ANNEXURE C 2021

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	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: ▪ a Designated Service Provider ("DSP") for that condition; ▪ a non-DSP, if no DSP for that

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				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: Out-of-Hospital Benefits; and ▪ The Act. • This Rule supersedes all other benefit provisions in this Annexure.
B	**IN-HOSPITAL BENEFITS**	100% of Scheme	Subject to overall	• All limits are subject to A:

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		Rate.	annual hospital limit of R260 000 per family per annum and such sub-limits as provided for.	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 ward and intensive care unit; 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); 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”). • Subject to use of a State or Network facility; failing which, the Scheme shall not be liable 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

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	4. Neonatal care.			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-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.

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				• 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. • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care service provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply.

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				• In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply. • Elective Caesarean Sections may be subjected to second opinion and managed care protocols and processes. • Benefit includes midwife services. • 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	Subject to annual hospital limit specified under B:	• All limits are subject to A: Statutory Prescribed Minimum

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		Family Practitioners. 130% of Scheme Rate for Network Family Practitioners.	In-Hospital Benefits. Reimbursement according to Scheme-approved tariff file.	Benefits (“PMBs”). • Subject to hospital pre-authorisation and use of facility as per B1.
B4	**Specialist Services** Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Subject to annual hospital limit specified under B: In-Hospital Benefits. 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	Subject to annual hospital limit specified under B: In-Hospital Benefits. Maxillofacial	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to pre-authorisation, managed care protocols and

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		care, performed in doctor's rooms instead of in hospital.	surgery, subject to an annual sub-limit of R24 012 per family. Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	processes, and use of facility as per B1, or doctors' rooms. • 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.	• 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-

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			Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	authorisation, managed care protocols and processes, list 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	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to Advanced Radiology pre-authorisation (in addition to

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			Benefits; and • Sub-limit of R8 320, or R12 480 if R8 320 sub-limit is exceeded with first CT/MRI scan, per Beneficiary per annum shared between B8: Advanced Radiology and C8: Advanced Radiology.	hospital pre-authorisation), managed care protocols and processes, list of approved services, and use of facility as per B1.
B9	**Pathology**	100% of Scheme Rate.	Subject to annual hospital limit specified under B: In-Hospital Benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes,

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				pathology tests being related to admission diagnosis, and use of facility as per B1.
B10	**Blood Transfusions**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to use of facility as per B1. • 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 600 per	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to hospital pre-authorisation, managed care protocols and processes, and

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			Beneficiary per annum.	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 R5 790 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:	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").

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			In-Hospital Benefits. Sub-limit of R23 017 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).	• Subject to hospital pre-authorisation, managed care 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 Transfusions. • 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	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified under B: In-	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care

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	implanted), and accompanying temporary and permanent devices used to assist the guidance, alignment or delivery of these prostheses and internal devices.		Hospital Benefits; • Sub-limits of R27 434 per family per annum for Prostheses generally, plus R27 434 per family per annum for Joint Revisions only; and • Shared sub-limits with C16: Medical and Surgical Appliances and Prostheses of: ○ R5 067 per	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. • Once the limit is depleted, the benefit is unlimited for PMBs.

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			Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 448 per Beneficiary per annum for orthotic shoes, foot inserts and levellers; ○ R576 for crutches per Beneficiary per annum; ○ One (1) wheelchair of up to R6 342 per Beneficiary every twenty	

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			four (24) months of month of receipt of wheelchair; ○ One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R5 190 per hearing aid per Beneficiary every thirty six (36) months of month of receipt of hearing aid(s); and ○ One (1) CPAP device of up to	

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			R7 201 per Beneficiary every thirty six (36) months of month of receipt of device.	
B15	**Emergency Services (Casualty Department)**	100% of cost, but subject to PMB legislation.	Limited to PMBs (Emergency Medical Condition, as defined in Section 4 of the main body and Annexure G (Prescribed Minimum Benefits) of the GEMS Rules).	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to use of facility as per B1, or other registered emergency facility. • Subject to hospital authorisation and managed care protocols and processes.
B16	**Renal Dialysis** In-Hospital	100% of Scheme Rate, subject to PMBs.	Limited to PMBs.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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				• 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 Transfusions.
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).

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				• Subject to use of facility as per B1. • Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials. • 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,	100% of Scheme Rate, subject to	Subject to: • Annual hospital	• All limits are subject to A: Statutory Prescribed Minimum

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	medicine, hospital equipment, professional fees of Family Practitioners, Psychiatrists and Psychologists.	PMBs.	limit specified under B: In-Hospital Benefits; • Sub-limit of R10 400 per Beneficiary per annum; • Further, shared sub-limit with C19: Mental Health of R2 366 per family per annum for services by Educational and Industrial Psychologists; and	Benefits (“PMBs”). • Subject to hospital pre-authorisation and managed care protocols and processes. • Subject to use of facility as per B1. • Maximum of three (3) days hospitalisation by a Family Practitioner.

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			• Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.	
B19	**Alternatives to Hospitalisation** 1. Sub-acute Hospitals, Physical Rehabilitation and Private Nursing. 2. Hospice	1. 100% of Scheme Rate, subject to PMBs. 2. 100% of cost, but subject to PMB	1. Subject to annual hospital limit specified under B: In-Hospital Benefits. 2. Unlimited, but subject to PMB	• 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

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		legislation.	legislation.	recuperative holidays. • Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.
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,	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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	Acupuncturists and Chinese Medicine Practitioners.		under B: In-Hospital Benefits; and • Sub-limit of R1 664 per family, and R1 040 per Beneficiary, per annum; all of which limits are shared between B22: Allied Health Services and B23: Other Professional Health Services.	• 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).
B23	**Other Professional Health Services** Including Dieticians,	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”).

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	Podiatrists, Social Workers, Registered Counsellors and Orthoptists.			• 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).
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	100% of Scheme Rate for non-Network	Unlimited, subject to use of Nominated	• All limits are subject to A: Statutory Prescribed Minimum

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	other Family Practitioner services not specifically provided for otherwise in this Annexure.	Family Practitioners. 130% of Scheme Rate for Network Family Practitioners. 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in hospital.	Network Family Practitioners. Visits to Family Practitioners, other than Nominated Network Family Practitioners, are limit to three (3) visits per Beneficiary per annum.	Benefits ("PMBs"). • Benefit includes consultations, visits and approved minor procedures at Family Practitioners, subject to 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

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				Nominated Network Family Practitioners, irrespective of whether such 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	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. • Infant Hearing Screening for Child Dependants under the age of one (1) year. • Childhood Hearing Screening for Child Dependants up to and

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	screenings according to evidence-based standard practice.			including the age of seven (7) years. • 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	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes. • Includes preventative care services provided in pharmacies.

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			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. Other Vaccinations: Limited to R780 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	Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Network Family Practitioner Nomination and

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		Specialists. 200% of Scheme Rate for procedures specified by managed care, performed in Specialists' rooms instead of in hospital. 200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.		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, 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.	100% of Scheme Rate, subject to PMBs.	1 and 2: Two (2) treatment episodes	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). 1 and 2: Subject to list of approved services, managed care protocols

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			per Beneficiary per annum.	and processes, and use of Dental DSP/Network.
	3. Conditions with pain and sepsis. 4. Fillings. 5. Clinically indicated dental services, including extractions. 6. Intra-oral radiography.		3, 4, 5 and 6: Two (2) events per Beneficiary per annum, which includes one (1) emergency Out-of-Network visit per Beneficiary per annum, subject to PMBs, provided that: ○ Panoramic x-rays are limited to one (1) per Beneficiary every three (3) years; and	3, 4, 5, 6, 7 and 8: Subject to list of approved services, managed care protocols and processes, and use of Dental DSP/Network. In respect of Conservative and Restorative Dentistry: ○ Panoramic and Bitewing x-rays included. Dental services classified as conservative, restorative and specialised per tariff code.

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			○ Bitewing ex-rays are limited to four (4) per Beneficiary per annum.	
	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 Beneficiary per annum, subject to PMBs.	
	8. Plastic Dentures.		8: In accordance with the approved Scheme Tariff.	

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	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. Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.	10: Refer to Annexure G (Prescribed Minimum Benefits) of the GEMS Rules.
C6	**Prescribed Medication and Injection Material**			• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”).

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				• Prescribed and administered by 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 R607 per family per annum for homeopathic medicine. Prescription by a dispensing Family	1. Subject to the following: • Managed care protocols, Formulary and processes. • Prescription by a Family Practitioner, Dentist or Specialist. • Dispensed by a DSP/Network dispensing Family Practitioner or DSP/Network Pharmacy.

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			Practitioner, dispensed by a DSP/Network Pharmacy: Limited to three (3) scripts of up to R208 each per Beneficiary per annum.	• A 30% co-payment shall apply for: ○ voluntary use of Out-of-Formulary medicine; and ○ voluntary use of a non-DSP / Out-of-Network dispensing Family Practitioner or non-DSP / Out-of-Network pharmacy. • The dispensing fee is as per the contracted Network Pharmacy Rate. • 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	2. Subject to the following: • Prior application and approval, Formulary, Medicine Price List, managed care protocols and

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			PMB CDL, but subject to PMB legislation. Limit of R3 640 per Beneficiary per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules. No benefit for non-PMB chronic conditions not listed in Annexure D of the GEMS Rules.	processes, and prescription by Family Practitioner or Specialist. • 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 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-

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				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.
	3. Self-Medication: Over-the-Counter (OTC) Medicine.	3. 100% of Scheme Rate.	3. Limited to R99 per Beneficiary per event and R274 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

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				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 088 per Beneficiary per annum.	4. Subject to the following: • Managed care protocols, Formulary and processes.
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.

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				Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.
C8	**Advanced Radiology**	100% of Scheme Rate, subject to PMBs.	Subject to: • Annual hospital limit specified under B: In-Hospital Benefits; and • Sub-limit of R8 320, or R12 480 if R8 320 sub-limit is exceeded with first CT/MRI scan, per Beneficiary per annum shared	• 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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			between B8: Advanced Radiology and C8: Advanced Radiology.	scans and Radio-isotope studies.
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.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C10	**Optical Services** Eye examinations, frames, lenses and contact lenses (permanent or disposable).	100% of Scheme Rate.	Limited to R1 248 per Beneficiary for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected Beneficiary following the end of such previous two (2) year period (if any) ended on 31 December ("Financial Cycle"). Limited to: • One (1) eye examination per Beneficiary per	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of GEMS Optical Network. • Subject to Optical Managed Care protocols and processes. • Optical benefit is not pro-rated, irrespective of date of Beneficiary registration. • Includes tinted lenses, up to a tint of 35%, for 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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			twelve (12) month period, calculated from the month within which same was last rendered to the affected 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	Rules for Optometry Exclusions.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			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 same was last rendered to the affected Beneficiary ("Optical Appliance Cycle"). Either spectacles or contact lenses shall	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			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 223 for both lens and frame, with a sublimit of R241 for the frame.	
C11	**Allied Health Services** Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limit of R1 664 per family, and R1 040 per Beneficiary, per annum, shared between C11: Allied Health Services,	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			C12: Other Professional Health Services, C13: Physiotherapy, and C14: Audiology, Occupational Therapy and Speech Therapy.	
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.
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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				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 R5 790 per Beneficiary per event, utilised within	• 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	CONDITIONS/REMARKS
			60 days of surgery.	
C16	**Medical and Surgical Appliances and Prostheses** Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics and External Prostheses. Applicable In- and Out-of-Hospital.	100% of Scheme Rate, subject to PMBs.	Subject to: • Limit of R7 201 per family per annum; and • Shared sub-limits with B14: Prostheses of: ○ R5 067 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 448 per Beneficiary per annum for orthotic shoes, foot inserts and	• 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. • The Scheme has the right to obtain competitive quotes.

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			levellers; ○ R576 for crutches per Beneficiary per annum; ○ One (1) wheelchair of up to R6 342 per Beneficiary every twenty four (24) months of month of receipt of wheelchair; ○ One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R5	

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			190 per hearing aid per Beneficiary every thirty six (36) months of month of receipt of hearing aid(s); and ○ One (1) CPAP device of up to R7 201 per Beneficiary every thirty six (36) months of month of receipt of device.	
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”).

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				• 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 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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				care protocols and processes.
C19	**Mental Health** Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: • Limit of R5 200 per Beneficiary per annum; • Shared sub-limit with B18: Mental Health of R2 366 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1) individual Psychologist consultation and	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • 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;

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			one (1) group Psychologist consultation per day.	failing which, a 30% co-payment shall apply. • 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**	100% of Scheme	Paid from Risk, but	• All limits are subject to A:

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Ante- and post-natal care.	Rate, but subject to Maternity Programme Protocols.	limited to Maternity Programme Benefits.	Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, Out-of-Hospital benefits (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 shall be

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				funded up to the cost of a 2D scan. ○ 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 639 per Beneficiary.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to pre-authorisation of facility and services, managed care protocols and processes,

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

				and use of DSP / Nominated Network Family Practitioner.
				• Limit applies to:
				  ○ All related costs, e.g. consultations, medication etc.; and
				  ○ All post-op care within a month of procedure.
				• In-Hospital benefits shall apply for circumcisions performed in hospitals, Day Clinics or doctors' rooms.

C24	**Chronic Back and Neck Rehabilitation Programme**	Negotiated Rate.	Paid from Risk, but limited to Chronic Back 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, and managed care

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