

HR facets

Good reading. **Great info.**

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Message from the Principal Officer

Despite challenges, this has been a year of much achievement for GEMS and its members. The Scheme has been exceptionally successful in fulfilling its strategic objectives and making considerable inroads into covering previously uncovered employees.

Earlier this year, we reached the impressive milestone of 500 000 Principal Members - this means that we now provide healthcare cover to more than 1.4 million beneficiaries, a responsibility that we do not take lightly. At the same time we remain dedicated to providing affordable healthcare cover and keeping member contribution increases as low as possible.

We have managed to limit the average contribution increase to 9.81% for 2011. This is at the lower end of an industry where contribution increases of up to 15.5% have recently been announced. Contribution increases on the Sapphire, Beryl and Ruby options were 8%, 9.8% for the Emerald option and 11% for Onyx. In real terms, contributions will increase by R26 to R139 per beneficiary in 2011.

In 2011 GEMS members can look forward to enhanced benefits on every scheme option, including an increase of 5% in all in-hospital and out-of-hospital benefits. There are enhancements across the board, such as improvements in dental benefits on offer on the Sapphire option, which now includes plastic dentures. Contraceptives will now also be covered for the Ruby option, subject to the personal medical savings account (PMSA).

On the Emerald option a new sub-limit of R1 800 for contraceptives is introduced under the acute medicine benefit limit. Apart from this, a new sub-limit per beneficiary for in-hospital physiotherapy is also being introduced while the maternity programme across all options has been enhanced. Antenatal visits, healthcare service provider consultations and ultrasounds have all been modified to the benefit of parents-to-be. This is just a taste of what 2011 has in store for our members.

As you know, monthly contributions are based on the income levels of members - those who earn less pay lower contributions based on each option's contribution income bands. These income bands have been expanded for 2011 to accommodate annual cost-of-living increases, occupation specific dispensations (OSD) and other salary adjustments - and to permit the equitable distribution of members based on their earnings. Some members may find themselves in

lower income bands than before and these members will see a saving on their medical contributions. More information is included elsewhere in this newsletter.

The change in income bands should be seen in conjunction with the recently approved rule amendment which limits the collection of arrear contributions emanating from backdated salary increases. Together these two strategic changes optimise the affordability of GEMS and greatly enhance member satisfaction.

Finally, we want to take this opportunity to thank you for all your support in promoting GEMS to level 1-5 employees and for encouraging participation in the departmental wellness days. In fact, GEMS has performed over 60 000 screening tests (and 50 746 of the very popular massages) on GEMS members and non-GEMS members at wellness days in the Public Sector. In support of the recently launched HCT campaign, GEMS has already conducted 11 812 HCT tests at wellness days. All this could not have been achieved without you!

We look forward to serving our members in 2011 as we continue to pursue our mandate of providing all Public Service employees with equitable access to affordable and comprehensive healthcare benefits.

After a long and challenging year, the Scheme and all its officials wish you a happy and peaceful festive season. May you recharge your batteries and come back refreshed in 2011.




Eugene | Principal Officer

2011 benefit enhancement and changes

◀ 2

GEMS is committed to responding to its members' needs and providing benefits that make a difference. Some of the exciting benefit enhancements incorporated into the 2011 benefit design are:

Benefit limits:

Increased by 5% across the board for all options.

Pregnant members or beneficiaries registered on the Maternity Programme will enjoy core maternity benefits funded from risk as part of a newly introduced set of managed care protocols and the balance of claims will be funded from the dedicated maternity benefit, such as certain visits to specialists and 2D ultrasound scans.

Sapphire

Members will be able to obtain plastic dentures.

Ruby

Contraceptives are now covered, subject to funds available in the PMSA.

Ruby

Emerald

In-hospital physiotherapy now includes a sub-limit of R3 200 per beneficiary per annum.

Onyx

Emerald

Contraceptives are now covered from a sub-limit of R1 800 per beneficiary per annum in the acute benefit.

PLEASE NOTE: The two year benefit structure has been changed

The Registrar of Medical Schemes directed GEMS to phase out the two calendar year benefit structure that was introduced from 1 January 2009 because it was deemed to be inconsistent with regulation 9(a) of the Medical Schemes Act. As a result, two calendar year benefits will be phased out by December 2011. The benefits of beneficiaries who joined the Scheme between January 2010 and 31 December 2011 will be calculated pro-rata from the date of registration. This will mainly affect members on the Ruby, Emerald and Onyx options.

EXAMPLE 1:

Mr. Mgxesha joined the GEMS Emerald option in 2008. His two calendar year prosthesis cycle started on 1 January 2009 and will end on 31 December 2010. The benefits available on his prosthesis benefit in 2011 are therefore R23 625 (R47 250 divided by 2).

EXAMPLE 2:

Ms. Mqutheni joined the GEMS Onyx option in January 2010. She is now in the middle of the two calendar year cycle of her benefits' allocation. If she used her entire available benefit for dentistry (for example) during 2010, there will be no benefit available for 2011, with the exception of the 5% limit increase. However, if she only used half of her available two calendar year benefit, there will still be half of the original benefit left over plus the benefit increase for 2011 for use during 2011. This cycle will end on 31 December 2011 and she will then also be on the one calendar year cycle thereafter.

Complaints and dispute resolution

◀ 3



GEMS makes use of best-of-breed service providers that are contracted to render certain operational services to our members, for example member administration services. While services are rendered effectively and efficiently in the vast majority of interactions, there are instances when service failures do arise. These failures, however rare, are viewed in a serious light and swift management intervention is executed.

It is important to GEMS that member complaints are attended to and resolved efficiently and swiftly. This is not only necessary to ensure the continued satisfaction of our members, but also to enhance the effectiveness of operational services. The Scheme's complaints process and how and when members can access the GEMS Dispute Committee is unpacked below.

Rule 30 of the registered GEMS rules deals with the resolution of members complaints and rule 30.6 makes provision for the establishment of a Dispute Committee. This committee consists of three independent members who are appointed by the Board of Trustees and they are responsible to resolve any dispute between GEMS and its members or any person claiming on behalf of a GEMS member or beneficiary.

If a member is dissatisfied with the service provided by or a decision taken by GEMS, the following steps may be taken:

- The dissatisfied member should firstly call GEMS on **0860 00 4367** or send an email to **complaints@gems.gov.za** to lodge a complaint.
- If the matter is not resolved, a written complaint may be sent to the Principal Officer of the Scheme.
- The Principal Officer will investigate the complaint and respond within 30 days of receipt.
- If the complaint has not been addressed to the member's satisfaction, he/she may, within 60 days of receipt of the response, refer the matter to the GEMS Dispute Committee.
- The Principal Officer will then convene a meeting of the Dispute Committee by giving the complainant and members of the Committee at least 21 days notice prior to the meeting. Particulars of the dispute will be included in the notice.
- The dissatisfied member may represent him/herself or send a representative to the Dispute Committee hearing.
- The decision by the Dispute Committee shall be final and binding on GEMS.
- If the member is still dissatisfied with the Dispute Committee's decision, he/she may appeal the decision with the Council for Medical Schemes.



It is understandable that news such as this would be disconcerting and even cause confusion among members who count on their medical scheme to be there for them in their time of need. With this in mind GEMS would like to re-assure our valued members and stakeholders that the Scheme remains in robust financial health - the Scheme consistently pays claims to the value of R1 billion every month. Furthermore, the Council for Medical Schemes has approved the GEMS contributions and benefits for 2011 as well as the medium term financial projections up to 2015. In so doing the sustainability of GEMS was confirmed.

By way of further assurance, we place considerable emphasis on sound corporate governance. GEMS received another unqualified external audit report for the period ended 31 December 2009 which confirms its unblemished audit track record. A number of other audits were also successfully performed including the Scheme's annual service level agreement audit, a legislative compliance review and a board effectiveness review.

While maintaining efficient non-healthcare costs that are less than half of the industry average, GEMS continues to provide its members with highly effective and efficient services. Despite the rapidly increasing membership base, service delivery has remained excellent with 96% of all claims being processed electronically and paid within 16 days from the date of service.

When the Regulator of the healthcare funding industry, the Council for Medical Schemes, announced the liquidation of Gen-Health Medical Scheme in October, we received a number of telephone calls from concerned members who erroneously assumed that it was GEMS that was being liquidated.

Despite our good financial standing and the many other successes achieved by GEMS we know all too well that we cannot rest on our laurels. We will therefore continue working hard to maintain a healthy, growing medical scheme that will be there for its members in times of need.

Important notification: New Board of Trustees

New members joined the Board of Trustees in 2010 following a successful trustee election process and appointments made by the Minister for Public Service and Administration.

The following trustees were elected by members to serve a three year term:

- Mr Marthinus Brand (re-elected)
- Dr Antony Naidoo
- Mr Daniel De Villiers

The Minister for Public Service and Administration appointed the following two trustees to serve on the Board:

- Mr Zava Rikhotso
- Mr Nathi Theledi

In light of the above, the Board of Trustees now comprises:

- Ms Christa Brink
- Ms Tintswalo Baloyi
- Mr Marthinus Brand
- Mr Daniel De Villiers
- Mr Zava Rikhotso
- Mr Nathi Theledi
- Dr Anthony Naidoo
- Prof Richard Levin
- Mr Velile Mbethe
- Dr Andre Ferreira



The term of office of a further three member elected trustees will expire in July 2011 and accordingly, a trustee election process will take place in 2011. The Minister for Public Service and Administration is also expected to fill the two remaining vacancies on the Board shortly.

We welcome the new trustees to the GEMS family and look forward to working with them. We are confident that they will make a meaningful contribution to the overall wellbeing of the Scheme.



Implementation of backdated salary increases (Rule 13.3)

The GEMS Board of Trustees responded to members' dissatisfaction with the collection of arrear contribution amounts after members received a salary increase due to cost of living adjustments, the introduction of occupation specific dispensations (OSD) and promotions. A rule was proposed that the movement of members to higher income bands after a salary increase should only take effect in the month when members first earn the higher salary. The Council for Medical Schemes did not support this proposal but approved that GEMS may only collect arrear contributions that would be processed automatically by the employing department's payroll system - i.e: three months.

Members affected by backdated contribution increases will now only be liable for the increased contributions from three months prior to the month in which the Scheme instructs the Employer to deduct the first increased contribution. Practically this means that any contribution increase due to a member's upward movement on the contribution table's income bands will only be implemented retrospectively for a period of three months.

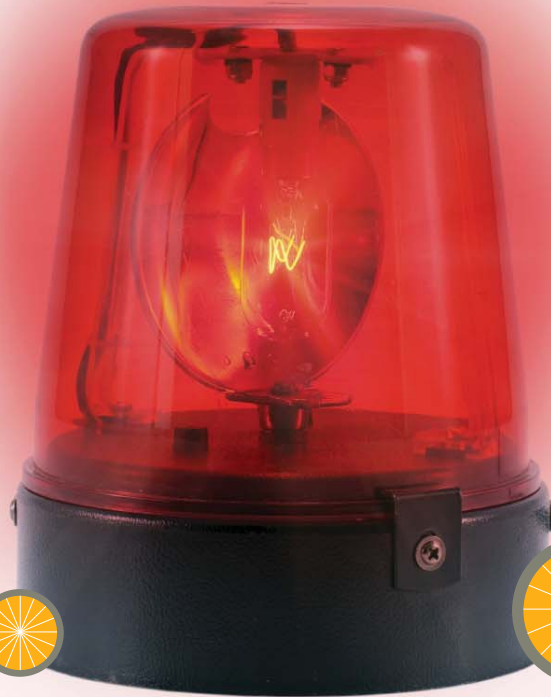
Although the cost of living increases for 2010 will be backdated to 1 July 2010, the resulting contribution increases will only be backdated to 1 September 2010 and will not require any manual arrear implementation via the 0189 deduction code.

GEMS rate for 2011 (Rules 4.32 and 21.18)

A ruling by the High Court on 28 June 2010 set aside the Department of Health's reference price list (RPL). The RPL was used as a guideline for the payment of healthcare services by medical schemes, including GEMS.

As a result, the GEMS rules were amended by the GEMS Board of Trustees to provide for the development and publication of a Scheme Rate for 2011. This was done to ensure that the Scheme's funding of beneficiaries' healthcare expenditure is rational and cost effective, as well as clearly defined and consistently applied.

Members should remain aware that the absence of a uniform fee structure in the healthcare industry in general, may result in providers implementing various billing rates. This may expose members to out-of-pocket expenditure. Members have been encouraged to check what billing rates their healthcare service providers will charge prior to obtaining care, as the Scheme will only fund the Scheme rate.



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IN-HOSPITAL BENEFITS

Annual overall hospital limit (public hospitals and GEMS approved registered unattached theatres and day clinics) • Service rendered by DSP • Chronic medicine provided by DSP • Subject to pre-authorisation
100% of Scheme rate • Subject to overall annual hospital limit of R140 070 per family per annum

Allied health services • Includes chiropractors, dieticians, homeopaths, chiroprodists, phytotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to referral by DSP GP and pre-authorisation • Subject to managed care protocols, processes and registration with relevant statutory bodies
100% of Scheme rate • Limited to PMBs

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing) • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Limited to R14 007 per family per annum • Excludes frail care

Blood transfusion • Subject to pre-authorisation, managed care protocols and processes
100% of Scheme rate • Limited to PMBs

Dentistry (conservative, restorative) • Subject to managed care protocols and processes • Only applicable to beneficiaries under the age of eight years, severe trauma and impacted third molars
100% of Scheme rate • Subject to annual hospital limit and out-of-hospital dentistry limit • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

Emergency services (casualty department) • Subject to authorisation and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

General practitioners • Consultations and visits
100% of Scheme rate • Subject to annual hospital limit

Maternity benefits (public hospitals and designated private hospitals) • Pays from risk if registered on the programme, subject to protocols • Includes 2 x 2D ultrasound scans per pregnancy
100% of Scheme rate • Subject to annual hospital limit • Elective caesarean may be subject to second opinion and managed care protocols • Complications of pregnancy for mother and neonatal care

Medical technologist • Subject to pre-authorisation • Includes materials
100% of Scheme rate • Limited to PMBs

Mental health • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

Oncology (chemotherapy and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Subject to pre-authorisation and clinical guidelines used in public facilities
100% of Scheme rate • Limited to PMBs

Organ and tissue transplants • Subject to pre-authorisation and clinical guidelines used in public facilities • Includes materials
100% of Scheme rate • Limited to PMBs

Pathology • Subject to pre-authorisation, managed care protocols and processes
100% of Scheme rate • Subject to annual hospital limit

Physiotherapy • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

Prosthesis (internal) • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Subject to a sub-limit of R16 002 per family per annum and annual hospital limit • Limited to PMBs

Radiology (basic) • Subject to managed care protocols and processes
100% of Scheme rate • Subject to annual hospital limit

Radiology (advanced) • Subject to pre-authorisation, managed care protocols and processes and approved list of services
100% of Scheme rate • Limited to PMBs

Renal dialysis • Subject to pre-authorisation, managed care protocols and processes and clinical guidelines used in public facilities • In- and out-of-hospital • Includes materials
100% of Scheme rate • Limited to PMBs

Specialists
100% of Scheme rate • Subject to annual hospital limit

Surgical procedures (including maxillo-facial surgery)
100% of Scheme rate • Subject to annual hospital limit • Maxillo-facial surgery subject to annual sub-limit of R14 007 per family • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

OUT-OF-HOSPITAL BENEFITS

Alcohol and drug dependencies • Subject to pre-authorisation, managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to PMBs

Allied health services • Includes chiropractors, dieticians, homeopaths, chiroprodists, phytotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to referral by DSP GP and pre-authorisation • Subject to managed care protocols, processes and registration with relevant statutory bodies
100% of Scheme rate • Limited to PMBs

Audiology, occupational therapy and speech therapy • Subject to referral by DSP GP and pre-authorisation
100% of Scheme rate • Limited to PMBs

Dental services • Subject to list of approved services, managed care protocols and processes and use of DSP
100% of Scheme rate

- **Conditions with pain and sepsis, clinically indicated dental services including extraction and emergency root canal procedure, intra oral radiography** • Subject to list of approved services, managed care protocols and processes and use of DSP
100% of Scheme rate • One per beneficiary per annum subject to PMBs

- **Dentures (plastic)**
100% of Scheme rate • Unlimited at DSP

- **Examinations and preventative treatment** • Subject to list of approved services, managed care protocols and processes and use of DSP
100% of Scheme rate • One treatment episode per beneficiary per annum

- **Fillings** • Subject to list of approved services, managed care protocols and processes and use of DSP
100% of Scheme rate • Unlimited at DSP

Emergency assistance (road and air) • Call 0800 44 4367 • Subject to use of emergency services DSP and managed care protocols
100% of Scheme rate • Unlimited

General practitioners • Consultations, visits and all other services at DSP/network providers
100% of Scheme rate • Unlimited

- **Emergency medical conditions at DSP and involuntary use of non-DSP provider**
100% of Scheme rate • Unlimited for PMBs

- **GPs: Voluntary use of out-of-network providers**
80% of Scheme rate (20% member co-payment) • Limited to one visit per beneficiary, two per family per annum and R693 per event

HIV infection, AIDS and related illness • Subject to registration on and compliance with the Scheme's DMP and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

Infertility • Subject to pre-authorisation, managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to PMBs

Maternity • Pays from risk if registered on the programme, subject to protocols • Includes 2 x 2D ultrasound scans per pregnancy
100% of Scheme rate • Five visits per pregnancy

Medical and surgical appliances and external prosthesis • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment and external prostheses • Applicable to in- and out-of-hospital • Subject to prescription by DSP GP, pre-authorisation and managed care protocols and processes
100% of Scheme rate • Limited to R4 200 per family

Mental health • Subject to pre-authorisation, managed care protocols and processes and the use of DSP
100% of Scheme rate • Limited to PMBs

Optical services • Eye examinations, frames, lenses and acute medication • Subject to optical managed care programme • Subject to use of DSP • Subject to approved list of frames

100% of Scheme rate • Limit of R2 888 per family every second year • Limited to one eye examination, one frame and one pair of lenses every second year per beneficiary • Benefit not pro-rated

Pathology • Subject to referral by DSP GP and list of approved services • Subject to pre-authorisation • Test required by specialists subject to referral by GP and pre-authorisation
100% of Scheme rate • Unlimited

Physiotherapy • Subject to referral by DSP GP and pre-authorisation
100% of Scheme rate • Limited to PMBs

Prescribed medication and injection material • Prescribed by person legally entitled to prescribe • Subject to MPL and MEL

- **Acute medical conditions** • Subject to managed care protocols, formulary and processes
100% of Scheme rate • Unlimited at DSP • 30% co-payment on out of formulary medication or voluntary use of non-DSP pharmacy

- **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval, formulary and use of chronic DSP
100% of Scheme rate • Unlimited at DSP • 30% co-payment on out of formulary medication or voluntary use of non-DSP pharmacy

- **Self-medication (OTC)** • Subject to managed care protocols, formulary and processes
100% of Scheme rate • Limited to R42 per event and five events and R210 per family per annum

Radiology (basic) • Subject to referral by DSP GP and list of approved services • Pre-authorisation required • 2 x 2D scans per pregnancy provided for by maternity benefit
100% of Scheme rate • Unlimited

Radiology (advanced) • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

Specialists • Consultations, visits and all other services • Subject to DSP GP referral and managed care protocols and processes • Pre-authorisation required for each visit
100% of Scheme rate • Subject to PMBs • Ante-natal visits limited to five visits per pregnancy • 2 x 2D ultrasound scans for pregnancy subject to basic radiology



IN-HOSPITAL BENEFITS

Annual overall hospital limit • Public hospitals and GEMS approved private hospitals, registered unattached theatres and day clinics • Service rendered by DSP • Chronic medicine provided by DSP • Subject to pre-authorization
100% of Scheme rate • Subject to overall annual hospital limit of R700 361 per family per annum • High care and ICU limited to 10 days per admission • TTO is limited to seven days

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, phytotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to referral by DSP GP and pre-authorization • Subject to managed care protocols, processes and registration with relevant statutory bodies
100% of Scheme rate • Annual limit of R1 397 per beneficiary and R2 100 per family

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing and frail care centres) • Subject to pre-authorization and managed care protocols and processes
100% of Scheme rate • Subject to annual hospital limit and limited to R14 007 per family per annum

Blood transfusion • Subject to pre-authorization
100% of Scheme rate • Subject to annual hospital limit • Sub-limit of R14 007 per family per annum

Dentistry (conservative, restorative and specialised) • Subject to pre-authorization, list of approved services and use of day theatres and DSP hospitals • Only applicable to beneficiaries under the age of eight years, severe trauma and impacted third molars
100% of Scheme rate • Subject to annual hospital limit and out-of-hospital dentistry limit • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery • Limited to PMBs

Emergency services (casualty department) • Subject to authorisation and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

General practitioners • Consultations and visits • Subject to hospital pre-authorization
100% of Scheme rate • Subject to annual hospital limit

Maternity benefits • Pays from risk if registered on the programme, subject to protocols • Includes 2 x 2D ultrasound scans per pregnancy
100% of Scheme rate • Subject to annual hospital limit • Home birth/birthing unit subject to sub-limit of R6 941 per event • Includes complications for mother and neonates • Elective caesarean may be subjected to second opinion and managed care protocols and processes

Medical technologist • Subject to pre-authorization
100% of Scheme rate • Subject to annual hospital limit and sub-limit or R14 007 per family per annum

Mental health • Subject to pre-authorization and managed care protocols and processes
100% of Scheme rate • Subject to annual hospital limit • Limited to PMBs

Oncology (chemotherapy and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Subject to pre-authorization and managed care protocols and processes • Subject to clinical guidelines used in public facilities programme • In- and out-of-hospital • Includes materials
100% of Scheme rate • Subject to annual hospital limit and sub-limit of R140 070 per family per annum • Limited to PMBs

Organ and tissue transplants • Subject to pre-authorization and clinical guidelines used in public facilities • Includes materials
100% of Scheme rate • Limited to PMBs

Pathology • Subject to pre-authorization and managed care protocols and processes
100% of Scheme rate • Subject to annual hospital limit

Physiotherapy • Subject to pre-authorization and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

Prosthesis (internal) • Subject to pre-authorization and managed care
100% of Scheme rate • Subject to a sub-limit of R21 011 per family per annum and annual hospital limit • Limited to PMBs

Radiology (advanced) • Subject to pre-authorization, managed care protocols and processes and list of approved services
100% of Scheme rate • Shared with out-of-hospital advanced radiology • Limited to R21 011 per family per annum • Limited to PMBs

Radiology (basic) • Includes 2 x 2D ultrasound scans per pregnancy
100% of Scheme rate • Subject to annual hospital limit

Renal dialysis • Subject to pre-authorization and managed care protocols and processes • Subject to clinical guidelines used in public facilities programme • In- and out-of-hospital • Includes materials
100% of Scheme rate • Subject to annual hospital limit and sub-limit of R140 070 per family per annum • Limited to PMBs

Specialist services
100% of Scheme rate • Subject to annual hospital limit • Limited to PMBs

Surgical procedures • Subject to pre-authorization and case management
100% of Scheme rate • Subject to annual hospital limit • Maxillo-facial surgery subject to annual sub-limit of R14 007 per family • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

OUT-OF-HOSPITAL BENEFITS

Alcohol and drug dependencies • Subject to pre-authorization, managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to PMBs

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, phytotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to referral by DSP GP and pre-authorization • Subject to managed care protocols, processes and registration with relevant statutory bodies
100% of Scheme rate • Annual limit or R1 397 per beneficiary and R2 100 per family

Audiology, occupational therapy and speech therapy • Subject to referral by DSP GP and pre-authorization
100% of Scheme rate • Included in allied health services benefit limit

Dental services • Subject to list of approved services managed care protocols and processes and use of DSP
100% of Scheme rate

- **Conditions with pain and sepsis, clinical indicated dental services including extraction and emergency root canal procedure, intra oral radiography** • Subject to list of approved services managed care protocols and processes and use of DSP
100% of Scheme rate • One event per beneficiary per annum subject to PMBs

- **Dentures and specialised dentistry**
100% of Scheme rate • Subject to a limit of R4 620 per beneficiary over 24 months
- **Emergency non-DSP visit** • Subject to list of approved services managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to one event per beneficiary per annum

- **Examinations and preventative treatment** • Subject to list of approved services, managed care protocols and processes and use of DSP
100% of Scheme rate • One consultation per beneficiary per annum
- **Fillings** • Subject to list of approved services, managed care protocols and processes and use of DSP
100% of Scheme rate • Unlimited at DSP

Emergency assistance (road and air) • Call 0800 44 4367 • Subject to use of emergency services DSP and managed care protocols
100% of Scheme rate • Unlimited

General practitioners • Consultations, visits and all other services at DSP/Network providers
100% of Scheme rate • Unlimited
- **Emergency medical conditions at DSP and involuntary use of non-DSP provider**
100% of Scheme rate • Limited to PMBs
- **GPs: Voluntary use of out-of-network providers**
80% of Scheme rate (20% member co-payment) • Limited to one visit per beneficiary, two per family per annum and R693 per event

HIV infection, AIDS and related illness • Subject to registration on and compliance with the Scheme's DMP and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

Infertility • Subject to pre-authorization, managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to PMBs

Maternity • Pays from risk if registered on the programme, subject to protocols • Includes 2 x 2D ultrasound scans per pregnancy
100% of Scheme rate • Part of specialist benefit

Medical and surgical appliances and external prosthesis • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment and external prostheses • Applicable in- and out-of-hospital • Subject to prescription by DSP GP, pre-authorization and managed care protocols and processes
100% of Scheme rate • Limited to R7 004 per family per annum

Mental Health (includes psychologists) • Subject to pre-authorization, managed care protocols and processes and the use of DSP
100% of Scheme rate • Sub-limit of R6 363 per family per annum

Optical services • Eye examinations, frames, lenses and contact lenses (permanent and disposable) • Subject to use of DSP
100% of Scheme rate • One examination per beneficiary per year • One frame or contact lenses • Limited to R977 per beneficiary every second year • Benefit is not pro-rated

Pathology • Subject to referral by DSP GP and list of approved services • Subject to pre-authorization • Test required by specialists subject to referral by GP and pre-authorization
100% of Scheme rate • Unlimited

Physiotherapy • Subject to referral by DSP GP, pre-authorization
100% of Scheme rate • Included in allied health services benefit limit

Prescribed medication and injection material • Prescribed by person legally entitled to prescribe • Subject to MPL and MEL
- **Acute medical conditions** • Subject to managed care protocols, formulary and processes
100% of Scheme rate • Unlimited at DSP • 30% co-payment on out of formulary medication or voluntary use of non-DSP pharmacy

- **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic DSP • Subject to prescription by DSP practitioner
100% of Scheme rate • No annual limit • 30% co-payment on out of formulary medication or voluntary use of non-DSP pharmacy, medication prescribed by a specialist is only covered if referred by the DSP practitioner and the visit is pre-authorised

- **Self-medication (OTC)** • Subject to managed care protocols, formulary and processes
100% of Scheme rate • Limited to R42 per event and five events and R210 per family per annum

Radiology (advanced) • Subject to pre-authorization and managed care protocols and processes
100% of Scheme rate • Shared limit with in-hospital advanced radiology of R21 011 per family per annum

Radiology (basic) • Subject to referral by DSP GP and list of approved services • Pre-authorization required • 2 x 2D scans per pregnancy provided for by maternity benefit
100% of Scheme rate • Unlimited

Specialists • Subject to DSP GP referral, list of approved services for radiology and pathology and managed care protocols and processes • Pre-authorization required for each visit
100% of Scheme rate • Limited to three consultations or R1 680 per beneficiary and five consultations or R2 520 per family per annum



IN-HOSPITAL BENEFITS : no overall limit
Sub-limits as provided for

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, phytotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to managed care protocols, processes and registration with relevant statutory bodies
100% of Scheme rate • Limited to PMSA and Block benefit • Medicines included

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing) • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Unlimited • Includes physical rehabilitation for approved conditions • Excludes frail care and recuperative holidays

Blood transfusion • Subject to pre-authorisation, managed care protocols and processes
100% of Scheme rate • Unlimited • Erythropoietin included

Dentistry (conservative, restorative and specialised) • Subject to pre-authorisation, list of approved services and use of day theatres • General anaesthesia and conscious sedation subject to pre-authorisation and managed care protocols and processes • Only applicable for beneficiaries under the age of eight years, severe trauma and impacted third molars
100% of Scheme rate • Professional fees subjected to shared limit with out-of-hospital dentistry of R2 153 per beneficiary per annum • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

Emergency services (casualty department) • Subject to authorisation and managed care protocols and processes
100% of Scheme rate

General practitioners (GPs) • Consultations and visits
100% of Scheme rate • Unlimited

Maternity benefits (including midwife) • Pays from risk if registered on the programme, subject to protocols • Includes 2 x 2D scans per pregnancy
100% of Scheme rate • Unlimited • Home birth or birthing unit at R6 941 per beneficiary per annum • Elective caesarean may be subject to second opinion and managed care protocols

Medical technologist • Subject to pre-authorisation and case management
100% of Scheme rate • Unlimited

Mental health • Subject to pre-authorisation and managed care protocols and processes • Accommodation, theatre fees, medicine, professional fees from GPs, psychiatrists, psychologists and registered counsellors
100% of Scheme rate • Limited to R11 865 per family per annum • Maximum of three days hospitalisation by GP

Oncology (chemotherapy and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Limit of R213 581 per family per annum • Sub-limit of R161 438 per family for biological and similar specialised medicines • Includes cost of pathology, radiology, medical technologist and oncology medicine

Organ and tissue transplants • Subject to pre-authorisation and clinical guidelines used in public facilities • Includes materials
100% of Scheme rate • Limited to R395 514 per beneficiary per annum • Limit includes all costs associated with transplant including immuno-suppressants • Organ harvesting limited to RSA

Pathology
100% of Scheme rate • Unlimited

Physiotherapy • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Limited to R3 200 per beneficiary per annum

Prosthesis (internal) • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Shared with medical and surgical appliances as well as out-of-hospital external prosthesis limit • Limited to R47 250 per family over two calendar years (phased out)*

Radiology (advanced) • Subject to pre-authorisation and managed care protocols and processes • Specific authorisation (in addition to hospital pre-authorisation) required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies
100% of Scheme rate • Shared limit with out-of-hospital advanced radiology of R14 238 per family per annum

Radiology (basic)
100% of Scheme rate • Unlimited

Renal dialysis • Subject to pre-authorisation, managed care protocols and processes • In- and out-of-hospital • Includes materials
100% of Scheme rate • Limited to R169 502 for chronic dialysis per beneficiary per annum • Acute dialysis included in in-hospital benefit • Includes cost of pathology, radiology, medical technologists and immuno-suppressants

Specialist Services • Consultations and visits
100% of Scheme rate • Unlimited

Surgical procedures (including maxillo-facial surgery) • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Unlimited • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

OUT-OF-HOSPITAL BENEFITS

Personal medical savings account (PMSA) • Excludes PMB claims
100% of Scheme rate • 25% of contribution • Benefits pro-rated from join date

Block benefit • Claims paid against this benefit once PMSA limit is reached
100% of Scheme rate • Limited to R1 124 per family per annum • Benefit is pro-rated from join date

Alcohol and drug dependencies • Subject to pre-authorisation, managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to PMBs

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, phytotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to managed care protocols, processes and registration with relevant statutory bodies
100% of Scheme rate • Limited to PMSA and Block benefit • Includes medicine

Audiology, occupational therapy and speech therapy
100% of Scheme rate • Limited to PMSA and Block benefit

Contraceptives (oral, insertables, injectables and dermal) • Subject to managed care protocols and processes
100% of Scheme rate • Subject to PMSA

Dental services (conservative and restorative dentistry, includes plastic dentures) and special dentistry (includes metal base partial dentures) • General anaesthesia and conscious sedation subject to pre-authorisation and managed care protocols and processes (only applicable to beneficiaries under the age of eight years, severe trauma and impacted third molars)
100% of Scheme rate • Shared sub-limit with in-hospital dentistry of R2 153 per beneficiary per annum • Excludes osseo-integrated implants, all implant-related procedures and orthognatic surgery

Emergency assistance (road and air) • Call 0800 44 4367 • Subject to use of emergency services DSP and managed care protocols
100% of Scheme rate • Unlimited

General practitioners (GPs) • Consultations, visits and all other services
100% of Scheme rate • Limited to PMSA and Block benefit • Benefit is pro-rated from join date

HIV infection, AIDS and related illness • Subject to registration on and compliance with the Scheme's DMP and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

Infertility • Subject to pre-authorisation, managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to PMBs

Maternity • Pays from risk if registered on the programme, subject to protocols • Includes 2 x 2D scans per pregnancy
100% of Scheme rate • Subject to PMSA

Medical and surgical appliances and external prosthesis • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment and external prostheses • Applicable in- and out-of-hospital • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Shared limit with in-hospital internal prosthesis of R47 250 per family over two calendar years • Sub-limit of R21 000 per family over two calendar years (phased out)* • Diabetic accessories with the exception of glucometers paid from chronic medication benefit

Mental health • Consultations, assessments, treatments and/or counselling by GPs, psychiatrists, psychologists, psychometrists or registered counsellors • Subject to managed care protocols and processes • If offered as alternative to hospitalisation, then hospital benefits will apply
100% of Scheme rate • Limited to PMSA

Optical services • Frames, lenses and contact lenses (hard and disposable) • Refractive eye surgery • Eye examinations • Subject to optical managed care programme
100% of Scheme rate • Limited to PMSA and Block benefit • Spectacles and contact lenses are mutually exclusive in a benefit year • Limited to one eye examination per beneficiary per year • Excludes variable tint and photochromic lenses • Benefit not pro-rated

Pathology • Subject to pre-authorisation and managed care protocols and processes • Includes liquid based cytology pap smears
100% of Scheme rate • Limited to PMSA and Block benefit

Physiotherapy
100% of Scheme rate • Limited to PMSA and Block benefit

Prescribed medication and injection material • Prescribed by person legally entitled to prescribe • Subject to MPL and MEL

- Acute medical conditions • Subject to managed care protocols, formulary and processes

100% of Scheme rate • Subject to PMSA • 30% co-payment on out-of-formulary medicine • Dispensing fee limited to 30% up to R30 per line item

- Chronic medical conditions • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic DSP

100% of Scheme rate • Unlimited for CDL and DTP PMB conditions • All other conditions subject to PMSA • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP

- Prescribed medicine from hospital stay (TTO)

100% of Scheme rate • Subject to PMSA TTO limited to seven days

- Self-medication (OTC) • Subject to managed care protocols, formulary and processes

100% of Scheme rate • Subject to PMSA

Preventative services • Serum cholesterol, bone density scan, pap smear, prostate specific antigen, glaucoma screening, serum glucose and mammogram • Includes liquid based cytology pap smears

100% of Scheme rate • Limited to one of each service per beneficiary per year • Benefit rolls over three years • Pap smears annually

Radiology (advanced) • Subject to pre-authorisation and managed care protocols and processes • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies
100% of Scheme rate • Shared limit with in-hospital advanced radiology of R14 238 per family per annum

Radiology (basic) • X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit
100% of Scheme rate • Subject to PMSA

Specialists • Consultations, visits and all other services
100% of Scheme rate • Limited to PMSA and Block benefit • Benefit is pro-rated from join date



IN-HOSPITAL BENEFITS

Annual overall hospital limit • Subject to pre-authorisation
• **Non-PMB day admissions (excludes TTO medication)**
100% of Scheme rate • Unlimited • R11 298 per beneficiary
annual limit for non-PMB day cases • Benefit not pro-rated

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, physiotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to managed care protocols, processes and registration with relevant statutory bodies
100% of Scheme rate • Limited to R2 100 per family over two calendar years • Included in the supportive Block benefit (phased out)* • Medicines included

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing) • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Unlimited • Includes physical rehabilitation for approved conditions • Excludes frail care and recuperative holidays

Blood transfusion
100% of Scheme rate • Unlimited • Subject to pre-authorisation • Erythropoietin included

Breast reduction • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Unlimited

Dentistry (conservative, restorative and specialised)
• General anaesthesia and conscious sedation subject to pre-authorisation (only applicable to beneficiaries under the age of eight years, severe trauma and impacted third molars)
100% of Scheme rate • Shared sub-limit with out-of-hospital dentistry or R6 615 per beneficiary over two calendar years
• Conservative/restorative dentistry not to exceed R3 150 per beneficiary over two calendar years (phased out)*
• Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

Emergency services (casualty department) • Subject to authorisation
100% of Scheme rate

General practitioners • Consultations and visits
100% of Scheme rate • Unlimited

Maternity benefits (including midwife) • Pays from risk if registered on the programme, subject to protocols
100% of Scheme rate • Unlimited • Home birth at R6 941 per beneficiary per annum • Elective caesarean may be subject to second opinion and managed care protocols

Medical technologist • Subject to pre-authorisation
100% of Scheme rate • Unlimited

Mental health • Subject to pre-authorisation and registration on relevant DMP • Accommodation, theatre fees, medicine, professional fees from GPs, psychiatrists, psychologists and registered counsellors
100% of Scheme rate • Limited to R11 865 per family per annum • Maximum of three days hospitalisation by GP

Oncology (chemotherapy and radiotherapy) • Subject to PMBs, pre-authorisation, registration and managed care protocols and processes
100% of Scheme rate • Limited to R237 311 per family per annum • Specialised medicine sub-limit of R161 438 per family

Organ and tissue transplants • Subject to pre-authorisation and clinical guidelines used in public facilities • Includes materials
100% of Scheme rate • Limited to R395 514 per beneficiary per annum • Limit includes all costs associated with transplant including immuno-suppressants • Organ harvesting limited to RSA

Pathology
100% of Scheme rate • Unlimited

Physiotherapy • Subject to pre-authorisation
100% of Scheme rate • Limited to R3 200 per beneficiary per annum

Prosthesis (internal) • Subject to pre-authorisation
100% of Scheme rate • Shared with medical and surgical appliances as well as out-of-hospital external prosthesis limit
• Limited to R47 250 per family over a two calendar year cycle (phased out)*

Radiology (advanced) • Subject to pre-authorisation • Specific authorisation (in addition to hospital pre-authorisation) required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies
100% of Scheme rate • Shared with out-of-hospital advanced radiology • Limited to R14 238 per family per annum

Radiology (basic)
100% of Scheme rate • Unlimited

Renal dialysis • Subject to pre-authorisation and registration on disease management programme • In- and out-of-hospital • Includes materials
100% of Scheme rate • Limited to R169 502 for chronic dialysis per beneficiary per annum • Acute dialysis included in in-hospital benefit • Includes cost of pathology, radiology medical technologists and immuno-suppressants

Specialists
100% of Scheme rate • Unlimited

Surgical procedures (including maxillo-facial surgery)
100% of Scheme rate • Unlimited • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

OUT-OF-HOSPITAL BENEFITS

Alcohol and drug dependencies • Subject to pre-authorisation, managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to PMBs

Auxiliary Block benefit • Audiology, occupational therapy and speech therapy
• Pathology and medical technology
100% of Scheme rate • Limited to R2 888 per beneficiary and R5 786 per family over two calendar years (phased out)* • Benefit is pro-rated

- Audiology, occupational therapy and speech therapy • Subject to managed care protocols • Occupational or speech therapy performed in-hospital will be paid from the in-hospital benefit

100% of Scheme rate • Sub-limit of R2 321 per beneficiary and R4 641 per family over two calendar years (phased out)*

- Pathology and medical technology • Subject to pre-authorisation and managed care protocols and processes • Includes liquid based cytology pap smears
100% of Scheme rate • Sub-limit of R2 888 per beneficiary and R5 786 over two calendar years (phased out)*

Caregiver Block benefit • Out-of-hospital GPs, specialists, maternity and physiotherapy
100% of Scheme rate • Limited to R2 961 per beneficiary, limited to R5 922 per family per annum • Benefit is pro-rated from join date

- General practitioners • Consultations, visits and all other services
100% of Scheme rate

- Maternity • Pays from risk if registered on the programme, subject to protocols
100% of Scheme rate • Includes 2 x 2D scans per pregnancy

- Physiotherapy • Subject to pre-authorisation and managed care protocols and processes
• Physiotherapy performed in-hospital or instead of hospitalisation will be paid from in-hospital benefit

100% of Scheme rate • Sub-limit of R2 888 per beneficiary and R5 768 per family over two calendar years (phased out)*

- Specialists • Consultations, visits and all other services
100% of Scheme rate

Emergency assistance (road and air) • Call 0800 44 4367 • Subject to use of emergency services DSP and managed care protocols
100% of Scheme rate • Unlimited

HIV infection, AIDS and related illness • Subject to registration on and compliance with the Scheme's DMP and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

Infertility • Subject to pre-authorisation, managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to PMBs

Medical and surgical appliances and external prosthesis • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment and external prostheses • Applicable in- and out-of-hospital • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Shared limit with in-hospital internal prosthesis of R47 250 per family over two calendar years • Sub-limit of R21 000 for medical and surgical appliances per family over a two year period (phased out)*

Mental health • Consultations, assessments, treatments and/or counselling by GPs, psychiatrists, psychologists, psychometrists or registered counsellors • Subject to managed care protocols and processes • If offered as alternative to hospitalisation, then hospital benefits will apply
100% of Scheme rate • Shared limit with in-hospital mental health of R11 865 per family per annum • Sub-limit of R3 518 for out-of-hospital psychologist consultations

Prescribed medication and injection material • Prescribed by person legally entitled to prescribe • Subject to MPL and MEL

- Acute medical conditions • Subject to managed care protocols, formulary and processes
100% of Scheme rate • Limit of R2 373 per beneficiary and R7 119 per family per annum • 30% co-payment on out-of-formulary medicine • Dispensing fee limited to 30% up to R30 per line item

- Chronic medical conditions • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic DSP

100% of Scheme rate • Limit of R7 119 per beneficiary and R14 333 per family per annum • 30% co-payment on out of formulary medicine and voluntary use of non-DSP

- Contraceptives • Subject to managed care protocols, formulary and processes
100% of Scheme rate • Subject to acute medication benefit limit • Sub-limit of R1 800 per beneficiary per annum

- Prescribed medicine from hospital stay (TTO)
100% of Scheme rate • Included in acute medication benefit limit • TTO limited to seven days

- Self-medication (OTC) • Subject to managed care protocols, formulary and processes
Subject to acute medicine benefit limit and sub-limit of R772 per beneficiary per annum

Supportive Block benefit • Includes dental, optical, basic radiology and allied health services
100% of Scheme rate • Limit of R7 350 per beneficiary over two years (phased out)*

• Benefit pro-rated

- Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, physiotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to managed care protocols, processes and registration with relevant statutory bodies
100% of Scheme rate • Limited to R2 100 per family over two calendar years (phased out)*

- Dental services (conservative and restorative dentistry, includes plastic dentures) and special dentistry (includes metal base dentures) • General anaesthesia and conscious sedation subject to pre-authorisation (only applicable to beneficiaries under the age of eight years, severe trauma and impacted third molars)
100% of Scheme rate • Shared sub-limit with in-hospital dentistry or R6 615 per beneficiary over two calendar years • Conservative/restorative dentistry not to exceed R3 150 per beneficiary over two calendar years (phased out)* • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

- Optical services • Frames, lenses and contact lenses (hard and disposable) • Refractive eye surgery • Eye examinations • Subject to optical managed care programme
100% of Scheme rate • Sub-limit of R3 150 per beneficiary every second year and an annual limit or R6 300 per family • Frames not to exceed R1 575 • Spectacles and contact lenses are mutually exclusive in a benefit year • Limited to one eye examination per beneficiary per year • Excludes variable tint and photochromic lenses • Benefit is not pro-rated

- Radiology (basic) • X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit
100% of Scheme rate • Sub-limit of R4 725 per beneficiary, limited to R8 663 per family over a two calendar year cycle (phased out)*

Radiology (advanced) • Subject to pre-authorisation, managed care protocols and processes • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies
100% of Scheme rate • Shared limit with in-hospital advanced radiology of R14 238 per family per annum

IN-HOSPITAL BENEFITS

Annual overall hospital limit • Public hospitals, private hospitals, registered unattached theatres and day clinics • Subject to pre-authorisation • Non-PMB day admissions must be pre-authorized
100% of Scheme rate • Unlimited • R11 298 per beneficiary annual limit for non-PMB day cases • Benefit not pro-rated

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, phytotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to managed care protocols, processes and registration with relevant statutory bodies
100% of Scheme rate • Subject to day-to-day Block benefit • Services performed in hospital or instead of hospitalisation will be paid from in-hospital benefit

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing) • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Unlimited • Includes physical rehabilitation for approved conditions • Excludes frail care and recuperative holidays

Blood transfusion • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Unlimited • Erythropoietin included

Breast reduction • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Unlimited

Dentistry (conservative, restorative and specialised) • Only applicable to beneficiaries under the age of eight years, severe trauma and impacted third molars
100% of Scheme rate • Shared with out-of-hospital dentistry • Limited to R10 962 per beneficiary over two calendar years • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

Emergency services (casualty department) • Subject to use of facility or other registered emergency facility • Subject to authorisation and managed care protocols and processes
100% of Scheme rate

General practitioners • Consultations and visits
100% of Scheme rate • Unlimited

Maternity benefits (including midwife) • Pays from risk if registered on the programme, subject to protocols
100% of Scheme rate • Unlimited • Home birth at R6 941 per beneficiary per annum • Elective caesarean may be subject to second opinion and managed care protocols

Medical technologist • Subject to pre-authorisation and case management
100% of Scheme rate • Unlimited

Mental health • Subject to pre-authorisation and managed care protocols and processes • Accommodation, theatre fees, medicine, hospital equipment, professional fees from GPs, psychiatrists, psychologists and registered counsellors
100% of Scheme rate • Limited to R24 917 per family per annum • Maximum of three days hospitalisation by GP

Oncology (chemotherapy and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Subject to pre-authorisation and managed care protocols and processes • Subject to clinical guideline used in public facilities
100% of Scheme rate • Limit of R311 472 per family per annum • Sub-limit of R210 525 per family for biological and similar specialised medicines • Includes cost of pathology, radiology, medical technologist and oncology medicine

Organ and tissue transplants • Subject to pre-authorisation and clinical guidelines used in public facilities • Includes materials
100% of Scheme rate • Limited to R395 514 per beneficiary per annum • Limit includes all costs associated with transplant including immuno-suppressants • Organ harvesting limited to RSA

Pathology
100% of Scheme rate • Unlimited

Physiotherapy • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Limited to R3 200 per beneficiary per annum

Prosthesis (internal) • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Shared limit with medical and surgical appliances and external prostheses benefit of R60 900 per family over two calendar years (phased out)*

Radiology (advanced) • Subject to managed care protocols and processes
100% of Scheme rate • Shared with out-of-hospital advanced radiology • Limited to R17 798 per family per annum • Specific authorisation (in addition to hospital pre-authorisation) required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies

Radiology (basic)
100% of Scheme rate • Unlimited

Renal dialysis • Subject to pre-authorisation and managed care protocols and processes • Subject to clinical guideline used in public facilities • In- and out-of-hospital • Includes materials
100% of Scheme rate • Limited to R169 502 for chronic dialysis per beneficiary per annum • Acute dialysis included in in-hospital benefit • Includes cost of pathology, radiology medical technologists and immuno-suppressants

Specialists
100% of Scheme rate • Unlimited

Surgical procedures (including maxillo-facial surgery)
100% of Scheme rate • Unlimited • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

OUT-OF-HOSPITAL BENEFITS

Alcohol and drug dependencies • Subject to pre-authorisation, managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to PMBs

Day-to-day Block benefit • Includes GP services, specialists, basic radiology, pathology, allied health services, physiotherapy, occupational therapy and speech therapy, mental health, maternity and contraceptives
100% of Scheme rate • Limited to R6 227 per beneficiary and R12 453 per family per annum • Benefit is pro-rated

- Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, phytotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to managed care protocols, processes and registration with relevant statutory bodies

100% of Scheme rate - if offered as alternative to hospitalisation, then hospital benefits will apply
- Contraceptives • Subject to managed care protocols, formulary and processes
100% of Scheme rate • Sub-limit of R2 258 per family per annum

- General practitioners • Consultations, visits and all other services
100% of Scheme rate

- Maternity • Pays from risk if registered on the programme, subject to protocols
100% of Scheme rate • Includes 2 x 2D scans per pregnancy

- Mental health • Consultations, assessments, treatments and/or counselling by GPs, psychiatrists, psychologists, psychometrists or registered counsellors • Subject to managed care protocols and processes • If offered as alternative to hospitalisation, then hospital benefits will apply
100% of Scheme rate

- Pathology
100% of Scheme rate • Subject to pre-authorisation, registration and managed care protocols and process

- Physiotherapy, occupational therapy and speech therapy • Subject to managed care protocols and processes • If offered instead of hospitalisation will be paid from in-hospital benefits
100% of Scheme rate

- Radiology (basic) • X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit
100% of Scheme rate

- Specialists • Consultations, visits and all other services
100% of Scheme rate

Dental services (conservative and restorative dentistry, includes plastic dentures) and special dentistry (includes metal base dentures) • General anesthesia and conscious sedation subject to pre-authorisation (only applicable to beneficiaries under the age of eight years, severe trauma and impacted third molars)
100% of Scheme rate • Shared limit with in-hospital dentistry of R10 962 per beneficiary over two calendar years (phased out)* • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery

Emergency assistance (road and air) • Call 0800 44 4367 • Subject to use of emergency services DSP and managed care protocols
100% of Scheme rate • Unlimited

HIV infection, AIDS and related illness • Subject to registration on and compliance with the Scheme's DMP and managed care protocols and processes
100% of Scheme rate • Limited to PMBs

Infertility • Subject to pre-authorisation, managed care protocols and processes and use of DSP
100% of Scheme rate • Limited to PMBs

Medical and surgical appliances and external prosthesis • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment and external prostheses • Applicable in- and out-of-hospital • Subject to pre-authorisation and managed care protocols and processes
100% of Scheme rate • Shared limit with in-hospital internal prosthesis of R60 900 per family over two calendar years • Sub-limit of R24 308 for medical and surgical appliances per family over a two year period (phased out)*

Optical services • Frames, lenses and contact lenses (hard and disposable) • Refractive eye surgery • Eye examinations • Subject to optical managed care programme
100% of Scheme rate • Sub-limit of R1 859 per beneficiary every second year and an annual limit of R3 728 per family • Sub-limit of R1 575 per frame • Spectacles and contact lenses are mutually exclusive in a benefit year • Limited to one eye examination per beneficiary per year • Excludes variable tint and photochromic lenses • Benefit is not pro-rated

Prescribed medication and injection material • Prescribed by person legally entitled to prescribe • Subject to MPL and MEL

- Acute medical conditions • Subject to managed care protocols, formulary and processes
100% of Scheme rate • Limit of R4 001 per beneficiary and R11 204 per family per annum • 30% co-payment on out-of-formulary medicine • Dispensing fee limited to 30% up to R30 per line item

- Chronic medical conditions • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic DSP

100% of Scheme rate • Limit of R12 155 per beneficiary and R24 917 per family per annum • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP

- Prescribed medicine from hospital stay (TTO)
100% of Scheme rate • included in acute medication benefit limit • TTO limited to seven days

- Self-medication (OTC) • Subject to managed care protocols, formulary and processes
100% of Scheme rate • Subject to acute medicine benefit limit and sub-limit of R1 208 per family per annum

Radiology (advanced) • Subject to pre-authorisation, managed care protocols and processes
Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies
100% of Scheme rate • Shared limit with in-hospital advanced radiology of R17 798 per family per annum

GLOSSARY

PDF Professional dispensing fee.
PMB Prescribed minimum benefit.
SEP Single exit price.
TTO Treatment taken out.
DMP Disease management programme.

Scheme rate See Scheme rule 4.32.
CDL Chronic disease list.
Chronic DSP Chronic designated service provider. Subject to Annexure G.
DTP Diagnosis and treatment pairs as provided for in the regulations to the Medical Schemes Act.

***Phased out** On instruction of the Registrar of Medical Schemes, the two calendar year benefit structure which was introduced with effect from 1 January 2010 will expire on 31 December 2011. The benefits of beneficiaries registered from 1 January 2010 to 31 December 2011 will be calculated pro-rata from the date of registration to 31 December 2011.

Healthcare services/claims that do not meet the Scheme's clinical protocol or billing requirements (including its managed healthcare programmes) in accordance with regulation 5 to the Medical Scheme Act 131 of 1998 will be excluded, provided that such protocols are in accordance with internationally accepted evidence based treatment guidelines and protocols.



gems

Government Employees
Medical Scheme

This document summarises various aspects of GEMS. It is for quick reference purposes only and does not replace the rules of the Scheme. In the event of a dispute, the registered rules will apply.