19	**Alternatives to Hospitalisation** 1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing. 2. Hospice	1. 100% of Scheme Rate, subject to PMBs. 2. 100% of cost, but subject to PMB legislation.	1. Subject to annual hospital limit specified under B: In-Hospital Benefits. 2. Unlimited, but subject to PMB legislation.	• 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. • Excludes Frail Care and recuperative holidays. • Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:44:06(UTC+02:00)
Signed by Mfana Maswanganyi
m.maswanganyi@medicalschemes.co.za

SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B20	**Medical Technologists**	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, case management, and use of facility as per B1. • Includes materials.
B21	**Breast Reductions**	No benefit.	No benefit, unless PMB.	• 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: • Annual hospital limit specified under B: In-Hospital Benefits; and • Sub-limit of R1 840 per family, and	• 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 (subject to the service(s)

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:42:20 (UTC+02:00)
Signed by: Mfana Maswanganyi
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			R1 150 per Beneficiary, per annum; all of which limits are shared between B22: Allied Health Services and B23: Other Professional Health Services.	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.	• 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 (subject to the service(s) being related to the admission diagnosis).

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:41:56(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
B24	**Alcohol and Drug Dependencies**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • 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.
C	**OUT-OF-HOSPITAL BENEFITS**			
C1	**Family Practitioner 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.	Unlimited, subject to use of Nominated Network Family Practitioners. Visits to Family Practitioners, other than Nominated Network	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Benefit includes consultations, visits and approved minor procedures at Family Practitioners, subject to

REGISTERED BY ME ON
Mfana Maswanganyi
13/12/2022 15:42:05 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM
2022/12/13
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
		200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.	Family Practitioners, are limit to three (3) visits per Beneficiary per annum.	medical necessity and managed care protocols and processes. • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to use of a Nominated Network Family Practitioner. • Once the visit limit specified in the "Limits" column is depleted, a 30% co-payment shall be applied to the applicable rate specified in the "%Benefit/Tariff" column in respect of all subsequent visits to Family Practitioners, other that Nominated Network Family Practitioners, irrespective of whether such

REGISTERED BY ME ON
Mfana Maswanganyi 2022/12/12
13/12/2022 15:42:13(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				other Family Practitioners are on the GEMS Family Practitioner Network or not.
C2	**Screening Services** including: 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 and Mammogram, and other screenings according to	100% of Scheme Rate.	Paid from Risk. All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • 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.

REGISTERED BY ME ON
Mfana Maswanganyi
2022/12/12
13/12/2022 15:42:01 (UTC+02:00)
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	evidence-based standard practice.			• 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 accordance with managed care protocols.	• 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.

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:42:25(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime. Other Vaccinations: Limited to R863 per Beneficiary per annum.	
C4	**Specialist Services** Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists. 200% of Scheme Rate for procedures specified by managed care, performed in Specialists' rooms instead of in hospital.	Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to referral by a Nominated Network Family Practitioner; alternatively, pre-authorisation required. • If no referral by a Nominated Network Family Practitioner,

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
		200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.		or no pre-authorisation, a 30% co-payment shall be applied to the applicable rate specified in the "%Benefit/Tariff" column.
C5	**Dental Services** 1. Examinations. 2. Preventative treatment. 3. Conditions with pain and sepsis. 4. Fillings.	100% of Scheme Rate, subject to PMBs.	1 and 2: Two (2) treatment episodes per Beneficiary per annum. 3, 4, 5 and 6: Two (2) events per Beneficiary per annum, which includes one (1) emergency Out-of-	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). 1 and 2: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network. 3, 4, 5, 6, 7 and 8: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network.

REGISTERED BY ME ON

2022/12/12

Mfana Maswanganyi
13/12/2022 15:42:47 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	5. Clinically indicated dental services, including extractions. 6. Intra-oral radiography.		Network visit per Beneficiary per annum, subject to PMBs, provided that: o Panoramic x-rays are limited to one (1) per Beneficiary every three (3) years; and o Bitewing ex-rays are limited to four (4) per Beneficiary per annum.	In respect of Conservative and Restorative Dentistry: o Panoramic and Bitewing x-rays included. Dental services classified as conservative, restorative and specialised per tariff code.
	7. Clinically indicated root canal treatments.		7: Limited to one (1) root canal treatment per Beneficiary per annum, which includes one (1) emergency Out-of-Network visit per	

REGISTERED BY ME ON
Mfana Maswanganyi
13/12/2022 15:42:00 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Beneficiary per annum, subject to PMBs.	
	8. Plastic Dentures.		8: In accordance with the approved Scheme Tariff.	
	9. Periodontal Programme		9: Paid from Risk, but limited to Periodontal Programme benefits.	9: 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.
	10. Specialised Dentistry.	10: 100% of cost, but subject to PMB legislation.	10: Limited to PMBs.	10: Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:43:06 (GMT+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.	
C6	**Prescribed Medication and Injection Material**			• 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 the GEMS Rules.
	1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Unlimited, save for the limit of R671 per	1. Subject to the following:

REGISTERED BY ME ON

2022/12/12

Mfana Maswanganyi
13/12/2022 15:43:15(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			family per annum for homeopathic medicine. 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.	• Managed care protocols, Formulary and processes. • Prescription by a healthcare professional, legally entitled to do so. • Dispensed by a DSP/Network dispensing Family Practitioner or DSP/Network Pharmacy. • A 30% co-payment shall apply for: o voluntary use of Out-of-Formulary medicine; and o 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.

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:43:24(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				• Benefit includes prescribed maternity vitamin supplements.
	2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules	2. 100% of Scheme Rate, subject to PMBs.	2. Unlimited for PMB chronic conditions listed in PMB DTP and PMB CDL, but subject to PMB legislation. Limit of R4 025 per Beneficiary per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules. No benefit for non-PMB chronic	2. Subject to the following: • 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 provided for in Annexure G (Prescribed

REGISTERED BY ME ON
Mfana Maswanganyi
13/12/2022 15:42:00 (UTC+02:00)
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
SIGNIFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			conditions not listed in Annexure D of the GEMS Rules.	Minimum Benefits) of the GEMS Rules. • 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 be unlimited for PMBs, but subject to PMB legislation.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:43:30 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

13/12/2022

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	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.	3. Subject to the following: • 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 medicines payable from the OTC benefit.
	4. Female Contraceptives: Oral, insertables, injectables and dermal.	4. 100% of Scheme Rate.	4. Limited to R3 414 per Beneficiary per annum.	4. Subject to the following: • Managed care protocols, Formulary and processes.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:20:12 (UTC+02:00)
Signed by: Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

2022/12/12

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C7	**Basic Radiology** X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to referral by a Family Practitioner or Specialist, list of approved services specified in the GEMS Radiology Request Form, and managed care protocols and processes. • 2 x 2D ultrasound scans per pregnancy, provided for by C21: 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.

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:41 (UTC+02:00)
Signed by: Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
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 R9 199, or R13 798 if R9 199 sub-limit is exceeded with first CT/MRI scan, per Beneficiary per annum shared between B8: Advanced Radiology and C8: Advanced Radiology.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Subject to Advanced Radiology pre-authorisation, managed care protocols and processes, and use of facility as per B1. • Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:41:19(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C9	**Pathology and Medical Technology**	100% of Scheme Rate.	Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • 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 care Pathology Clinical Request Form.
C10	**Optical Services**	100% of Scheme Rate.	Limited to R1 380 per Beneficiary for every two (2) financial years, calculated from 01	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

REGISTERED BY ME ON

2022/12/12

Mfana Maswanganyi
13/12/2022 15:44:28(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	Eye examinations, frames, lenses and contact lenses (permanent or disposable).		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: • One (1) eye examination per Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected	• 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 Beneficiaries with albinism and proven photophobia, subject to pre-authorisation. • Excludes variable tint and photochromic lenses. • Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.

REGISTERED BY ME ON
Mfana Maswanganyi
13/12/2022 15:42:07(UTC+02:00)
Signed by Mfana Maswanganyi
m.maswanganyi@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			Beneficiary ("Eye Examination Cycle"); and • 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 one (1) set of permanent contact lenses, per Beneficiary per twenty four (24) month period, calculated from the month within which	

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			same was last rendered to the affected Beneficiary ("Optical Appliance Cycle"). Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both. 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.	

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:20:00 (GMT+02:00) 2022/12/12
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C11	**Allied Health Services** Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limit of R1 840 per family, and R1 150 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.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.
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.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:26:22 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

2022/12/12

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
C13	**Physiotherapy**	100% of Scheme Rate, subject to PMBs.	Shared limit as per C11: Allied Health Services.	• 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.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • 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,	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and managed care protocols and processes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			utilised within 60 days of surgery.	
C16	**Medical and Surgical Appliances and Prostheses** Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics, External Prostheses and Compression Stockings. Applicable In- and Out-of-Hospital.	100% of Scheme Rate, subject to PMBs.	Subject to: • Limit of R7 962 per family per annum; and • Shared sub-limits with B14: Prostheses of: 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,	• 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-authorised and claimed from the chronic medication benefit (C6.2). • Foot orthotics and prosthetics, subject to Formulary and managed care protocols and processes.

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			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 receipt of wheelchair; o One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R5 738 per hearing aid per Beneficiary every	• The Scheme has the right to obtain competitive quotes.

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:45:42(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			thirty six (36) months of month of receipt of hearing aid(s); o One (1) CPAP device of up to R7 962 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	

REGISTERED BY ME ON

Mfana Maswanganyi
2022/12/12
13/12/2022 15:45:41(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
			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.	
C17	**Renal Dialysis** Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• 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 shall apply in

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:46:01(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				accordance with Network rules. • Includes materials and related pathology tests.
C18	**HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• 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.
C19	**Mental Health** Consultations, assessments, treatment and counselling by Family Practitioners,	100% of Scheme Rate, subject to PMBs.	Subject to: • Limit of R5 749 per Beneficiary per annum;	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
	Psychiatrists and Psychologists.		• 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 consultation and one (1) group Psychologist consultation per day.	• Subject to managed care protocols and processes. • Subject to Network Family Practitioner Nomination and Specialist Referral Rules. • Services by Family Practitioners: Subject to nomination and use of a Network Family Practitioner; failing which, a 30% co-payment shall apply. • Services by Psychiatrists and Psychologists: Subject to referral by a Nominated Network Family Practitioner, or pre-authorisation; failing which, a 30% co-payment shall apply.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:48:20 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

2022/12/12

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				• If Out-of-Hospital treatment is offered as an alternative to hospitalisation, In-Hospital benefits (B1) shall apply.
C20	**Infertility**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation of facility and service(s), 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.
C21	**Maternity Programme** Ante- and post-natal care.	100% of Scheme Rate, but subject to	Paid from Risk, but limited to Maternity Programme Benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:46:29(UTC+02:00)
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
		Maternity Programme Protocols.		• Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, Out-of-Hospital benefits (excluding this benefit C21: Maternity Programme) shall apply. • Includes: o Benefits defined in managed care protocols. o 2 x 2D ultrasound scans per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:46:40(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				shall be funded up to the cost of a 2D scan. o Non-invasive prenatal testing for high-risk 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.	• 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% of Scheme Rate.	Limited to global fee of R1 812 per Beneficiary per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation of facility and services, managed care protocols and processes,

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:46:42 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

2022/12/13

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				and use of DSP / Nominated Network Family Practitioner. • Limit applies to: o All related costs, e.g. consultations, medication etc.; and o 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 and Neck Rehabilitation Programme benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to registration on Chronic Back and Neck Rehabilitation Programme,

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/12
13/12/2022 15:47:00(UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za

SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE / BENEFIT	% BENEFIT / TARIFF	LIMITS / EXCLUSIONS	CONDITIONS / REMARKS
				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.

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.

REGISTERED BY ME ON

Mfana Maswanganyi 2022/12/13
13/12/2022 15:49:36 (UTC+02:00)
Signed by Mfana Maswanganyi,
m.maswanganyi@medicalschemes.co.za
SIGNFLOW.COM

REGISTRAR OF MEDICAL SCHEMES

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.

REGISTERED BY ME ON

Mfana Maswanganyi
13/12/2022 15:29:12
Signed by: Mfana Maswanganyi
m.maswanganyi@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES