ANNEXURE C 2021

ONYX

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

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	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 of the Rules. • Prescribed Minimum Benefits ("PMBs") are not subject to the monetary benefit limits stated in this Annexure and shall be paid in full, where the diagnosis, treatment and care of a Prescribed Minimum Benefit Condition were obtained from: ▪ a Designated Service Provider ("DSP") for that condition;

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				▪ 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: Out-of-Hospital Benefits; and ▪ The Act. • This Rule supersedes all other benefit provisions in this

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				Annexure.
B	**IN-HOSPITAL BENEFITS**		No overall limit. Sub-limits as provided for.	
B1	**Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities** 1. Accommodation in a general ward, high care ward and intensive care unit; 2. Theatre fees; 3. Medicines, materials and hospital equipment (includes bone cement for	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Hospital authorisation for admission to a Private facility must be obtained from the Scheme's managed care provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	prostheses); and 4. Neonatal care.			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. • Accommodation in a private ward is subject to motivation by attending practitioner and Scheme's managed care protocols. • All In-Hospital treatment and services are subject to hospital authorisation (for Private facilities only, and inclusive of

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				non-PMB one-day admissions), managed care protocols and processes.
B2	**Maternity** Hospital, home birth or registered birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	• 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

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				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, the co-payment of R1 000 per admission shall apply. • Elective Caesarean Sections may be subjected to second opinion and managed care protocols. • Benefit includes midwife services. • Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				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.	Unlimited. Reimbursement according to the Scheme-approved tariff file.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B4	**Specialist Services** Consultations and visits.	100% of Scheme Rate for non-Network Specialists. 130% of Scheme Rate for Network Specialists.	Unlimited. Reimbursement as per Scheme-approved tariff file.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B5	**Surgical Procedures** Including Maxillofacial Surgery.	100% of Scheme Rate. 200% of Scheme Rate for procedures	Unlimited. Refer to Annexure E of the GEMS Rules.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		specified by managed care, performed in doctor's rooms instead of in hospital.		authorisation, managed care protocols and processes. • Includes hospital procedures performed in doctor's rooms, as approved by the Scheme. • Excludes Osseo-integrated Implants, all implant-related procedures and Orthognathic Surgery.
B6	**Dentistry** Conservative, restorative and specialized dentistry.	100% of Scheme Rate.	Professional fees, subject to shared limit with C3: Dental Services of R10 119 per Beneficiary per annum. Hospital cost included in hospital benefit (B1). Refer to Annexure E	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Only applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars. • Lingual and labial frenectomies under general anaesthesia for

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			(Exclusions and Limitations) of GEMS Rules.	Beneficiaries under the age of eight (8) years, subject to managed healthcare programme and pre-authorisation. • Subject to hospital pre-authorisation, managed care protocols and processes, list of approved services, and use of Day Theatres. • General anaesthesia and conscious sedation for dentistry, subject to pre-authorisation and managed care protocols and processes. • Services classified as conservative, restorative and specialised per tariff code.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B7	**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 managed care protocols and processes.
B8	**Advanced Radiology**	100% of Scheme Rate, subject to PMBs.	Shared limit with C5: Advanced Radiology of R30 514 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Advanced Radiology authorisation (in addition to hospital pre-authorisation) for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies. • Subject to managed care protocols and processes.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B9	**Pathology**	100% of Scheme Rate.	Unlimited.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis.
B10	**Blood Transfusions**	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 managed care protocols and processes. • Includes cost of blood, blood equivalents, blood products and the transport thereof. • Includes erythropoietin.
B11	**Physiotherapy**	100% of Scheme	Limited to R5 486 per	• All limits are subject to A:

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		Rate, subject to PMBs.	Beneficiary per annum.	Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to pre-authorisation, managed care protocols and processes, and services being related to admission diagnosis.
B12	**Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy**	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C1.9: Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of 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 pre-authorisation, and managed care protocols and processes.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B13	**Organ and Tissue Transplants**	100% of Scheme Rate, subject to PMBs.	Limit of R678 054 per Beneficiary per annum. Sub-limit of R23 017 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care protocols.).	• 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. • 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 for cornea tissue.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B14	**Prostheses** This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.	100% of Scheme Rate, subject to PMBs.	Subject to: • Shared limit with C7: Medical and Surgical Appliances and Prostheses of R62 326 per family per annum for Medical and Surgical Appliances and Prostheses generally, plus R62 326 per family per annum for Joint Revisions only; and • Shared sub-limits with C7: Medical and Surgical Appliances and Prostheses of:	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • 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, 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
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			○ 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 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	• Once the limit is depleted, the benefit is unlimited for PMBs.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			wheelchair; ○ One (1) unilateral hearing aid, or one (1) pair of bilateral hearing aids, of up to R9 225 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 R10 955 per Beneficiary every thirty six (36) months of month of receipt of device.	
B15	**Emergency Services**	100% of cost, but	Limited to PMBs	• All limits are subject to A:

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	(Casualty Department)	subject to PMB legislation.	(Emergency Medical Condition, as defined in Section 4 of the main body and Annexure G of the GEMS Rules.).	Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to use of facility as per B1, or other registered emergency facility. • Subject to hospital authorisation, managed care protocols and processes. • Cost to be defrayed from C1.1: Family Practitioner (FP) Services, for non-PMB and unauthorised events.
B16	**Renal Dialysis** In-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R290 588 per Beneficiary per annum for chronic dialysis. Acute dialysis included in B1.	• 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
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				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. • Once the limit is depleted, the benefit is unlimited for PMBs.
B17	**Oncology (Chemo and Radiotherapy)** In- and Out-of-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R533 976 per family per annum. Sub-limit of R360 915 per family for biological and similar specialised medicines.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Oncology pre-authorisation, managed care protocols and processes. • Subject to Medicine Price List

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				(MPL). • Subject to use of facility as per B1, or a registered alternative. • Includes cost of pathology, related basic/advanced radiology, medical technologists, oncology medicines and materials. • Erythropoietin included in B10: Blood Transfusions. • Once the limit is depleted, the benefit is unlimited for PMBs. • Excludes new chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced or

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				metastatic solid organ malignant tumours, unless pre-authorised in accordance with paragraph 9.1.13.6 of Annexure E (Exclusions and Limitations) of GEMS Rules.
B18	**Mental Health** Accommodation, theatre fees, medicine, hospital equipment, and professional fees of Family Practitioners, Psychiatrists, and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: • Limit of R42 715 per family per annum; • Shared sub-limit with C1.10: Mental Health of R2 366 per family per annum for services by Educational and Industrial Psychologists; and • Limit of one (1)	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation, managed care protocols and processes. • Subject to use of facility as per B1, or a registered alternative. • Maximum of three (3) days hospitalisation by a Family Practitioner.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			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 legislation.	1. Unlimited, subject to PMB legislation. 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

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				recuperative holidays. • Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.
B20	**Medical Technologists**	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to hospital pre-authorisation and case management. • Includes materials.
B21	**Breast Reductions**	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to pre-authorisation, managed care protocols and processes.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
B22	**Allied Health Services:** Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Shared limit as per C1: Day-to-Day Block Benefit.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes, and services being related to admission diagnosis. • Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorisation, managed care protocols and processes.
B23	**Other Professional Health Services** Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limit as per C1: Day-to-Day Block Benefit; and Sub-limit of R1 358 per family per annum for Social Workers and	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Registered Counsellors, shared between B23: Other Professional Health Services and C1.7: Other Professional Health Services.	to pre-authorisation, managed care protocols and processes. • Subject to managed care protocols and processes, and services being related to admission diagnosis.
B24	**Alcohol and Drug Dependencies**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• 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**			

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	BENEFITS			
C1	**Day-to-Day Block Benefit** 1. Family Practitioner Services; 2. Specialist Services; 3. Basic Radiology; 4. Pathology; 5. Allied Health Services; 6. Other Professional Health Services; 7. Physiotherapy; 8. Occupational Therapy; 9. Speech Therapy; 10. Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy;	100% of Scheme Rate.	Limit of R21 350 per family, and R10 674 per Beneficiary, per annum, shared between B22: Allied Health Services, B23: Other Professional Heath Services, C1.1 and C1.3 – C1.12.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Benefit is pro-rated from date of admission of Beneficiary to end of financial year.

REGISTERED BY ME ON

2020/12/15

REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	11. Mental Health; 12. Maternity (where not covered under C2: Maternity Programme); and 13. Female Contraceptives.			
C1.1	**Family Practitioner (FP) Services** Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure	100% of Scheme Rate for non-Network Family Practitioners. 130% of Scheme Rate for Network Family Practitioners. Reimbursement at 200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms	Shared limit as per C1: Day-to-Day Block Benefit.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Benefit covers consultations, visits and approved minor procedures at Family Practitioners, subject to medical necessity and managed care protocols and processes. • Limit is pro-rated from date of admission of Member to end of

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		instead of in hospital.		financial year.
C1.2	**Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme.**	100% of Scheme Rate, subject to PMBs.	Payable from Risk. One (1) additional Family Practitioner consultation at DSP/Network provider, once Block Benefit is exhausted.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • The additional Family Practitioner consultation at a DSP/Network provider is subject to pre-authorisation, managed care protocols and processes.
C1.3	**Specialist Services** Consultations, visits and all other Specialist services not 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	Shared limit as per C1: Day-to-Day Block Benefit.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Limit is pro-rated from date of admission of Member to end of financial year.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		specified by managed care, performed in doctors' rooms instead of in hospital. Reimbursement at 200% of Scheme Rate for cataract procedures, performed by Ophthalmologists in their rooms.		
C1.4	**Basic Radiology** X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Includes 2 x 2D ultrasound scans per pregnancy provided for by C2: Maternity Programme. Alternatively, should any such 2D scan be

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.
C1.5	**Pathology and Medical Technology**	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to managed care protocols and processes. • Includes liquid-based cytology pap smears.
C1.6	**Allied Health Services:** Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Includes medicines prescribed by the Allied Health professionals listed in this

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				C1.6: Allied Health Services. • Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorisation, managed care protocols and processes.
C1.7	**Other Professional Health Services** Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit; and Sub-limit of R1 358 per family per annum for Social Workers and Registered Counsellors, shared between B23: Other Professional Health Services and C1.7: Other Professional	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Includes medicines prescribed by the health professionals listed under this C1.7: Other Professional Health Services. • Services performed in hospital, or in lieu of hospitalisation, shall be paid from B1, subject to pre-authorisation, managed care protocols and processes.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Health Services.	
C1.8	**Physiotherapy, Occupational Therapy and Speech Therapy**	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Physiotherapy, Occupational Therapy and Speech Therapy performed In-Hospital, or in lieu of hospitalisation, shall be paid from B1, subject to managed care protocols and processes.
C1.9	**Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy**	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Limited to 10 post-surgery physiotherapy visits (shared with B12: Post Hip, Knee and	• 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
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Shoulder Replacement or Revision Surgery Physiotherapy) up to a limit of R5 790 per Beneficiary per event, utilised within sixty (60) days of surgery.	
C1.10	**Mental Health** Consultations, assessments, treatment and counselling by Family Practitioners, Psychiatrists and Psychologists.	100% of Scheme Rate, subject to PMBs.	Subject to: • Shared limit as per C1: Day-to-Day Block Benefit; • Shared sub-limit with B18: Mental Health of R2 366 per family per annum for services by Educational and Industrial	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • If Out-of-Hospital treatment is offered as alternative to hospitalisation, In-Hospital benefits (B1) shall apply.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Psychologists; and • Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.	
C1.11	**Maternity** Ante- and post-natal care	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit. Ante-natal visits, where not accessed under Maternity Programme.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C1.12	**Female Contraceptives:** Oral, insertables, injectables	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block	• All limits are subject to A: Statutory Prescribed Minimum

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	and dermal.		Benefit. Sublimit of R3 870 per family per annum.	Benefits (“PMBs”). • Subject to managed care protocols, formulary and processes.
C2	**Maternity Programme** Ante- and post-natal care.	100% of Scheme Rate, but subject to Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	• All limits are subject to A: Statutory Prescribed Minimum Benefits (“PMBs”). • Subject to registration on Maternity Programme, and managed care protocols and processes. • If not registered on Maternity Programme, C1.11: Maternity shall apply. • Includes: ○ Benefits defined in managed care protocols.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				○ 2 x 2D ultrasounds per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan. ○ Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.
C3	**Dental Services** Conservative and Restorative Dentistry (includes plastic dentures); and Special Dentistry (includes metal-base dentures).	100% of Scheme Rate. 200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctor's rooms.	Shared limit with B6: Dentistry of R10 119 per Beneficiary per annum. Panoramic x-rays limited to one (1) x-ray every three (3) years per Beneficiary.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • General anaesthesia and conscious sedation for dentistry, subject to pre-authorisation, managed care protocols and processes. Only

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Bitewing x-rays limited to four (4) per Beneficiary per annum. Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.	applicable to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars. • In respect of Conservative and Restorative Dentistry: ○ Panoramic and Bitewing x-rays included. • In respect of Special Dentistry: ○ No pre-authorisation required for metal-base dentures. • Subject to managed care protocols and processes. • Dental services classified as conservative, restorative and specialised per tariff code.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C4	**Prescribed Medication and Injection Material**			• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • 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 GEMS Rules.
	1. Acute Medical Conditions.	1. 100% of Scheme Rate.	1. Limit of R19 208 per family, and R6 858 per Beneficiary, per annum, and sub-limit of R607 per family per annum	1. Subject to the following: • Managed care protocols, formulary and processes. • A 30% co-payment shall apply to voluntary use of Out-of-

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			for homeopathic medicine.	Formulary medicine, where Formulary exists. • Benefit includes prescribed maternity vitamin supplements.
	2. Chronic Medical Conditions listed in DTP PMB, DTP 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 R42 715 per family, and R20 840 per Beneficiary, per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules. No benefit for non-	2. Subject to the following: • Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a 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. • A 30% co-payment shall apply

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			PMB chronic conditions not listed in Annexure D of the GEMS Rules.	for voluntary use of Out-of-Formulary medicine and voluntary use of non-Chronic Medicine Pharmacy DSP, as provided for in Annexure G (Prescribed Minimum Benefits) of the GEMS Rules. • Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, shall be paid from limit for non-PMB chronic conditions listed in Annexure D of the GEMS Rules. However, once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation. • Includes benefit for life threatening allergies, payable

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				from Risk, and subject to managed care protocols, formulary and processes.
	3. Self-Medication: Over-the-Counter (OTC) Medicine.	3. 100% of Scheme Rate.	3. Subject to acute medicine benefit limit (C4.1), event limit of R341 per Beneficiary, annual Beneficiary limit of R1 250, and a limit of R2 070 per family per annum.	3. Subject to the following: • Managed care protocols, Formulary and processes. • Only SAHPRA-registered schedule 0, 1 and 2 medicines payable from the OTC benefit.
	4. Prescribed medication from hospital stay (TTO).	4. 100% of Scheme Rate.	4. Shared limit with acute medication benefit limit (C4.1). Payable from Risk, once acute medication benefit	4. Subject to the following: • TTO limited to seven (7) days.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			limit (C4.1) is exhausted.	
C5	**Advanced Radiology**	100% of Scheme Rate, subject to PMBs.	Shared limit with B8: Advanced Radiology of R30 514 per family per annum.	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to Advanced Radiology pre-authorisation, managed care protocols and processes. • Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.
C6	**Optical Services** 1. Eye examinations; 2. Frames, lenses and contact lenses (permanent	100% of Scheme Rate.	Limited to R6 030 per family per financial year, starting on 01 January and ending on	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • All Optical services included in

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	and disposable); and 3. Refractive eye surgery.		31 December of the same year ("Family Financial Cycle"). Further limited to R3 008 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 ("Beneficiary Financial Cycle"), subject to frames not exceeding	benefit. • Subject to the Optical Managed Care protocols and processes. • Optical benefit is not pro-rated irrespective of date of Beneficiary registration. • Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation. • Excludes variable tint and photochromic lenses. • Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

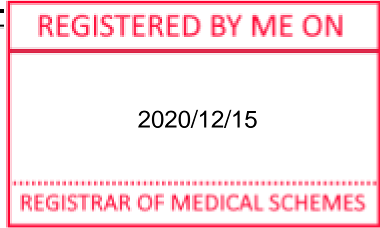
NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			R2 404. Limited to: • One (1) eye examination per Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye Examination Cycle"); and • One (1) frame and one (1) pair of lenses per Beneficiary per twenty four (24)	

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Optical Appliance Cycle"). Save for the financial limits specified hereinabove, no limit shall apply to the number of contact lenses that may be rendered to a Beneficiary. Either spectacles or contact lenses shall be funded in an Optical	

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			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.	
C7	**Medical and Surgical Appliances and Prostheses** Include Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Nebulisers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot	100% of Scheme Rate, subject to PMBs.	Subject to: • Shared limit with B14: Prostheses of R62 326 per family per annum for Medical and Surgical Appliances and Prostheses	• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs"). • Subject to managed care protocols and processes. • Diabetic accessories and appliances, other than



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Orthotics and External Prostheses. Applicable In- and Out-of-Hospital.		generally; and • Sub-limit of R20 836 per family per annum for C7: Medical and Surgical Appliances and Prosthesis, with further, 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	Glucometers, to be pre-authorised and claimed from the chronic medication benefit (C4.2). • Foot orthotics and prosthetics, subject to Formulary, managed care protocols and processes. • The Scheme has the right to obtain competitive quotes.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			and 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 R9 225 per hearing aid per Beneficiary every thirty six (36)	

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			months of month of receipt of hearing aid(s); and ○ One (1) CPAP device of up to R10 955 per Beneficiary every thirty six (36) months of month of receipt of device.	
C8	**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, managed care protocols and processes. • Subject to use of Renal Dialysis Network DSP; failing

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				which, a co-payment of 30% per event shall apply in accordance with Network rules. • Includes materials and related pathology tests.
C9	**Screening Services** Including: Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism, Mammogram, and other screenings according to	100% of Scheme Rate.	Payable 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 including the age of seven (7)

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	evidence-based standard practice.			years. • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only. • Includes screening services provided in pharmacies.
C10	**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	• 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
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			managed care protocols. HPV Vaccinations: Limited to one (1) course per female Beneficiary per lifetime. Other Vaccinations: Limited to R780 per Beneficiary per annum.	
C11	**HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness**	100% of cost, but subject to PMB legislation.	Limited to PMBs.	• 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

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				processes.
C12	**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.
C13	**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

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				managed care protocols and processes.
C14	**Circumcision**	100% Scheme Rate.	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, and managed care protocols and processes. • 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

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
				doctors' rooms.
C15	**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 protocols and processes. • Out-of-Hospital benefits (excluding this benefit C15: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES

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.

REGISTERED BY ME ON
2020/12/15
REGISTRAR OF MEDICAL SCHEMES