

HR facets

Good reading. **Great info.**

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1 ► Message from the Chairperson

Season greetings to all HR Practitioners as we come to the end of another eventful yet fulfilling year. Fulfilling because GEMS continues to pursue and live up to its mandate to provide Public Service employees with equitable access to affordable and comprehensive healthcare benefits. The results of our membership survey show that 86 % of our members are satisfied with GEMS and 87% are confident that GEMS will look after their healthcare needs.

Looking back, 2012 will be remembered for its constructive outputs, many highlights, and the test of resilience brought about by the resignation of the founding Principal Officer of the Scheme as well the migration of the Pre 92 Medihelp pensioners to GEMS.

One of the most noteworthy developments was the rollout of the GEMS Days. This important member engagement programme enabled us to interact face-to-face with well over 5 000 members across the country, assisting them with queries and emphasising the benefits of a healthy lifestyle through wellness drives. These events proved to be very popular among Public Service employees and employers alike, as employee wellness is considered to be of tremendous benefit in a productive work environment. To view the GEMS Day photos, visit www.gems.gov.za (Under 'Media Centre' click on 'Photo Gallery').

The GEMS Annual General Meeting was held in Kimberly on the 30th July 2012, with more than 90 members attending and a record number of 795 members represented by proxy. The Annual GEMS Symposium, held in August in Johannesburg, was another successful key calendar event, where stakeholders and healthcare industry leaders gathered to discuss National Health Insurance (NHI).

While the economic climate remained difficult throughout 2012 the Scheme continued to grow and currently has more than 660 000 Public Service employees who have chosen the Scheme as their healthcare partner. This is a tribute to GEMS, one of Government's success stories. The 2011 GEMS Annual Report also reflected the Scheme's low non-healthcare expenditure, which at 6.1% is the lowest annual figure recorded to date since the inception of GEMS and half the industry average of about 12%. This indicates that costs are firmly in check despite the unprecedented growth the Scheme has experienced.

GEMS has become a large medical scheme, but continues to keep the services members receive highly efficient and personal. Each and every member is important to the Scheme and this is reflected in our constant efforts to make a real difference in the lives of Public Service employees.

We wish you a healthy, happy festive season ahead and thank you for your continued support.



Warm regards
Mr Zava Colbert Rikhotso

GEMS: Chairperson

2 ▶ 2013 Contribution increase and benefits



The Scheme has finalised the 2013 contribution and benefit schedules which were submitted and approved by the Council for Medical Schemes. Members have also been informed of these benefit and contribution adjustments. To determine the 2013 contribution and benefits adjustments, the benefit design Committee were guided by the following:

- Member suggestions;
- Current beneficiary profile;
- Impact of Medihelp Pensioners on the Scheme;
- Annual Inflationary increases;
- Solvency requirements in light of the Scheme's growth; and
- Tariffs and health provider fee changes.

In considering the above factors and advice by the Scheme professional advisors like Scheme Actuaries, the Benefit Design Committee determined that the weighted average contribution increase will be 10.26%. In keeping with GEMS' commitment to provide comprehensive benefits, the benefit limits for 2013 will also be increased by 5.5% across all five options. Affordability is still key to our member; that is why the Income Bands were increased by 7%. This is to ensure that the majority of members who recently received salary increases will not move to higher salary bands in the Schemes contribution table.

These are the highlights of the 2013 benefits changes across all options:

- Benefit limits have been increased by 5.5% on all five options
- Introduction of preventative care benefit on all options
- Introduction of a GP Network extender benefit (registered on the chronic medicine programme) on Ruby, Emerald and Onyx options
- Inclusion of Alzheimer's on the Chronic Disease List on Emerald and Onyx option
- Dentistry - *Out of hospital treatment of bony impacted third molars under conscious sedation in doctors' rooms will be paid at 200% of the GEMS Scheme Rate on Ruby, Emerald & Onyx*
- Introduction of a R 15 000 sub-limit under organ and tissue transplants (for local and imported corneal grafts) on all options.



3 ▶ Brokers of short term insurance

GEMS have not partnered with any insurance Company to provide a "Gap Cover". We have been made aware that there is a company that is offering "Gap Cover" using GEMS when engaging our members. GEMS take this very seriously and advises members that GEMS does not deal with any brokers who promote financial products of any form.

A short term insurance company, based in Kwa Zulu Natal, is allegedly visiting departments offering gap cover to GEMS members specifically. Please note that they do not provide medical scheme benefits but insurance products and that they are not part of GEMS.

We would like to alert members that GEMS does not offer any insurance products besides the medical benefits that are registered in the rules of the Scheme.



4 ▶ Employer subsidy



The Scheme has been inundated with enquiries from employees of different departments regarding the adjustments of the employer subsidy with effect from 1 March 2012. The Scheme is awaiting the implementation of the adjustment of the Employer Subsidy from the Department of Public Service and Administration. As soon as notification is received from the employer this will be automatically adjusted by PERSAL.

As soon as the subsidy had been adjusted, departments are welcome to request subsidy posters at no cost from the Scheme to use in their departmental buildings.

5 ▶ Keeping track of your savings



Did you know that all interest earned by the Scheme through members' Personal Medical Savings Account's (PMSA) must now be held in a separate trust account on behalf of GEMS members? Read our examples below for a better understanding of the implications of circular 38 of 2011 by the Council of Medical Schemes.

Betty Sekodi has made it her mission to eat well and exercise in the year 2012. Due to her healifestyle and eating habits, she has not accessed her personal medical savings account (PMSA) in 2012. Betty is keen to know what will happen to the interest earned on her PMSA.

Betty's interest earned on her PMSA account will be allocated to her PMSA account for next year in the form of more credit. She can then use this credit to cover medical expenses in the following year.

Tshepo Nkomo has three dependants on his GEMS membership. None of Tshepo's dependants have fallen ill this year, but he has used some of his PMSA funds. Tshepo is uncertain how this will affect his PMSA and any interest he can earn.

The PMSA is allocated per family (all beneficiaries) and not per dependant, so interest will be earned according to the family balance on the PMSA.

Nicholas van der Walt plans to change from the Ruby option to the Onyx option in 2013. Nicholas is concerned that he will lose the interest he has earned in 2012.

All the interest that Nicholas earned while on Ruby in 2012 will be allocated to his PMSA by 31 December 2012. If he changes his option to Onyx for 2013, he will still receive the interest earned on his PMSA for 2012. The money will be paid into his bank account, usually after six months.



Below are some frequently asked questions to help you further understand Circular 38

1. What is Circular 38?

The Council for Medical Schemes (CMS) has ruled that with effect from 1 January 2012, the interest that the Scheme earns on the balance in the personal medical savings account (PMSA) must be held in a separate trust account on behalf of members. The interest earned will then be added to members' PMSA by 31 December of each benefit year. Members who receive the interest on their PMSA may use it to cover healthcare costs in line with the Scheme rules. This process has been specified in Circular 38 of 2011, published by the CMS and affects all medical schemes.

2. What happened to PMSAs prior to Circular 38?

According to the GEMS Scheme Rules, all Scheme funds that were not part of individual PMSA's belonged to all Scheme members and were invested on their behalf.

3. If a member is currently on another option (not Ruby) do they qualify for interest?

No, because there is no personal medical savings account (PMSA) for the other four benefit options (Sapphire, Beryl, Emerald and Onyx) of the Scheme.

4. Does every dependant registered on the Ruby option have their own separate PMSA?

No. The PMSA is a family savings account; this means the benefit is allocated per family and not per dependant.

5. Can a member exchange the PMSA interest earned for cash?

No. The interest earned can only be used for medical expenses as it is transferred in the form of more credit to the PMSA. It is only when a Ruby member changes to another Scheme option that the amount in the PMSA – including the interest earned – will be deposited into the members account (usually after six months).

6. How is the interest in the PMSA calculated?

The interest will be calculated on a pro rata basis based on closing month-end PMSA balances.

7. How can members keep track of their PMSA?

A new savings account statement will be sent to members each year (the first one will be sent during March 2013). It shows all transactions and entries made on members' PMSA are, including the interest earned on actual PMSA balances at each month-end. This is a separate statement from the existing claims statement. This statement will be distributed to members on an annual basis, coinciding with the distribution of IT3(b) statements and summary of healthcare expenditure (tax certificates).

8. How does the PMSA affect tax?

GEMS will still provide members with a tax certificate and normal SARS tax provisions will apply.

9. What will happen to the PMSA if a member changes his/her benefit option from Ruby to another option?

The balance of the PMSA account will be paid into his/her account. This is usually after a six month period.

10. What will happen to the PMSA if a member plans to leave GEMS the following year?

The balance of the PMSA account will be paid into his/her bank account. This is usually after a six month period.

Have more questions?

Please contact us on **0860 00 4367** or send an email to **enquiries@gems.gov.za**.

6 ▶ Healthcare expenditure (tax) certificates

Medical Scheme tax certificates provide GEMS members with a summary of information about the money they spend on healthcare. These certificates are issued to GEMS members on an annual basis and they need to be submitted to the South African Revenue Service (SARS).

The benefit and contribution amounts reflected on the certificate issued annually are claims settled and contributions received during the period 1 March 2011 till 29 February 2012.

What information is given on the healthcare expenditure certificate?

- **Own portion paid on contributions** – the contribution amount is calculated for members who pay their contributions to the medical scheme via cash or debit order. If R0.00 is reflected, the full portion is received via the member's employer. Members should refer to their IRP5 form to calculate the portion that they paid.
- **Own portion paid on claims** – the benefit amount reflected, is the difference between the amount charged by the service provider and the benefit amount allocated by the medical scheme. It remains the member's responsibility to provide proof that this amount was in fact paid by him/her.

Who will qualify to receive a Healthcare expenditure certificate?

- Members who were registered with the Scheme over the last financial or tax year. The recent tax year for which returns are being submitted is from 1 March 2011 till 29 February 2012 and the tax certificate will reflect all healthcare expenditure incurred during this period. Any claims with treatment dates that fall in this period, but were not processed by this date, will be included in the summary of healthcare expenditure for 2013.



Healthcare tax certificates can be obtained from the Scheme via the following channels:

1

The Scheme's web address,
www.gems.gov.za

2

IVR (Interactive Voice Response) automated self service

3

Telephonic request from the Call Centre at **0860 00 4367**

4

Requested via email:
enquiries@gems.gov.za

7 ▶ 2013 GEMS Managed Care and Chronic Medicine Administration

In a recent press release published on 13 August 2012, it was highlighted that GEMS is a leader in healthcare funding and corporate governance, which is complemented by its operational infrastructure and culture of excellence. The press release informed stakeholders that from 1 January 2013, the following organisations will provide various services to GEMS:

Provider	Services
Medscheme	Managed Care Services
Medipost	Designated Service Provider and Chronic Medicine Courier
Prime Cure	Dental Managed Care Service HIV/AIDS Disease Management Programme (DMP)
Universal Healthcare	Chronic Medicine Management Service Strategic Managed Care Service



Please note that the contact details of the HIV Disease Management Program (DMP) will change from 1 January 2013. The new HIV DMP telephone number will be **0860 436 736** and our fax will be **0800 436 7329**. These contact details can be used for member registrations, medicine authorisations and all other HIV DMP related queries.

Before the end of 2012, members will receive communication from GEMS explaining how to access these services in 2013.



Contact us

Tel **0860 00 4367** • Fax **0861 00 4367**

enquiries@gems.gov.za
premiums@gems.gov.za



www.gems.gov.za



8 ▶ 2013 Monthly contributions

These are the monthly contributions for 2013. Please note that they do not show how much the member will pay when the employer subsidy is included. Where an employee qualifies for a subsidy, the employer will pay a part of the contribution and the employee will pay the balance.

Note



Salary column: This reflects the monthly salary before tax or other deductions.

Member column: This column shows how much the principal member, who is the Public Service employee registered with GEMS has to pay.

Adult column: This column shows how much you have to pay for your adult dependants.

Child column: This column shows how much you have to pay for a child dependant. GEMS covers children up to the age of 21, unless the child is mentally or physically handicapped or is below 28 years of age and is a full-time student registered at a recognised educational institution.

Option	Total		
SAPPHIRE			
Salary	Member	Adult	Child
R0 - R6 110	R604	R440	R256
R6 111 - R8 570	R632	R468	R276
R8 571 - R14 680	R672	R492	R292
R14 681+	R748	R584	R352

Option	Total		
BERYL			
Salary	Member	Adult	Child
R0 - R6 110	R696	R640	R384
R6 111 - R8 570	R756	R692	R424
R8 571 - R14 680	R824	R760	R456
R14 681+	R988	R916	R552

Option	Total		
RUBY			
Salary	Member	Adult	Child
R0 - R9 195	R1 384	R968	R528
R9 196 - R15 885	R1 544	R1 076	R596
R15 886+	R1 716	R1 196	R656
PLEASE NOTE: 25% of Ruby contributions go towards the personal medical savings account (PMSA)			

Option	Total		
EMERALD			
Salary	Member	Adult	Child
R0 - R9 195	R1 528	R1 080	R560
R9 196 - R15 885	R1 692	R1 212	R628
R15 886+	R1 896	R1 348	R700

Option	Total		
ONYX			
Salary	Member	Adult	Child
R0 - R9 195	R2 368	R1 684	R704
R9 196 - R19 595	R2 464	R1 744	R764
R19 596+	R2 660	R1 900	R852

9 ▶ Glossary

ACDL

Additional chronic disease list. A list of chronic diseases the Scheme covers in addition to the CDL conditions.

Benefit option

Each of the five GEMS benefit options - namely Sapphire, Beryl, Ruby, Emerald and Onyx - have a different range of healthcare benefits.

Benefit schedule

A listing of the benefits provided for by each benefit option.

CDL

Chronic disease list. A list of the 26 specific chronic diseases Schemes need to provide a minimum level of cover for, as stated by law.

CT and MRI scans

Specialised and more advanced type of "x-rays".

DMP

Disease Management Programme. Specific care programmes to help members manage various chronic diseases and conditions.

PMBs

Prescribed minimum benefits. Basic benefits that all medical schemes in South Africa, must cover according to the law.

DSP

Designated service provider. A healthcare service provider the Scheme has an agreement with to provide Prescribed minimum benefits to members at specific prices.

DTP

Diagnosis and Treatment Pairs are a list of the 270 PMB conditions in the Medical Schemes Act linked to the broad treatment definition.

MEL

Medicine exclusion list. A list of medicines that GEMS does not cover.

MPL

Medicine price list. A reference list we use to work out the prices of groups of medicines.

Pre-authorisation request (PAR)

The process of informing GEMS of a planned procedure before the event, so that we can assess your benefit entitlement. Pre-authorisation must be obtained at least 48 hours before the event. In emergency cases authorisation must be obtained within one working day after the event. Failing to get authorisation will incur a co-payment of R1 000 per admission to hospital.

PDF

Professional dispensing fee. A maximum fee that a pharmacist or dispensing doctor may charge for their services, as set out in South African law.

PMSA

Personal medical savings account. The portion of your monthly contribution allocated to a savings account held in your name. This account is to pay for your out-of-hospital medical expenses. This only applies to Ruby option.

Scheme rate

The price agreed to by the Scheme for the payment of healthcare services given by healthcare service providers to members of the Scheme.

SEP

Single exit price. The one price that a medicine manufacturer or importer charges for medicine to all its pharmacies. This price is set out in South African law.

TTO

Treatment taken out. The medicine you receive when you are discharged from hospital. Usually last for 7 days.



What's new in 2013?

1. A 5.5% increase in benefit limits.
2. Post-surgical home nursing care as an alternative to hospitalisation is now covered.
3. A sub-limit of R15 000 under organ and tissue transplants has been introduced for local and imported corneal grafts.
4. Preventative care services, subject to the managed care rules of the Scheme, will also now be covered.

IN-HOSPITAL BENEFITS

Annual overall hospital limit (public hospitals, GEMS-approved registered unattached theatres and day clinics) • Service provided by DSP • Chronic medicine provided by the Network or courier pharmacy • Limited to overall annual hospital limit of R156 492 per family per year • TTO limited to 7 days **P % PMB**

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 GEMS Network GP **P % PMB MC**

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing, excludes frail care) • Includes post-surgical home nursing care • Subject to annual hospital limit and sub-limit of R15 649 per family per year **P % MC**

Blood transfusion **P % PMB MC**

Dentistry (conservative, restorative) • Only applicable to beneficiaries under the age of 8 years, with severe trauma or impacted third molars • Subject to annual hospital limit and out-of-hospital dentistry limit • Excludes osseointegrated implants, all implant related procedures, orthognathic surgery and specialised dentistry • Subject to approved services and use of day theatres and DSP hospitals **P % PMB MC**

Emergency services (casualty department) • Notification of admission required within one working day or co-payment shall apply **% PMB MC**

General practitioners (GPs) • Consultations and visits • Subject to annual hospital limit **P %**

Maternity benefits (public hospitals and designated private hospitals) • Subject to registration on the Maternity Programme • Includes midwife services • Subject to annual hospital limit • Elective caesarean may be subject to second opinion • Includes complications of pregnancy for mother and post-natal (after delivery) care **P % MC**

Medical technologists • Includes materials **P % PMB**

Mental health **P % PMB MC**

Oncology (chemo and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Subject to clinical guidelines used in public facilities and MPL **P % PMB MC**

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Subject to a sub-limit of R15 000 per beneficiary per year for corneal grafts • Includes materials **P % PMB**

Pathology • Subject to annual hospital limit **P % MC**

Physiotherapy **P % PMB MC**

Prostheses • Includes surgically implanted internal devices, including devices used to assist with delivering of internal prostheses • Subject to the annual hospital limit and a sub-limit of R17 878 per family per year • Bone cement paid from in-hospital benefits **P % PMB MC**

Radiology (advanced) • Subject to list of approved services **P % PMB MC**

Radiology (basic) • Subject to annual hospital limit • 2 x 2D ultrasound scans per pregnancy **% MC**

Renal dialysis • Subject to clinical guidelines used in public facilities • In- and out-of-hospital • Includes materials **P % PMB MC**

Specialists • Consultations and visits • Subject to annual hospital limit **P %**

Surgical procedures (including maxillo-facial surgery) • Subject to annual hospital limit • Maxillo-facial surgery subject to annual sub-limit of R15 649 per family • Excludes osseointegrated implants, all implant related procedures and orthognathic surgery **P %**

OUT-OF-HOSPITAL BENEFITS

Alcohol and drug dependencies • Subject to use of a DSP **P % PMB MC**

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 GEMS Network GP **P % PMB MC**

Audiology, occupational therapy and speech therapy • Subject to referral by GEMS Network GP **P % PMB**

Circumcision (to help prevent HIV infection) • Subject to use of DSP/GEMS Network provider • Global fee of R1 068, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only **P % MC**

Dental services (conservative, restorative) • Subject to list of approved services and use of DSP **% MC**

- Conditions with pain and sepsis, fillings, clinically indicated dental services including extractions and emergency root canal procedure, intra-oral radiography • 1 event per beneficiary per year, subject to PMBs • Emergency out-of-Network visits limited to 1 event per beneficiary per year

- Dentures (plastic) • Unlimited at DSP

- Examinations and preventative treatment • 1 treatment episode per beneficiary per year

- Specialised dentistry and other dentures **PMB**

Emergency assistance (road and air) • Call 0800 44 4367 • Subject to use of emergency services DSP • Unlimited **% MC**

General practitioners (GPs) • Consultations, visits and all other services at GEMS Network GP • Unlimited • Subject to pre-authorisation after the 5th GP visit **MC**

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

- Voluntary use of out-of-Network providers • Member to pay the claim and submit proof of payment with the claim • 80% of Scheme rate (20% member co-payment) • Limited to 1 visit per beneficiary, 2 per family per year and R774 per event

HIV infection, AIDS and related illness **PMB**

Infertility • Subject to use of DSP **P % PMB MC**

Maternity (ante-natal and post-natal specialist visits) • Subject to registration on the Maternity Programme and referral from Network GP • Includes 2 x 2D ultrasound scans per pregnancy • 5 visits per pregnancy **P % MC**

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment and external prostheses • In- and out-of-hospital • Subject to prescription by GEMS Network GP • Limited to R4 693 per family **P % MC**

Mental health • Subject to the use of DSP **P % PMB MC**

Optical services (eye examinations, frames, lenses and acute medicine) • Subject to use of DSP and approved list of frames • Limit of R3 226 per family every second year • Limited to 1 eye examination, 1 frame and a pair of lenses every second year per beneficiary • Acute medicine is subject to medicine formulary and must be prescribed by DSP • Benefit not pro-rated • Post cataract surgery, PMB benefit provides up to the cost of bifocal lens not more than R842 for both lens and frame, with a sub-limit of R167 for the frame **%**

Pathology • Subject to referral by GEMS Network GP and list of approved tests **P %**

- Unlimited **P %**

Physiotherapy • Subject to referral by GEMS Network GP **% PMB**

Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL **% MC**

- Acute medical conditions • Subject to formulary and prescription by DSP • Unlimited at DSP • 30% co-payment on out-of-formulary medicine or voluntary use on non-DSP pharmacy

- Chronic medical conditions • Limited to CDL and DTP PMB chronic conditions • Subject to prior application and approval, the formulary and use of the Network or courier pharmacy • Unlimited at DSP • 30% co-payment on out-of-formulary medicine or voluntary use of non-DSP pharmacy

- Self-medicine (OTC) • To be obtained from DSP for minor ailments • Subject to formulary • Limited to R46 per event, 5 events and R234 per family per year

Preventative care services • Serum cholesterol, bone density scan, Pap smear, prostate specific antigen, glaucoma screening, serum glucose and mammogram and other screenings according to evidence based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year • Benefit rolls over 3 calendar years and tests may only be done once in the 3 year period • Pap smears (including liquid based cytology) may be done annually **% MC**

Radiology (advanced) **P % PMB MC**

Radiology (basic) • Subject to referral by DSP GP and list of approved services **P %**

- 2 x 2D ultrasound scans per pregnancy provided for by maternity benefit **P %**

- Unlimited **P %**

Specialists • Consultations, visits and all other services • Subject to GEMS Network GP referral • Ante-natal visits limited to 5 visits per pregnancy • 2 x 2D ultrasound scans per pregnancy **P % MC**

What's new in 2013?

1. A 5.5% increase in benefit limits.
2. A sub-limit of R15 000 under organ and tissue transplants has been introduced for local and imported corneal grafts.
3. Post-surgical home nursing care as an alternative to hospitalisation is now covered.
4. Preventative care services, subject to the managed care processes of the Scheme, will also be covered.
5. The 10-day limit on admission for High Care and ICU stays has been removed.

IN-HOSPITAL BENEFITS

Annual overall hospital limit • Public hospitals, GEMS-approved private hospitals, registered unattached theatres and day clinics • Chronic medicine provided by the Network or courier pharmacy • Subject to overall annual hospital limit of R782 475 per family per year • TTO limited to 7 days **P %**

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 referral by GEMS Network GP and registration with relevant statutory bodies • Annual limit of R1 560 per beneficiary and R2 346 per family **P % MC**

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing) • Subject to annual hospital limit and sub-limit of R15 649 per family per year • Includes post-surgical home nursing care • Excludes frail care and recuperative holidays **P % MC**

Blood transfusion • Subject to annual hospital limit and sub-limit of R15 649 per family per year **P %**

Dentistry (conservative, restorative and specialised) • Subject to list of approved services and use of day theatres and DSP hospitals • Only applicable to beneficiaries under the age of 8 years, with severe trauma or impacted third molars • Subject to annual hospital limit and out-of-hospital dentistry limit • Excludes osseointegrated implants, all implant related procedures and orthognathic surgery **P % PMB**

Emergency services (casualty department) • Notification of admission required within one working day or co-payment shall apply **% PMB MC**

General practitioners (GPs) • Consultations and visits • Subject to annual hospital limit **P %**

Maternity benefits (hospital, home birth and accredited birthing unit)

• Subject to registration on the Maternity Programme • Includes midwife services • Subject to annual hospital limit • Home birth/birthing unit subject to sub-limit of R7 755 per event • Includes complications for mother and newborn • Elective caesarean may be subjected to second opinion **P % MC**

Medical technologist • Subject to annual hospital limit and sub-limit of R15 649 per family per year **P %**

Mental health • Subject to annual hospital limit and out-of-hospital sub-limit of R7 109 per family per year **P % PMB MC**

Oncology (chemo and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Subject to clinical guidelines used in public facilities programme • Subject to annual hospital limit and sub-limit of R156 492 per family per year • Subject to MPL • Unlimited for PMBs **P % MC**

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Sub-limit of R15 000 per beneficiary per year for corneal grafts **P % PMB**

Pathology • Subject to annual hospital limit **P % MC**

Physiotherapy • Subject to annual hospital limit **P % PMB MC**

Prostheses • Includes surgically implanted internal devices, including devices used to assist with delivery of internal prostheses • Subject to annual hospital limit and a sub-limit of R23 475 per family per year • Unlimited for PMBs • Scheme may obtain competitive quotes or arrange supply of prostheses • Bone cement paid from in-hospital benefits **P % MC**

Radiology (advanced) • Subject to list of approved services • Shared with out-of-hospital advanced radiology limit of R23 475 per family per year **P % PMB MC**

Radiology (basic) • Includes 2 x 2D ultrasound scans per pregnancy • Subject to annual hospital limit **% MC**

Renal dialysis • Subject to clinical guidelines used in public facilities programme • In- and out-of-hospital • Includes materials • Subject to annual hospital limit and sub-limit of R156 492 per family per year • Unlimited for PMBs **P % MC**

Specialists • Consultations and visits • Subject to annual hospital limit **P % PMB**

Surgical procedures • Subject to case management • Subject to annual hospital limit • Maxillo-facial surgery subject to annual sub-limit of R15 649 per family • Excludes osseointegrated implants and orthognathic surgery **P %**

OUT-OF-HOSPITAL BENEFITS

Alcohol and drug dependencies • Subject to use of a DSP **P % PMB MC**

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 referral by DSP GP and registration with relevant statutory bodies • Annual limit or R1 560 per beneficiary and R2 346 per family **P % MC**

Audiology, occupational therapy and speech therapy • Subject to referral by GEMS Network GP • Included in allied health services benefit limit **P %**

Circumcision (to help prevent HIV infection) • Subject to GEMS Network provider • Global fee of R1 068, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only **P % MC**

Dental services (including acute medicine) • Subject to list of approved services and use of DSP **% MC**

- **Conditions with pain and sepsis, clinical indicated dental services including extraction and emergency root canal procedure, intra oral radiography** • 1 event per beneficiary per year subject to PMBs

- **Dentures and specialised dentistry** • Limit of R2 581 per beneficiary per year

- **Emergency non-DSP visit** • Limited to 1 event per beneficiary per year

- **Examinations and preventative treatment** • 1 consultation per beneficiary per year

- **Fillings** • Unlimited at DSP

Emergency assistance (road and air) • Call 0800 44 4367 • Subject to use of emergency services DSP • Unlimited **% MC**

General practitioners (GPs) • Consultations, visits and all other services at GEMS Network providers • Unlimited • Subject to pre-authorisation after the 5th GP visit **MC**

- **Emergency medical conditions at DSP and involuntary use of non-DSP provider** • Unlimited **%**

- **Voluntary use of out-of-Network providers** • Member to pay the claim and submit proof of payment with the claim • 80% of Scheme rate (20% member co-payment) • Limited to 1 visit per beneficiary, 2 per family per year and R774 per event

HIV infection, AIDS and related illness **P % PMB MC**

Infertility • Subject to use of DSP **P % PMB MC**

Maternity • Ante-natal and post-natal specialist visits • Subject to registration on the Maternity Programme • Subject to referral from GEMS Network GP • Includes 2 x 2D ultrasound scans per pregnancy • Part of specialists benefit **P %**

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment and external prostheses • In- and out-of-hospital • Subject to prescription by GEMS Network GP • Limited to R7 825 per family per year **P % MC**

Mental Health (includes psychologists) • Subject to use of DSP • Subject to annual hospital limit and combined with out-of-hospital sub-limit of R7 109 per family per year **P % MC**

Optical services • Eye examinations, frames, lenses and contact lenses (permanent and disposable) and acute medicine • Subject to use of DSP • Acute medicine subject to formulary • 1 examination per beneficiary per year • 1 frame and a pair of lenses or 4 boxes of disposable contact lenses or 1 set of permanent contact lenses • Limited to R1 092 per beneficiary every second year • Benefit is not pro-rated • Post cataract surgery, PMB provides up to the cost of bifocal lens not more than R842 for both lens and frame, with a sub-limit of R167 for the frame **%**

Pathology • Subject to referral by GEMS Network GP and list of approved services • Unlimited **P %**

Physiotherapy • Subject to referral by GEMS Network GP • Included in allied health services benefit limit **P %**

Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL • Prescription by a specialist is only covered if referred by the DSP GP and the visit is pre-authorised **%**

- **Acute medical conditions** • Subject to formulary • Unlimited at DSP • Subject to prescription by GEMS Network GP • 30% co-payment on out-of-formulary medicine or voluntary use of non-DSP pharmacy **MC**

- **Chronic medical conditions** • Limited to CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of the Network or courier pharmacy • Subject to prescription by DSP practitioner • No annual limit • 30% co-payment on out-of-formulary medicine or voluntary use of non-DSP pharmacy

- **Self-medicine (OTC)** • Subject to formulary • Limited to R46 per event and 5 events and R234 per family per year • Subject to use of DSP **% MC**

Preventative care services • Serum cholesterol, bone density scan, Pap smear, prostate specific antigen, glaucoma screening, serum glucose and mammogram and other screenings according to evidence based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year • Benefit rolls over 3 calendar years and tests may only be done once in the 3 year period • Pap smears (including liquid based cytology) may be done annually **% MC**

Radiology (advanced) • Shared with in-hospital advanced radiology limit of R23 475 per family per year **P % MC**

Radiology (basic) • Subject to referral by DSP GP and list of approved services • 2 x 2D ultrasound scans per pregnancy provided for by maternity benefit • Unlimited **P %**

Specialists • Consultations and visits • Subject to GEMS Network GP referral and list of approved services for radiology and pathology • Limited to 5 consultations or R2 816 per family per year or sub-limit of 3 consultations or R1 877 per beneficiary per year **P % MC**

What's new in 2013?

1. A 5.5% increase in benefit limits.
2. There is now an in-hospital dentistry inclusion of lingual and labial frenectomies under general anaesthesia for children under the age of eight.
3. Out-of-hospital treatment of bony, impacted third molars under conscious sedation in doctors' rooms will now be covered at 200% of the Scheme rate.
4. A sub-limit of R15 000 under organ and tissue transplants has been introduced for local and imported corneal grafts.
5. Post-surgical home nursing care as an alternative to hospitalisation is now covered.
6. A GP Network Extender Benefit has also been introduced for those who are registered on the Chronic Medicine Programme.
7. Preventative care services, subject to the managed care processes of the Scheme, will also be covered.
8. Members with a personal medical savings account (PMSA) as of 1 January 2012 will receive a savings account statement annually. The statement will show how much interest has been earned on the PMSA (please check out our website for more information).

IN-HOSPITAL BENEFITS

Annual hospital limit (public and private hospitals, registered unattached theatres and day clinics) • Unlimited • R12 623 per beneficiary annual limit for non-PMB, 1 day admissions, not pro-rated **P %**

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 • Limited to PMSA and Block Benefit • Medicines prescribed by allied health professionals **P % MC**

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing) • Excludes frail care and recuperative holidays • Includes physical rehabilitation for approved conditions and post-surgical home nursing care • Unlimited **P % MC**

Blood transfusion • Includes Erythropoietin (hormone that promotes formation of red blood cells) • Unlimited **P % MC**

Dentistry (conservative, restorative and specialised) • Subject to list of approved services and use of day theatres • General anaesthesia and conscious sedation subject to managed care rules • Only applicable for beneficiaries under the age of 8 years, with severe trauma or impacted third molars • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • Professional fees subject to shared limit with out-of-hospital dentistry benefit of R2 405 per beneficiary per year • Excludes osseointegrated implants, all implant related procedures and orthognathic surgery **P %**

Emergency services (casualty department) • Admission subject to pre-authorisation • Paid from out-of-hospital GP services for non-PMB and unauthorised events **P % PMB MC**

General practitioners (GPs) • Consultations and visits • Unlimited **%**

Maternity benefits (including midwife) • Subject to registration on the Maternity Programme prior to admission • Includes hospital, home birth and registered birthing unit • Hospital birth unlimited, includes complications for mother and newborn • Home birth or birthing unit limited to R7 755 per beneficiary per year • Elective caesarean may be subject to second opinion **P % MC**

Medical technologist • Subject to case management • Unlimited **P %**

Mental health • Accommodation, theatre fees, medicine, professional fees from GPs, psychiatrists, psychologists and registered counsellors • Limited to R13 256 per family per year for non-PMBs • Maximum of 3 days hospitalisation by GP **P % MC**

Oncology (chemo and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Limit of R238 622 per family per year • Sub-limit of R180 366 per family per year for specialised medicines • Includes cost of pathology, related radiology above/advanced radiology benefit, medical technologist and oncology medicine • Subject to MPL **P % MC**

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Limited to R441 886 per beneficiary per year • Limit includes all costs associated with transplant, including immuno-suppressants • Organ harvesting limited to RSA, except in the case of cornea grafts • Sub-limit of R15 000 per beneficiary per year for corneal grafts (Imported corneal grafts subject to managed care rules) **P %**

Pathology • Unlimited **%**

Physiotherapy • Limited to R3 575 per beneficiary per year **P % MC**

Prostheses • Including prostheses and internal devices (surgically implanted), including all temporary prostheses, or/and all temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices • Shared with medical and surgical appliances as well as external prostheses benefit of R30 068 per family per year • Bone cement paid from in-hospital benefit **P % MC**

Radiology (advanced) • 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 • Shared with out-of-hospital advanced radiology limit of R15 907 per family per year **P % MC**

Radiology (basic) • Unlimited **%**

Renal dialysis • In- and out-of-hospital • Includes materials • Includes related pathology tests if done by GEMS Network provider • Limited to R189 376 per beneficiary per year for chronic dialysis, subject to PMBs • Acute dialysis included in the in-hospital benefit • Includes cost of pathology, radiology, medical technologists and immuno-suppressants **P % MC**

Specialist services • Consultations and visits • Unlimited **%**

Surgical procedures (including maxillo-facial surgery) • Unlimited • Excludes osseointegrated implants, all implant related procedures and orthognathic surgery **P % MC**

OUT-OF-HOSPITAL BENEFITS

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

Block Benefit • Claims paid against this benefit once PMSA limit is reached • Limited to R1 255 per family per year • Benefit is pro-rated from join date **%**

Alcohol and drug dependencies • Subject to use of DSP **P % PMB MC**

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 • Limited to PMSA and Block Benefit • Medicine prescribed by allied health professionals **%**

Audiology, occupational therapy and speech therapy • Limited to PMSA and Block Benefit **%**

Circumcision (to help prevent HIV infection) • Subject to use of DSP/GEMS Network provider • Global fee of R1 068, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only **P % MC**

Contraceptives (oral, insertables, injectables and dermal) • Subject to PMSA **% MC**

Dental services (conservative and restorative dentistry, includes plastic dentures and special dentistry (includes metal base partial dentures)) • General anaesthesia and conscious sedation require pre-authorisation and are subject to managed care rules (only applicable to beneficiaries either under the age of 8 years, with severe trauma or impacted third molars) • Shared with in-hospital dentistry limit of R2 405 per beneficiary per year • No pre-authorisation for metal base partial dentures • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • 200% of Scheme rate for treatment of bony impactions of third molars under conscious sedation **%**

Emergency assistance (road and air) • Call 0800 44 4367 • Subject to use of emergency services DSP • Unlimited **% MC**

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

GP Network Extender Benefit • For beneficiaries with chronic conditions registered on the Disease Management Programme • 1 additional consultation at DSP/Network provider once PMSA and Block Benefit is exhausted **MC**

HIV infection, AIDS and related illness • Includes 1 consultation for diagnosis and initial counselling **P % PMB MC**

Infertility • Subject to use of DSP **P % PMB MC**

Maternity • Ante-natal and post-natal specialist visits • Subject to registration on the Maternity Programme and PMBs • Subject to PMSA • Includes 2 x 2D ultrasound scans per pregnancy **P % MC**

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment and external prostheses • In- and out-of-hospital • Shared limit with in-hospital prostheses of R30 068 per family per year • Sub-limit of R11 732 per family per year for medical and surgical appliances • Diabetic accessories and appliances, except for glucometers, to be claimed from the chronic medicine benefit **P % MC**

Mental health • Consultations, assessments, treatments and counselling by GPs, psychiatrists, psychologists, psychometrists or registered counsellors • Limited to PMSA • If offered as alternative to hospitalisation, then hospital benefits will apply **% MC**

Optical services • Frames, lenses and contact lenses (permanent and disposable) **%**

• Refractive eye surgery • Eye examinations • Subject to optical managed care programme • Limited to PMSA and Block Benefit • Either spectacles and contact lenses (not both) can be claimed in a benefit year • Limited to 1 eye examination per beneficiary per year • Excludes variable tint and photochromic lenses • Benefit not pro-rated • Post cataract surgery, PMB provides up to the cost of bifocal lens not more than R842 for both lens and frame, with a sub-limit of R167 for frame **%**

Pathology • Includes liquid based cytology pap smear • Limited to PMSA and Block Benefit **P % MC**

Physiotherapy • Limited to PMSA and Block Benefit **%**

Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL **% MC**

- **Acute medical conditions** • Subject to formulary • Subject to PMSA • 30% co-payment on out-of-formulary medicine • Dispensing fee limited to 30% up to R32 per line item **%**

- **Chronic medical conditions** • Subject to prior application and approval and use of the Network or courier pharmacy • 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)** • Subject to PMSA • TTO limited to 7 days **%**

- **Self-medicine (OTC)** • Subject to formulary • Subject to PMSA **%**

Preventative care services • Serum cholesterol, bone density scan, Pap smear, prostate specific antigen, glaucoma screening, serum glucose and mammogram and other screenings according to evidence based on standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year • Benefit rolls over 3 calendar years and tests can only be done once over a 3 year period • Pap smears (including liquid based cytology) can be done annually **% MC**

Radiology (advanced) • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies • Shared with in-hospital advanced radiology limit of R15 907 per family per year **P % MC**

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

Specialists • Consultations, visits and all other services • Limited to PMSA and Block Benefit • Benefit is pro-rated from join date **%**

What's new in 2013?

1. A 5.5% increase in benefit limits.
2. A sub-limit of R15 000 under organ and tissue transplants for local and imported corneal grafts.
3. There is now an in-hospital dentistry inclusion of lingual and labial frenectomies under general anaesthesia for children under the age of eight.
4. Out-of-hospital treatment of bony, impacted third molars under conscious sedation will be covered at 200% of the Scheme rate.
5. Post-surgical home nursing care as an alternative to hospitalisation is now covered.
6. Preventative care services, such as pap smears and other standard screenings, will now be covered, subject to the managed care rules of the Scheme.
7. The Day-to-day Block Benefit includes the GP Network Extender Benefit for beneficiaries registered on the Chronic Medicine Programme.
8. Alzheimer's has been added to the ACDL.

IN-HOSPITAL BENEFITS

Annual in-hospital benefit • Public and private hospitals, registered unattached theatres and day clinics • Accommodation in private ward subject to motivation by attending practitioner and managed care rules • Unlimited • R12 623 per beneficiary annual limit for non-PMB, 1 day admissions, not pro-rated **P %**

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 • Shared with out-of-hospital limit of R1 173 per family per year • Includes medicines prescribed by allied health professionals **%**

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing) • Excludes frail care and recuperative holidays • Includes physical rehabilitation for approved conditions and post-surgical home nursing care • Unlimited **P % MC**

Blood transfusion • Includes Erythropoietin (hormone that promotes the formation of red blood cells) • Unlimited **P %**

Breast reduction • Unlimited **P % MC**

Dentistry (conservative, restorative and specialised) • General anaesthesia and conscious sedation subject to managed care rules • Only applicable to beneficiaries under the age of 8 years, with severe trauma or impacted third molars • Lingual and labial frenectomies under general anaesthesia for children under the age of 8 subject to managed healthcare programme • Subject to list of approved services and use of day theatres • Shared with out-of-hospital dentistry • Limited to R3 696 per beneficiary per year • Conservative and restorative dentistry not to exceed R1 760 per beneficiary per year • Excludes osseo-integrated implants, all implant related procedures and orthognathic surgery **P %**

Emergency services (casualty department) • Will be paid from out-of-hospital GP Services if pre-authorisation is not obtained • Admission subject to pre-authorisation **% PMB MC**

General practitioners (GPs) • Consultations and visits • Unlimited **%**

Maternity benefits (including midwife) • Subject to registration on the Maternity Programme • Includes hospital, home birth and registered birthing unit • Hospital birth unlimited, includes complications for mother and newborn • Home birth limited to R7 755 per beneficiary per year • Elective caesarean may be subject to second opinion **P % MC**

Medical technologist • Subject to case management • Unlimited **P %**

Mental health • Accommodation, theatre fees, medicine, professional fees from GPs, psychiatrists, psychologists and registered counsellors • Limited to R13 256 per family per year for non-PMBs • Maximum of 3 days hospitalisation by GP **P % MC**

Oncology (chemo and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Subject to registration on managed care programme • Limited to R265 134 per family per year • Specialised medicine sub-limit of R180 366 per family per year • Includes cost of pathology, radiology, medical technologist and oncology medicine • Subject to MPL

Organ and tissue transplants • Subject to clinical guidelines used in public facilities

• Includes materials • Limited to R441 886 per beneficiary per year • Sub-limit of R15 000 per beneficiary per year for corneal grafts, subject to managed care rules • Limit includes all costs associated with transplant including immuno-suppressants, subject to PMBs • Organ harvesting limited to RSA, except for cornea tissue **P %**

Pathology • Unlimited **%**

Physiotherapy • Limited to R3 575 per beneficiary per year **P % MC**

Prostheses • Includes prostheses and surgically implanted internal devices, including all temporary prostheses and all temporary or permanent devices used to assist with delivery of internal prostheses • Shared with medical and surgical appliances as well as out-of-hospital external prostheses limit of R30 068 per family per year • Scheme may arrange supply of prostheses • Bone cement paid from in-hospital benefits **P %**

Radiology (advanced) • 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 • Shared with out-of-hospital advanced radiology • Limited to R15 907 per family per year **P % MC**

Radiology (basic) • Unlimited **%**

Renal dialysis • Subject to clinical guideline used in public facilities • In- and out-of-hospital • Includes materials • Includes related pathology tests if done by GEMS Network provider • Limited to R189 376 per beneficiary per year for chronic dialysis • Acute dialysis included in the in-hospital benefit • Includes cost of radiology, medical technologists and immuno-suppressants **P % MC**

Specialists • Consultations and visits • Unlimited **%**

Surgical procedures (including maxillo-facial surgery) • Unlimited • Excludes osseo-integrated implants, all implant related procedures and orthognathic surgery **P % MC**

OUT-OF-HOSPITAL BENEFITS

Alcohol and drug dependencies • Subject to use of a DSP **P % PMB MC**

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 registration with relevant statutory bodies • Shared with in-hospital allied health services limit of R1 173 per family per year • Includes medicine prescribed by allied health professionals **P % MC**

Circumcision (to help prevent HIV infection) • Global fee of R1 068, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital Benefit only **P % MC**

Day-to-day Block Benefit • Out-of-hospital GP and specialist consultations and visits, physiotherapy, maternity, audiology, occupational therapy, speech therapy, pathology and medical technology • Limited to R3 308 per beneficiary and R6 616 per family per year • Benefit is pro-rated from join date **P % MC**

- Audiology, occupational therapy and speech therapy • Occupational or speech therapy performed in-hospital will be paid from the in-hospital benefit • Limit of R1 613 per beneficiary per year and R3 233 per family per year shared with pathology and medical technology • Sub-limit of R1 297 per beneficiary and R2 592 per family per year

- GP Network Extender Benefit • For beneficiaries with chronic conditions registered on Chronic Medicine Programme • 1 additional GP consultation at a GEMS Network provider once Block Benefit is exhausted **P**

- Maternity • Ante-natal and post-natal specialist visits • Subject to PMBs • Shared with GP services • Subject to registration on the Maternity Programme • Includes 2 x 2D ultrasound scans per pregnancy

- Pathology and medical technology • Limit of R1 613 per beneficiary per year and R3 233 per family per year shared with audiology, occupational therapy and speech therapy • Includes liquid based cytology Pap smear

- Physiotherapy • Physiotherapy performed in-hospital or instead of hospitalisation will be paid from in-hospital benefit • Sub-limit of R1 613 per beneficiary and R3 233 per family per year **P**

Dental services (conservative and restorative dentistry, includes plastic dentures and special dentistry (includes metal base partial dentures)) • General anaesthesia and conscious sedation require pre-authorisation and are subject to managed care rules (only applicable to beneficiaries either under the age of 8 years, with severe trauma or impacted third molars) • Shared with in-hospital dentistry limit of R3 696 per beneficiary per year • Conservative and restorative dentistry not to exceed R1 760 per beneficiary per year • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery • No pre-authorisation required for metal base dentures • Lingual and labial frenectomies under general anaesthesia for children under the age of 8 subject to managed healthcare programme • 200% of Scheme rate for treatment of bony impactions of third molars under conscious sedation **P %**

Emergency assistance (road and air) • Call 0800 44 4367 • Subject to use of emergency services DSP • Unlimited **P % MC**

HIV infection, AIDS and related illness

Infertility • Subject to use of DSP **P % PMB MC**

Medical and surgical appliances and external prosthesis • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment and external prostheses • In- and out-of-hospital • Shared with in-hospital internal prosthesis limit of R30 068 per family per year • Sub-limit of R11 732 for medical and surgical appliances per family per year **P % MC**

Mental health • Consultations, assessments, treatments and/or counselling by GPs, psychiatrists, psychologists, psychometrists or registered counsellors • If offered as alternative to hospitalisation, then hospital benefits will apply • Shared with in-hospital mental health limit of R13 256 per family per year • Sub-limit of R3 931 for out-of-hospital psychologist consultations **% MC**

Optical services • Frames, lenses and contact lenses (permanent and disposable)

• Refractive eye surgery and eye examinations • Either spectacles or contact lenses (not both) can be claimed in a benefit year • Sub-limit of R1 760 per beneficiary every second year and annual limit of R3 519 per family • Frames not to exceed R1 089 • Limited to 1 eye examination per beneficiary per year • Excludes variable tint and photochromic lenses • Benefit not pro-rated • Post cataract surgery, PMB provides up to the cost of bifocal lens and not more than R842 for both lens and frame, with a sub-limit of R167 for frame **%**

Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL **%**

- Acute medical conditions • Subject to formulary • Limit of R2 651 per beneficiary and R7 954 per family per year • 30% co-payment on out-of-formulary medicine • Dispensing fee limited to 30% up to R32 per line item **MC**

- Chronic medical conditions • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of the Network or courier pharmacy • Limit of R7 954 per beneficiary and R16 014 per family per year • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP

- Contraceptives • Subject to formulary • Subject to acute medicine benefit limit • Sub-limit of R2 011 per beneficiary per year **MC**

- Prescribed medicine from hospital stay (TTO) • Included in acute medicine benefit limit • TTO limited to 7 days

- Self-medicine (OTC) • Subject to formulary • Subject to acute medicine benefit limit and sub-limit of R863 per beneficiary per year **MC**

Preventative care service • Serum cholesterol, bone density scan, Pap smear, prostate specific antigen, glaucoma screening, serum glucose and mammogram and other screenings according to evidence based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year • Benefit rolls over 3 calendar years and tests may only be done once in the 3 year period • Pap smears (including liquid based cytology) may be done annually **% MC**

Radiology (advanced) • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies • Shared limit with in-hospital advanced radiology of R15 907 per family per year **P % MC**

Radiology (basic) • X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit • Annual sub-limit of R2 640 per beneficiary and R4 839 per family per year **%**

What's new in 2013?

1. A 5.5% increase in benefit limits.
2. A sub-limit of R15 000 under organ and tissue transplants has been introduced for local and imported corneal grafts.
3. There is an in-hospital dentistry inclusion of lingual and labial frenectomies under general anaesthesia for children under the age of eight.
4. Out-of-hospital treatment of bony, impacted third molars under conscious sedation in doctors' rooms will now be covered at 200% of the Scheme rate.
5. A GP Network Extender Benefit has been introduced for those who are registered on the Chronic Medicine Programme.
6. Post-surgical home nursing care as an alternative to hospitalisation is now covered.
7. Preventative care services, such as Pap smears and other standard screenings, will now be covered, subject to the managed care rules of the Scheme.
8. Alzheimer's has been added to the ACDL.

IN-HOSPITAL BENEFITS

Annual in-hospital benefit • Public and private hospitals, unattached theatres and day clinics • Unlimited • R12 623 per beneficiary annual limit for non-PMB, 1 day admissions, not pro-rated

P %

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, physiotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists and Chinese medicine practitioners • Subject to Day-to-day Block Benefit • Services performed in hospital or instead of hospitalisation will be paid from in-hospital benefit • Includes medicine prescribed by allied health professionals

% MC

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing)

• Excludes frail care and recuperative holidays • Includes physical rehabilitation for approved conditions • Includes post-surgical home nursing • Unlimited

P % MC

Blood transfusion • Includes Erythropoietin (hormone that promotes the formation of red blood cells) • Unlimited

P % MC

Breast reduction • Unlimited

P % MC

Dentistry (conservative, restorative and specialised) • Subject to list of approved services and use of day theatres • General anaesthesia and conscious sedation also subject to managed care rules and processes • Only applicable to beneficiaries under the age of 8 years, with severe trauma or impacted third molars • Professional fees shared with out-of-hospital dentistry benefit limit of R6 123 per beneficiary per year • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed care programme pre-authorisation

P %

Emergency services (casualty department) • Admission subject to pre-authorisation • Paid from Day-to-day Block Benefit if pre-authorisation is not obtained

% PMB MC

General practitioners (GPs) • Consultations and visits • Unlimited

%

Maternity benefits (including midwife) • Subject to registration on the Maternity Programme

• Includes hospital, home birth and registered birthing unit • Hospital birth unlimited, includes complications for mother and newborn • Home birth limited to R7 755 per beneficiary per year

• Elective caesarean may be subject to second opinion

P % MC

Medical technologist • Subject to case management • Unlimited

P %

Mental health • Accommodation, theatre fees, medicine, hospital equipment, professional fees from GPs, psychiatrists, psychologists and registered counsellors • Limited to R27 838 per family per year, subject to PMBs • Maximum of 3 days hospitalisation by GP

P % MC

Oncology (chemo and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Limit of R347 991 per family per year, subject to PMBs • Sub-limit of R235 208 per family for biological and similar specialised medicines • Includes cost of pathology, related basic radiology above/advanced radiology benefit, medical technologist and oncology medicine • Erythropoietin included in blood transfusion benefit • Subject to MPL

P % MC

Organ and tissue transplants • Subject to clinical guidelines used in public facilities

• Includes materials • Limited to R441 886 per beneficiary per year • Sub-limit of R15 000 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care rules) • Limit includes all costs associated with transplant, including immuno-suppressants • Organ harvesting limited to RSA, except for cornea tissue

P %

Pathology • Unlimited

Physiotherapy • Limited to R3 575 per beneficiary per year

P % MC

Prostheses • Includes prostheses and surgically implanted internal devices, including all temporary prostheses and all temporary or permanent devices used to assist with delivery of internal prostheses • Shared with medical and surgical appliances and prostheses benefit limit of R40 618 per family per year • Bone cement paid from in-hospital benefits

P % MC

Radiology (advanced) • Shared with out-of-hospital advanced radiology limit of R19 885 per family per year • 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

P % MC

Radiology (basic) • Unlimited

Renal dialysis • Includes pathology tests done at Schemes Preferred Provider Network

• Subject to clinical guideline used in public facilities • In- and out-of-hospital • Includes materials • Limited to R189 376 per beneficiary per year for chronic dialysis, subject to PMBs • Acute dialysis included in the in-hospital benefit • Pathology tests subject to managed care rules • Includes cost of pathology, radiology medical technologists and immuno-suppressants

P % MC

Specialists • Consultations and visits • Unlimited

%

Surgical procedures (including maxillo-facial surgery) • Excludes osseointegrated implants, all implant related procedures and orthognathic surgery • Unlimited

P % MC

OUT-OF-HOSPITAL BENEFITS

Alcohol and drug dependencies • Subject to use of a DSP

P % PMB MC

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, physiotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists and Chinese medicine practitioners • If offered as alternative to hospitalisation, then hospital benefits will apply

%

Circumcision (to help prevent HIV infection) • Global fee of R1 068, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only

B % MC

Contraceptives • Includes oral, insertables, injectable and dermal • Sub-limit of R2 523 per family per year

% MC

Day-to-day Block Benefit • Includes GP and specialist services, basic radiology, pathology, allied health services, physiotherapy, occupational therapy and speech therapy, mental health, maternity and contraceptives • Limited to R6 957 per beneficiary and R13 913 per family per year • Benefit is pro-rated from joining date

% MC

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 (only applicable to beneficiaries either under the age of 8 years, with severe trauma or impacted third molars) • Shared limit with in-hospital dentistry of R6 123 per beneficiary per year • Excludes osseointegrated implants, all implant related procedures and orthognathic surgery • No pre-authorisation for metal base dentures • 200% of Scheme rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme rules

% MC

Emergency assistance (road and air) • Call 0800 44 4367 • Subject to use of emergency services DSP • Unlimited

% MC

General practitioner services • Consultation, visits and all other services not provided for

• Limit is pro-rated from the join date

%

GP Network Extender Benefit • For beneficiaries with chronic conditions registered on Chronic Medicine Programme • 1 additional GP consultation at a GEMS Network provider once Block Benefit is exhausted

P % MC

HIV infection, AIDS and related illness • Includes 1 consultation for diagnosis and initial counselling

% PMB MC

Infertility • Subject to use of DSP

P % PMB MC

Maternity • Ante and post-natal specialist visits • Subject to PMBs • Subject to registration on the Maternity Programme • Includes 2 x 2D ultrasound scans per pregnancy

%

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment and external prostheses • In- and out-of-hospital • Shared with in-hospital prostheses limit of R40 618 per family per year • Sub-limit of R13 579 for medical and surgical appliances per family per year • Diabetic accessories and appliances, except for glucometers, to be claimed from the chronic medicine benefit

P % MC

Mental health • Consultations, assessments, treatments and/or counselling by GPs, psychiatrists, psychologists, psychometrists or registered counsellors • If offered as alternative to hospitalisation, then hospital benefits will apply

P % MC

Optical services • Frames, lenses and contact lenses (hard and disposable) • Refractive eye surgery • Eye examinations • Subject to optical managed care programme • Overall limit of R2 077 per beneficiary every second year and an annual limit of R4 165 per family • Sub-limit of R1 760 per frame • Either spectacles or contact lenses (not both) can be claimed for in a benefit year • Limited to 1 eye examination per beneficiary per year • Excludes variable tint and photochromic lenses • Benefit is not pro-rated • Post cataract surgery, PMB provides up to the cost of bifocal lens and not more than R842 for both lens and frame, with a sub-limit of R167 for frames

%

Pathology • Includes liquid based cytology Pap smears

P % MC

Physiotherapy, occupational therapy and speech therapy • If offered in hospital or instead of hospitalisation will be paid from hospital benefits

P % MC

Preventative care services • Serum cholesterol, bone density scan, Pap smear, prostate specific antigen, glaucoma screening, serum glucose and mammogram and other screenings according to evidence based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year • Benefit rolls over 3 calendar years and tests may only be done once in the 3 year period • Pap smears (including liquid based cytology) may be done annually

% MC

Prescribed medicine and injection material • Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL

%

Acute medical conditions • Subject to formulary • Limit of R4 470 per beneficiary and R12 518 per family per year • 30% co-payment on out-of-formulary medicine • Dispensing fee limited to 30% up to R32 per line item

MC

Chronic medical conditions • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of the Network or courier pharmacy • Limit of R13 580 per beneficiary and R27 838 per family per year • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP

% MC

Prescribed medicine from hospital stay (TTO) • included in acute medicine benefit limit • TTO limited to 7 days

%

Self-medicine (OTC) • Subject to formulary • Subject to acute medicine benefit limit and sub-limit of R1 349 per family per year

MC

Radiology (advanced) • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies • Shared limit with in-hospital advanced radiology of R19 885 per family per year

% MC

Radiology (basic) • X-rays and soft tissue scans • 2 x 2D ultrasound scans per pregnancy provided for by maternity benefit

%

Specialist Services • Consultation, visits and all other services not provided for • Limit is pro-rated from the join date

%