

Connect2U

Latest news from GEMS



Do's and don'ts of
claims submissions

MPN and the
allocation process

Alternate means of
obtaining PAR

Message from the Principal Officer

If you put your members and stakeholders at the heart of everything you do and focus on making a difference in their lives, others will be encouraged to join your medical scheme and existing members will become your brand ambassadors. This belief is at the core of everything we do at GEMS.

It was with great pride that the Scheme recently accepted GEMS' second *Ask Afrika Orange Index Award*, where we were ranked first once again for service excellence in the medical scheme category. The Index is a critical evaluation of our service levels by consumers themselves, and GEMS is delighted to have been awarded first place. This ranking is a strong indication that GEMS is getting a great deal right when it comes to taking care of its members.

The Ask Afrika Orange Index measures customer service levels in South Africa through thousands of telephonic and face-to-face interviews with consumers and covers close on a hundred different brands across several industries.

GEMS has over 680 000 main members which equates to over 60% of all eligible Public Service employees and covers over 1.85 million lives. We have brought many new members into the South African healthcare system, with more than 55% of our members not previously having access to healthcare cover.

Despite the many successes achieved by GEMS, we know all too well that we cannot sit back and rest on our successes and therefore conduct on-going research to track the satisfaction levels of members. Findings from our 2012 member satisfaction survey indicated that 86% of GEMS members are satisfied with the Scheme – an increase of 2% when compared to the 2011 survey findings and 87% of those surveyed had every confidence in the Scheme. The level of satisfaction implies strong brand loyalty and a high level of confidence and trust in GEMS.

True to our stated objective, GEMS remains totally focused on our members and their individual healthcare needs, while providing them with affordable, accessible and quality healthcare services.

I believe that GEMS will continue into 2014 with boldness and continued efforts to make a real difference in the lives of our members, by fulfilling each and every one of its goals while furthering the democratic ideals of Government.

We thank you for your continued support in meeting the needs of our members. We wish you a happy, healthy festive season ahead and look forward to continuing our partnership with you in 2014.

Warm regards

Dr Guvant (Guni) Goolab
GEMS: Principal Officer



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Protecting our future generation

Pregnancy can be the most exciting and daunting period of a woman's life. Support and information can be key to ensuring a trouble and stress-free pregnancy. It isn't always practical and feasible for healthcare professionals to consult with pregnant patients as often as they, or the patient, might like.

The **GEMS Maternity Programme** is a **free** service available to all GEMS members and their dependants, to help bridge the care and support gap. The programme is designed to provide the on-going support; education and advice the patient may want or need, for their peace of mind, without exhausting their medical scheme benefits.

Specialist nurses and midwives are available 24 hours a day, seven days a week to guide the mom-to-be through the pregnancy, confinement and postnatal period. By educating the mom-to-be about what to expect and speaking to her regularly, anomalies are likely to be identified quickly and the pregnancy risk factors reduced or highlighted early on.

Positive choices are also encouraged. Midwives provide additional support and advice about diet, exercise, minor discomforts during pregnancy, self-medicine and breastfeeding.

So please assist us by encouraging pregnant members to register on the programme. They can contact the GEMS Call Centre on **0860 00 4367** or email **enquiries@gems.gov.za** for more information.

Prevention of mother-to-child HIV transmission (PMTCT)

If the mother is not already aware of her HIV status, HIV testing should be done at the first maternity visit. If she tests positive you will need to contact the HIV/AIDS Disease Management Programme (DMP) to register the mother on the PMTCT Programme and to discuss treatment options with our medical advisor.

If she is already registered, you will still need to contact the HIV/AIDS DMP to change to the PMTCT Programme.

For more information on mother and infant regimens and dosages, please contact the HIV/AIDS DMP by:

- Calling: **0860 436 736**
- Fax: toll-free fax number on **0800 436 73 29**

This programme is managed by a team of healthcare professionals separate from other Scheme programmes and the employer. The HIV/AIDS DMP has its own confidential telephone, fax and private mailbag facilities. Special care is taken to maintain patient confidentiality. ●



Alert: Breaking news for GEMS

GEMS has once again been ranked 1st in the 2013 Orange Index Ask Africa survey in the medical scheme category for healthcare service excellence. It is due to your collaboration that GEMS has won this great accolade.

This positive affirmation by the public and more so from our members, is as much your honour as it is ours, so let's share in its glory.

Thank you again for working with us to ensure that quality healthcare is a reality in the lives of public service employees. The commitment you have shown in providing service excellence to our members is highly appreciated. ●



Ms Bella Mfenyana (Executive: Contracts and Operations) accepting the award on behalf of GEMS.

Do's and don'ts of claim submissions

Healthcare services are receiving significant exposure in the media and one consequence of this is that the validity of claims is questioned more.

GEMS has developed procedures related to claim submissions to guide healthcare providers in submitting claims.

Direct payment

Whilst medical schemes pay healthcare providers directly, there are circumstances that may lead to a provider being placed on indirect payment.

Section 59(3) (b) of the Medical Schemes Act 131 of 1998, directs that “notwithstanding anything to the contrary contained in any other law a medical scheme may, in the case of—(b) any loss which has been sustained by the medical scheme through theft, fraud, negligence or any misconduct which comes to the notice of the medical scheme, deduct such amount from any benefit payable to such a member or supplier of health service”.

Rule 17.5 of the Scheme Rules states that “notwithstanding this Rule, the Scheme has the right to pay any benefit directly to the member concerned”.

What you must do

- Claims submitted must be accompanied by an account or statement as prescribed from time to time
- Claims must be signed and certified as correct and must be submitted to the Scheme in the prescribed manner
- Detailed records of services rendered must be kept.

What you must NOT do

- Resubmit claims previously rejected with additional motivation
- Submit claims for services not rendered
- Submit duplicate claims
- Disguise/manipulate treatments
- Inflate claims
- Dispense excessive quantities of medicine
- Claim for services already paid
- Submit claims for services and/or goods that are excluded by the Scheme
- Submit claims containing incorrect tariff code combinations
- Attempt to circumvent any Scheme Rule and/or procedure when submitting claims as a means to secure payment from the Scheme.

This is prejudicial to the Scheme and its members and it may be inferred that the provider acted in an unlawful manner, which may result in sanctions being imposed against the provider, which may include indirect payment. ●



Fraudulent healthcare provider behaviour

The Board of Healthcare Funders of Southern Africa (BHF) estimates that medical schemes lose R22 billion a year to fraud. During the BHF annual conference, actuaries estimated that medical fraud made up as much as 15% of medical schemes' expenditure a year.

A number of methods are used by healthcare providers to defraud medical schemes – and ultimately the Scheme's members – in the following manner:

- Billing for services that were never rendered during a consultation
- Prescribing unnecessary tests and treatment to patients
- Exaggerating a patient's medical condition
- Billing for non-medical supplies against medical codes
- Gaining access to GEMS Wellness events at which they conduct screenings which they unlawfully bill the member for
- Doctors being influenced into bribery with gifts from pharmacists, to prescribe specific medicine to their patients.

The relationship between a patient and their healthcare provider should be based on trust. Patients tend to submit to the knowledge and expertise of their healthcare providers, accepting diagnoses, recommendations and treatment without question. To an unethical service provider, the patient whose focus is on getting well is an easy target.

As commonly known, healthcare fraud is not a victimless crime. Please only prescribe medicine to your patients when it is necessary to do so. Unnecessary prescriptions, tests, treatment and medicine could ultimately exacerbate a patient's health. Furthermore, in an attempt to counter the effects of being financially drained by fraudulent activities, medical schemes may increase premiums and reduce member benefits thus adversely impacting the member.

All of GEMS's healthcare providers are urged to 'protect the Scheme'. Report fraudulent activity anonymously by contacting the **24 hour toll-free hotline on 0800 21 22 02** available 365 days a year, or email gems@thehotline.co.za. ●





GEMS Dental Network

Early childhood caries (also known as baby bottle decay) is a serious disease that can destroy your child's teeth - which is preventable.

The main cause is prolonged exposure to sugar-containing bottle feeds. When the baby falls asleep the sugar stays around the teeth causing decay. Breast milk and formulas do contain sugar, but the effects of bottle caries include tooth loss, tooth decay, ear and speech problems, crooked permanent teeth, severe pain and poor self-image.

This can be prevented by educating members to put their baby to bed without a bottle filled with sugar containing drinks, preventing infants from walking around with a bottle in their mouth - to rather promote the use of a cup for 6-12 month old infants and to trade a baby's bottle for a training cup by the age of one years old.

Brushing teeth in early childhood, as soon as the teeth erupt and encouraging your patients to visit their dentist if they notice brown spots on their teeth, would be the first steps to having healthier teeth. ●

Living with bipolar mood disorder

Bipolar mood disorder and depression are commonly diagnosed mental health conditions. These are Prescribed Minimum Benefit (PMB) conditions. Once diagnosed, you should register your patient on the GEMS managed care programmes.

You should register your patient's medicine for bipolar mood disorder as chronic on the GEMS Medicine Management Programme. The chronic medicine for depression is subject to the Chronic Benefit and only available for patients on the Onyx and Emerald options. This registration will also automatically allow access to out-of-hospital consultations and other tests needed to manage this condition optimally for bipolar mood disorder. You

can also request PMB authorisation for out-patient psychotherapy sessions for bipolar mood disorder and depression, by completing the PMB application form available on the GEMS website or contact GEMS on **0860 00 4367**.

A registered nurse from the disease management team may contact your patient by telephone, from time to time to discuss health and any problems he or she may be experiencing. The aim of these regular interactions is to provide a patient with more information about their condition and treatment, as well as providing support and information for family members. A social worker is also available to provide social support and information to the members. For more information on the GEMS Bipolar Disease Management Programme or to register one of your patients, contact us on **0860 00 4367**. ●



Alerts!

Split-billing versus balance-billing

Help your patients understand the difference

To clarify the distinction between the split-billing and balance-billing, below is an explanation of these two practices and their legal ramifications.

Practice	Split-billing	Balance-billing
Is it legal?	No	Yes. However, healthcare service providers on the GEMS Network have agreed to provide healthcare to GEMS members at Scheme Rates and therefore are not allowed to balance-bill.
What happens?	A service provider submits two different accounts , one to the member and another to GEMS, and each with different costs .	A service provider submits one account to the member and the same account to GEMS with the same costs.
How this happens?	A doctor's consultation fee is R500. The doctor submits an account of R300 to GEMS to be paid from the member's available benefits. The doctor then submits a different account to the member for the remaining R200, which is more than likely not covered by the member's available benefits. Both you and GEMS are unaware of the split in the amounts that is required to be paid to the doctor.	A doctor submits an account of R500 for his consultation fee to the member and GEMS, and ensures that there is transparency in the request for payment to be made . The doctor's account may specify the amount that GEMS must pay and the amount that the member must pay. In this example the doctor would more than likely not be a GEMS GP Network doctor , because they have agreed to a set consultation rate so members don't have any co-payments.
What will GEMS do?	Any service provider that is found to be split-billing will be requested to correct their behaviour, failing which they will be removed from the GEMS GP Network (if applicable) and reported to the Health Professionals Council of South Africa.	In order to become a member of the GEMS GP Network(s), doctors sign a Network Agreement with GEMS where the consultation rate is stipulated. In this way, GEMS can effectively reassure their members that they will not incur any unnecessary out-of-pocket expenses. Therefore, if any service provider that is on the GEMS GP Network is found to be balance-billing , they will be requested to correct their behaviour, failing which they will be removed from the GEMS GP Network/s.



GEMS stance on Prescribed Minimum Benefits (PMBs)

According to the Medical Schemes Act, GEMS must offer benefits for the diagnosis, treatment and care of any emergency medical condition, 26 chronic conditions on the Chronic Disease List (CDL) and a list of 270 medical conditions provided in the Regulations to the Medical Schemes Act.

Alternate means of obtaining PAR

Pre-authorisation (PAR) offers alternative portals for obtaining authorisations to both members and healthcare providers.

Authorisations can be obtained via:

- Email: hospitalauths@gems.gov.za
- Fax: 0861 00 4367
- Service providers logging into the GEMS website by visiting www.gems.gov.za, click on the 'Sign in' tab at the top right of the page and then sign in using your practice number and PIN, provided you have all the patients' and main member's details.

For all the modes of requesting an authorisation, the following information needs to be readily available to facilitate the process:

- The patient details
- Main member details
- Practice number of hospital and treating doctor
- Date of admission
- ICD-10 procedure codes.

This is also a self-help service offered to registered members and can be done at any time. Registered members can give GEMS a call by simply dialing **0860 00 4367** and select the self-help facility by pressing three (3) then press one (1) and listen to the voice prompts to proceed in getting pre-authorisation they require. Please remind your patients about this convenient and useful GEMS service.

Here is some practical information to help you better understand your rights and responsibilities as healthcare service providers in respect of PMBs:

- GEMS will pay 100% of the cost for the diagnosis, treatment and care cost relating to PMBs only if the services are obtained from the Designated Service Providers (DSPs).
- GEMS DSP's are the state, GEMS Chronic Medicine Courier Pharmacy and network pharmacy
- Annexure G of Scheme Rules stipulate that PMBs obtained from these DSPs for Out-of-hospital Benefits will be paid at 100% of the Scheme Rate
- If a beneficiary voluntarily obtains diagnosis, treatment and care for a PMB condition from a provider other than a DSP, the benefit payable for the service will be at the Scheme Rate
- If a beneficiary involuntarily obtains diagnosis, treatment and care in respect of a PMB condition from a provider other than a GEMS DSP, GEMS will pay 100% of the cost in relation to those PMB conditions
- There is an assumption that all PMB cases need to be paid at 300% rates
- The only time GEMS pays at 300% is when PMBs are flagged as an 'emergency' or 'involuntary' use of non-DSPs, and these motivations need to be indicated by healthcare service providers at a pre-authorisation stage, without which, the normal PMB process payment will take effect.

For more information on PMBs, please visit our website at www.gems.gov.za, click on the Scheme Rules under 'About Us' and read Annexure G. ●



Chronic Medicine Benefit

GEMS aims to make sure that members are covered for appropriate quality care, balanced with affordability and cost-effectiveness. That is why the Chronic Medicine Management Programme (CMMP), guided by scientific evidence and clinical research, has been developed to give the member peace of mind about medical expenses, while helping to get the most from their benefits. In order for medicine to be funded from the chronic medicine benefit, the pre-authorisation process must be followed.

The Chronic Medicine Benefit application form may be downloaded via www.gems.gov.za (click forms under the healthcare provider section). New chronic registrations and authorisation updates may be done via the website by logging in with your practice number as well.

By registering your patients' medicines on this benefit and keeping the authorisation current, your patient has access to the correct benefit. This includes any Disease Management Programmes on offer.

Completed Chronic Medicine Benefit application forms and updated chronic prescriptions may be submitted via email to chronicdsp@gems.gov.za or faxed to **0861 00 4367**.

Each individual is unique therefore the doctor can appeal a decision about a co-payment or declined medicine by submitting a clinical motivation to chronicauths@gems.gov.za or contacting the GEMS Chronic Medicine Call Centre on **0860 00 4367**. ●

MPN and the allocation process

With the activation of the Medicine Provider Network (MPN), GEMS has been allocating beneficiaries to a pharmacy of their choice. Once a beneficiary has been allocated, they are required to obtain their medicine from only that pharmacy. Beneficiaries can only request to be re-allocated to a different pharmacy provided that:

- The request is made within the cooling-off period of seven days as per the Consumer Protection Act (CPA)
- They have been utilising a designated MPN for more than six months
- They have changed either their residential or work address.

Pharmacies on the MPN have entered into an agreement with GEMS to dispense medicines as per Scheme Rules and one of the conditions for joining the MPN is that pharmacies are not to solicit members to be allocated to them. Therefore no pharmacy is permitted to solicit a member to obtain medicine from them. The penalties for this is that a pharmacy can be suspended from the MPN should it come to the attention of GEMS that they have been soliciting members. ●



What's new in 2014?

1. A 6% increase in benefit limits.
2. Dental Benefit enhanced to allow for 2 visits per beneficiary per year.
3. Optical Benefit enhanced to allow for a choice of either contact lenses or spectacles (but not both).
4. In-Hospital Maternity Benefit includes up to 6 weeks post-discharge complications for newborns.
5. A sub-limit of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year.
6. Post-surgery Physiotherapy Benefit for hip, knee and shoulder replacement of 10 consultations to be used within 90 days up to R4 000.
7. Screening tests under the Preventative Care Benefit can be done once a year.
8. Diagnostic procedures performed in doctors' rooms instead of in hospital will be reimbursed at 200% of the GEMS Scheme Rate.

In-Hospital Benefits

Annual Hospital Benefit (public hospitals, GEMS-approved registered unattached theatres and day clinics) • Includes accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicines, materials and hospital equipment (including bone cement for prostheses) and neonatal care • Service provided by DSP • Chronic medicine provided by Chronic DSP • Subject to annual hospital limit of R165 882 per family per year • TTO limited to 7 days • No limit per maternity confinement event, but subject to annual hospital limit and registration on Scheme's Maternity Programme [P](#) [%](#) [PMB](#) [MC](#)

Alcohol and drug dependencies • Service provided by 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](#)

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing) • Subject to annual hospital limit and sub-limit of R16 588 per family per year • Excludes frail care • Includes post-surgical home nursing [P](#) [%](#) [MC](#)

Blood transfusion • Includes cost of blood, blood equivalents, blood products and transport thereof [P](#) [%](#) [PMB](#) [MC](#)

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

Emergency services (casualty department) • Admission subject to pre-authorisation [%](#) [PMB](#) [MC](#)

GP services • Consultations and visits • Subject to annual hospital limit • Reimbursement of up to R3 500 for maternity confinement, applicable to both caesarean and non-caesarean delivery [P](#) [%](#)

Maternity (public hospitals and designated private hospitals) • Subject to registration on the Maternity Programme • Subject to annual hospital limit • Elective caesarean may be subject to second opinion • Hospitalisation in designated private hospitals post-discharge complications for newborns limited to 6 weeks • Includes midwife services [P](#) [%](#) [PMB](#) [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 • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorised [P](#) [%](#) [PMB](#) [MC](#)

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Subject to a sub-limit of R15 900 per beneficiary per year for corneal grafts • Includes materials [P](#) [%](#) [PMB](#)

Pathology • Subject to annual hospital limit [P](#) [%](#) [MC](#)

Physiotherapy

- **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R4 000 per beneficiary per event used within 90 days of surgery [P](#) [%](#) [PMB](#) [MC](#)

Prostheses • Covers prostheses and surgically implanted internal devices, including all temporary prostheses and all accompanying temporary or permanent devices used to assist with the guidance, alignment and delivery of internal prostheses • Subject to the annual hospital limit and a sub-limit of R18 951 per family per year • Bone cement paid from In-Hospital Benefits • Shared sub-limit with out-of-hospital prosthetics and appliances of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to Formulary [P](#) [%](#) [PMB](#) [MC](#)

Radiology (advanced) • Subject to list of approved services [P](#) [%](#) [PMB](#) [MC](#)

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

Renal dialysis • In- and out-of-hospital • Includes materials • Subject to clinical guidelines used in public facilities [P](#) [%](#) [PMB](#) [MC](#)

Specialist services • Consultations and visits • Subject to annual hospital limit • Reimbursement of up to R3 500 for maternity confinement, applicable to both caesarean and non-caesarean delivery [P](#) [%](#)

Surgical procedures (including maxillo-facial surgery) • Subject to annual hospital limit • Subject to case management • Maxillo-facial surgery subject to annual sub-limit of R16 588 per family • Excludes osseo-integrated implants, all implant related procedures and orthognatic surgery [P](#) [%](#)

Out-of-Hospital Benefits

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 minimise the risk of HIV infection) • Subject to use of DSP • Global fee of R1 132 per beneficiary, 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** • 2 events per beneficiary per year • Emergency out-of-Network visits limited to 1 event per beneficiary per year [PMB](#)
- **Dentures (plastic)** • Unlimited at DSP
- **Examinations and preventative treatment** • 2 treatment episodes 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](#)

GP services • Pre-authorisation required after the 5th GP visit • Reimbursement at 200% of Scheme Rate for diagnostic procedures performed in doctors' rooms instead of in hospital [MC](#)

- **DSP/GEMS Network providers** • Consultations and approved minor procedures • Unlimited [%](#) [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 R820 per event

HIV infection, AIDS and related illness • Subject to registration on the Scheme's DMP and compliance with its rules • Unlimited [%](#) [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 referral from GEMS 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, foot orthotics and external prostheses • Subject to prescription by GEMS Network GP • Limited to R4 975 per family • Shared sub-limit with in-hospital prosthetics and appliances of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to Formulary [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 420 per family every second year • Limited to 1 eye examination, 1 frame and 1 pair of lenses OR 4 boxes of disposable contact lenses OR 1 set of permanent contact lenses per beneficiary every second year • Acute medicine prescribed by GEMS Network GP and subject to Formulary • Benefit not pro-rated • Post cataract surgery, PMB benefit limited to the cost of a bifocal lens not more than R893 for both lens and frame, with a sub-limit of R177 for the frame • Includes tinted lenses for Albinism, subject to pre-authorisation [%](#)

Pathology • Subject to referral by GEMS Network GP and list of approved tests • Tests requested by specialist are covered subject to the list of approved services, if referred by GEMS Network GP and the visit is pre-authorised • Unlimited [P](#) [%](#)

Physiotherapy • Subject to referral by GEMS Network GP

- **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R4 000 per beneficiary per event used within 90 days of surgery [P](#) [%](#) [PMB](#) [MC](#)

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 • Medicine prescribed by a specialist only covered if patient referred by a GEMS Network GP and visit is pre-authorised • 30% co-payment on out-of-Formulary medicine or voluntary use of non-DSP • Includes prescribed maternity vitamin supplements
- **Chronic medical conditions** • Limited to CDL and DTP PMB chronic conditions • Subject to prior application and approval, the Formulary and use of chronic DSP • Unlimited at DSP • Medicine prescribed by a specialist only covered if patient referred by a GEMS Network GP and visit is pre-authorised • 30% co-payment on out-of-Formulary medicine or voluntary use of non-DSP
- **Self-medication (OTC)** • To be obtained for minor ailments • Subject to Formulary and use of DSP • Limited to R49 per event, 5 events and R248 per family per year

Preventative Care Services • Serum cholesterol, bone density scan, pap smear (including liquid based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood test and mammogram and other screening according to evidence-based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year [%](#) [MC](#)

Radiology (advanced) [P](#) [%](#) [PMB](#) [MC](#)

Radiology (basic) • Subject to referral by GEMS Network GP and list of approved services • Includes 2 x 2D ultrasound scans per pregnancy provided for by Out-of-Hospital Maternity Benefit • Examinations requested by specialist are covered subject to list of approved services, if referred by GEMS Network GP and the visit is pre-authorised • Unlimited [P](#) [%](#)

Specialist services • Consultations, visits and all other services • Subject to GEMS Network GP referral • Ante-natal visits limited to 5 visits per pregnancy • Includes 2 x 2D ultrasound scans per pregnancy, subject to Out-of-Hospital Basic Radiology Benefit [P](#) [%](#) [MC](#)

- Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital
- Reimbursement at 200% of Scheme Rate for cataract procedures performed by ophthalmologists in their rooms

What's new in 2014?

1. A 6% increase in benefit limits.
2. A sub-limit of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year.
3. Post-surgery Physiotherapy Benefit for hip, knee and shoulder replacement of 10 consultations to be used within 90 days up to R4 000.
4. Screening tests under the Preventative Care Benefit can be done once a year.
5. Diagnostic procedures performed in doctors' rooms instead of in hospital will be reimbursed at 200% of the GEMS Scheme Rate.

In-Hospital Benefits

Annual Hospital Benefit (public hospitals, GEMS-approved private hospitals, registered unattached theatres and day clinics) • Includes accommodation in a general ward and intensive care unit (ICU), theatre fees, medicines, materials and hospital equipment (includes bone cement for prostheses), confinement, midwives and neonatal care • Chronic medicine provided by chronic DSP • Subject to annual hospital limit of R829 424 per family per year • Neonatal care limited to R33 177 • TTO limited to 7 days **P % MC**

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 • Subject to referral by GEMS Network GP • Annual limit of R1 654 per beneficiary and R2 487 per family **P %**

Alternatives to hospitalisation (hospice, sub-acute hospitals and private nursing) • Subject to annual hospital limit and sub-limit of R16 588 per family per year • Includes post-surgical home nursing • Includes physical rehabilitation for approved conditions • Excludes frail care and recuperative holidays **P % MC**

Blood transfusion • Includes cost of blood, blood equivalents, blood products and transport thereof • Subject to annual hospital limit and sub-limit of R16 588 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 with severe trauma, impacted third molars or under the age of 8 • Subject to annual hospital limit and out-of-hospital dentistry limit • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery **P % PMB**

Emergency services (casualty department) • Admission subject to pre-authorisation **% PMB MC**

GP services • Consultations and visits • Subject to annual hospital limit • Reimbursement of up to R3 500 for maternity confinement, applicable to both caesarean and non-caesarean delivery **P %**

Maternity (hospital, home birth and accredited birthing unit) • Subject to registration on the Maternity Programme • Subject to annual hospital limit • Home birth/birthing unit subject to sub-limit of R8 220 per event • Includes complications for mother and newborn • Elective caesarean may be subjected to second opinion • Includes midwife services **P % PMB MC**

Medical technologist • Subject to annual hospital limit and sub-limit of R16 588 per family per year **P %**

Mental health • Subject to annual hospital limit and out-of-hospital sub-limit of R7 536 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 R165 882 per family per year • Subject to MPL • Unlimited for PMBs • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorised **P % MC**

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Sub-limit of R15 900 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**

- **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R4 000 per beneficiary per event used within 90 days of surgery

Prostheses • Covers prostheses and surgically implanted internal devices, including all temporary prostheses and all accompanying temporary or permanent devices used to assist with the guidance, alignment and delivery of internal prostheses • Subject to annual hospital limit and a sub-limit of R24 884 per family per year • Unlimited for PMBs • Scheme may obtain competitive quotes or arrange supply of prostheses • Bone cement paid from In-Hospital Benefits • Shared sub-limit with out-of-hospital prosthetics and appliances of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to Formulary **P % MC**

Radiology (advanced) • Subject to list of approved services • Shared with out-of-hospital advanced radiology limit of R24 884 per family per year **P % PMB MC**

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

Renal dialysis • In- and out-of-hospital • Includes materials • Subject to annual hospital limit and sub-limit of R165 882 per family per year • Unlimited for PMBs • Subject to clinical guidelines used in public facilities programme **P % MC**

Specialist services • Consultations and visits • Subject to annual hospital limit • Reimbursement of up to R3 500 for maternity confinement, applicable to both caesarean delivery and non-caesarean delivery **P % PMB**

Surgical procedures (including maxillo-facial surgery) • Subject to annual hospital limit • Subject to case management • Maxillo-facial surgery subject to annual sub-limit of R16 588 per family • Excludes osseo-integrated implants and orthognathic surgery **P %**

Out-of-Hospital Benefits

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 • Annual limit of R1 654 per beneficiary and R2 487 per family **P %**

Audiology, occupational therapy and speech therapy • Subject to referral by GEMS Network GP • Included in Allied Health Services Benefit limit **P %**

Circumcision (to minimise the risk of HIV infection) • Subject to use of DSP • Global fee of R1 132 per beneficiary, 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, clinically indicated dental services including extraction and emergency root canal procedure, intra-oral radiography** • 1 event per beneficiary per year **PMB**
- **Dentures and specialised dentistry** • Limit of R2 736 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**

GP services • Consultations, visits and all other services at GEMS Network providers • Unlimited • Pre-authorisation required after the 5th GP visit • Reimbursement at 200% of Scheme Rate for diagnostic procedures performed in doctors' rooms instead of in hospital **P % PMB 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 R820 per event

HIV infection, AIDS and related illness • Subject to registration on the Scheme's DMP and compliance with its rules • Unlimited **% 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 % PMB MC**

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In- and out-of-hospital • Subject to prescription by GEMS Network GP • Subject to annual hospital limit and sub-limit of R8 295 per family per year • Shared sub-limit with in-hospital prosthetics of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to Formulary **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 536 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 and approved list of frames • 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 158 per beneficiary every second year • Acute medicine prescribed by GEMS Network GP and subject to Formulary • Benefit is not pro-rated • Post-cataract surgery, PMB limited to the cost of a bifocal lens not more than R893 for both lens and frame, with a sub-limit of R177 for frame • Includes tinted lenses for beneficiaries with Albinism, subject to pre-authorisation **%**

Pathology • Subject to referral by GEMS Network GP and list of approved tests • Tests requested by specialist are covered subject to the list of approved services, if referred by GEMS Network GP and the visit is pre-authorised • Unlimited **P %**

Physiotherapy • Subject to referral by GEMS Network GP • Included in Allied Health Services Benefit limit **P % MC**

- **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R4 000 per beneficiary per event used within 90 days of surgery

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 GEMS Network GP and the visit is pre-authorised **% MC**

- **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 • Includes prescribed maternity vitamin supplements
- **Chronic medical conditions (limited to CDL and DTP PMB chronic conditions)** • Subject to prior application, approval, Formulary and use of chronic DSP • Subject to prescription by GEMS Network GP • Unlimited • 30% co-payment on out-of-Formulary medicine or voluntary use of non-DSP pharmacy
- **Self-medicine (OTC)** • To be obtained for minor ailments • Subject to Formulary and use of DSP • Limited to R49 per event, 5 events and R248 per family per year

Preventative care services • Serum cholesterol, bone density scan (including liquid-based cytology), pap smear, prostate-specific antigen, glaucoma screening, serum glucose, occult blood, mammogram and other screening according to evidence-based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year subject to pre-authorisation and managed care protocols **% MC**

Radiology (advanced) • Shared with in-hospital advanced radiology limit of R24 884 per family per year **P % MC**

Radiology (basic) • Subject to referral by GEMS Network GP and list of approved services • 2 x 2D ultrasound scans per pregnancy provided for by Maternity Benefit • Examinations requested by specialist are covered subject to list of approved services, if referred by GEMS Network GP and the visit is pre-authorised • Unlimited **P %**

Specialist services • Consultations and visits • Subject to GEMS Network GP referral and list of approved services for radiology and pathology • Limited to 5 consultations or R2 985 per family per year or 3 consultations or R1 990 per beneficiary per year **P % MC**

- Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital
- Reimbursement at 200% of Scheme Rate for cataract procedures performed by ophthalmologists in their rooms

What's new in 2014?

1. A 6% increase in benefit limits across all options.
2. A sub-limit of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year.
3. Post-surgery Physiotherapy Benefit for hip, knee and shoulder replacement of 10 consultations to be used within 90 days up to R4 000.
4. Screening tests under the Preventative Care Benefit can be done once a year.
5. Diagnostic procedures performed in doctors' rooms instead of in hospital will be reimbursed at 200% of the GEMS Scheme Rate.

In-Hospital Benefits

Annual Hospital Benefit (public and private hospitals, registered unattached theatres and day clinics) • Unlimited • Includes accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicines, materials and hospital equipment (including bone cement for prostheses) and neonatal care • Accommodation in private ward subject to motivation by attending practitioner • Non-PMB 1-day admissions limited to R13 380 per beneficiary per year, not pro-rated P % MC

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

Blood transfusion • Unlimited • Includes cost of blood, blood equivalents, blood products and transport thereof • Includes erythropoietin (hormone that promotes formation of red blood cells) 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 with severe trauma, impacted third molars or under the age of 8 • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8, subject to managed healthcare programme • Professional fees subject to shared limit with Out-of-Hospital Dentistry Benefit of R2 549 per beneficiary per year • Excludes osseo-integrated 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

GP services • Consultations and visits • Reimbursement of up to R3 500 for maternity confinement, applicable to both caesarean delivery and non-caesarean delivery P %

Maternity (hospital, home birth and registered birthing unit) • Subject to registration on the Maternity Programme prior to admission • Hospital birth unlimited • Home birth or birthing unit limited to R8 220 per beneficiary per year • Elective caesarean may be subject to second opinion • Includes midwife services P % PMB MC

Medical technologist • Unlimited P % MC

Mental health • Accommodation, theatre fees, medicine, hospital equipment, professional fees from GPs, psychiatrists, psychologists and registered counsellors • Limited to R14 051 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 R252 939 per family per year • Sub-limit of R191 188 per family per year for specialised medicines • Includes cost of pathology, related radiology above/Advanced Radiology Benefit, medical technologists and oncology medicines • Subject to MPL • Erythropoietin included in Blood Transfusion Benefit • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorised P % PMB MC

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Limited to R468 399 per beneficiary per year • Limit includes all costs associated with transplant, including immuno-suppressants • Authorised erythropoietin included in Blood Transfusion Benefit • Organ harvesting limited to RSA, except in the case of cornea grafts • Sub-limit of R15 900 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care rules) P % PMB

Pathology • Unlimited P %

Physiotherapy • Limited to R3 790 per beneficiary per year P % MC

- **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R4 000 per beneficiary per event used within 90 days of surgery

Prostheses • Covers prostheses and surgically implanted internal devices, including all temporary prostheses, or/and all temporary or permanent devices used to assist with the guidance, alignment or delivery of internal prostheses and devices • Shared with medical and surgical appliances as well as external prostheses benefit of R31 872 per family per year • Scheme may obtain competitive quotes or arrange supply of prostheses • Bone cement paid from In-Hospital Benefit • Shared sub-limit with out-of-hospital prosthetics and appliances of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to Formulary and managed care protocols and processes P % MC

Radiology (advanced) • Shared with out-of-hospital advanced radiology limit of R16 861 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 P %

Renal dialysis • Subject to clinical guidelines used in public facilities • In- and out-of-hospital • Includes materials • Includes related pathology tests if done by GEMS Network provider • Limited to R200 739 per beneficiary per year for chronic dialysis • Acute dialysis included in the In-Hospital Benefit • Includes cost of pathology, radiology, medical technologists and immuno-suppressants • Erythropoietin included in Blood Transfusion Benefit P % PMB MC

Specialist services • Consultations and visits • Unlimited • Reimbursement of up to R3 500 for maternity confinement, applicable to both caesarean delivery and non-caesarean delivery P %

Surgical procedures (including maxillo-facial surgery) • Unlimited • Excludes osseo-integrated implants, all implant related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms P % MC

Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA) • Excludes PMB claims • 25% of monthly contribution • Benefits pro-rated from join date P %

Block Benefit • Claims paid against this benefit once PMSA limit is reached • Limited to R1 330 per family per year • Benefit is pro-rated from join date P %

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, phytotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists and Chinese medicine practitioners • Limited to PMSA and Block Benefit • Medicine prescribed by allied health professionals P %

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

Circumcision (to minimise the risk of HIV infection) • Subject to use of DSP/GEMS Network provider • Global fee of R1 132 per beneficiary, 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 P % MC

Dental services (conservative and restorative dentistry, includes plastic dentures and special dentistry - including metal base partial dentures) • Shared with in-hospital dentistry limit of R2 549 per beneficiary per year • No pre-authorisation for metal base partial dentures • General anaesthesia and conscious sedation require pre-authorisation and are subject to managed care rules (only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8) • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8, subject to managed healthcare programme • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery • 200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms P % MC

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

GP services • Consultations, visits and all other services • Limited to PMSA and Block Benefit • Benefit is pro-rated from join date • Reimbursement at 200% of Scheme Rate for diagnostic procedures performed in doctors' rooms instead of in hospital P % MC

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 P % MC

HIV infection, AIDS and related illness • Subject to registration on Scheme's DMP and compliance with its rules • Includes 1 consultation for diagnosis and initial counselling • Unlimited 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 PMSA • Includes 2 x 2D ultrasound scans per pregnancy P % PMB MC

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In- and out-of-hospital • Shared limit with in-hospital internal prostheses of R31 872 per family per year • Sub-limit of R12 436 per family per year for medical and surgical appliances • Shared sub-limit with in-hospital prosthetics of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year • Diabetic accessories and appliances, except for glucometers, to be claimed from the Chronic Medicine Benefit • Scheme may obtain competitive quotes • Foot orthotics and prosthetics subject to Formulary P % MC

Mental health • Consultations, assessments, treatments and/or counselling by GPs, psychiatrists, psychologists, psychometrists or registered counsellors • Limited to PMSA • If offered as alternative to hospitalisation, then In-Hospital Benefits will apply P % MC

Optical services (eye examinations, frames, lenses and contact lenses (permanent and disposable), refractive eye surgery) • Subject to optical managed care programme • Limited to PMSA and Block Benefit • Either spectacles or 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 limited to the cost of bifocal lens not more than R890 for both lens and frame, with a sub-limit of R180 for frame • Frame sub-limit of R800 from the Block Benefit per beneficiary once PMSA is exhausted • Includes tinted lenses for Albinism P %

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

Physiotherapy • Limited to PMSA and Block Benefit P % PMB MC

- **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R4 000 per beneficiary per event used within 90 days of surgery

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

- **Acute medical conditions** • Subject to PMSA • Subject to Formulary • 30% co-payment on out-of-Formulary medicine • Includes prescribed maternity vitamin supplements

- **Chronic medical conditions** • Subject to prior application and approval and use of chronic DSP • 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 (including liquid based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood test and mammogram and other screening according to evidence-based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year P % MC

Radiology (advanced) • Shared with in-hospital advanced radiology limit of R16 861 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies P % MC

Radiology (basic) • X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by Maternity Benefit • Subject to PMSA P %

Specialist services • Consultations, visits and all other services • Subject to GP referral • Limited to PMSA and Block Benefit • Benefit is pro-rated from join date P % MC

- Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital

- Reimbursement at 200% of Scheme Rate for cataract procedures performed by ophthalmologists in their rooms

What's new in 2014?

1. A 6% increase in benefit limits across all options.
2. A sub-limit of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year.
3. Post-surgery Physiotherapy Benefit for hip, knee and shoulder replacement of 10 consultations to be used within 90 days up to R4 000.
4. Screening tests under the Preventative Care Benefit can be done once a year.
5. Diagnostic procedures performed in doctors' rooms instead of in hospital will be reimbursed at 200% of the GEMS Scheme Rate.

In-Hospital Benefits

Annual Hospital Benefit (public and private hospitals, registered unattached theatres and day clinics) • Unlimited • Includes accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicines, materials and hospital equipment (including bone cement for prostheses) and neonatal care • Accommodation in private ward subject to motivation by attending practitioner • Non-PMB 1-day admissions limited to R13 380 per beneficiary per year, not pro-rated [P](#) [%](#) [MC](#)

Alcohol and drug dependencies • Subject to use of 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 • Shared with out-of-hospital limit of R1 243 per family per year • Includes medicines prescribed by allied health professionals [%](#)

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

Blood transfusion • Unlimited • Includes cost of blood, blood equivalents, blood products and transport thereof • Includes erythropoietin (hormone that promotes the formation of red blood cells) [P](#) [%](#) [MC](#)

Breast reduction • Unlimited [P](#) [%](#) [MC](#)

Dentistry (conservative, restorative and specialised) • Subject to list of approved services and use of day theatres • Shared with out-of-hospital dental services • Limited to R3 918 per beneficiary per year • General anaesthesia and conscious sedation subject to managed care rules • Only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8 • Lingual and labial frenectomies under general anaesthesia for children under the age of 8, subject to managed healthcare programme • Conservative and restorative dentistry limited to R1 866 per beneficiary per year • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery [P](#) [%](#)

Emergency services (casualty department) • Paid from out-of-hospital GP services if pre-authorisation is not obtained [P](#) [%](#) [PMB](#) [MC](#)

GP services • Consultations and visits • Unlimited • Reimbursement of up to R3 500 for maternity confinement, applicable to both caesarean and non-caesarean delivery [%](#)

Maternity (hospital, home birth and registered birthing unit) • Subject to registration on the Maternity Programme prior to admission • Hospital birth unlimited • Home birth or birthing unit limited to R8 220 per beneficiary per year • Elective caesarean may be subject to second opinion • Includes midwife services [P](#) [%](#) [MC](#)

Medical technologist • Unlimited [P](#) [%](#) [MC](#)

Mental health • Accommodation, theatre fees, medicine, professional fees from GPs, psychiatrists, psychologists and registered counsellors • Limited to R14 051 per family per year • Maximum of 3 days hospitalisation by GP [P](#) [%](#) [PMB](#) [MC](#)

Oncology (chemo and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Limited to R281 042 per family per year • Sub-limit of R191 188 per family per year for specialised medicine • Includes cost of pathology, radiology, medical technologist and oncology medicine • Subject to MPL • Erythropoietin included in Blood Transfusion Benefit • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorized [P](#) [%](#) [MC](#)

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Limited to R468 399 per beneficiary per year • Limit includes all costs associated with transplant including immuno-suppressants • Sub-limit of R15 900 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care rules) • Authorised erythropoietin included in Blood Transfusion Benefit • Organ harvesting limited to RSA, except for cornea tissue [P](#) [%](#) [PMB](#) [MC](#)

Pathology • Unlimited [%](#)

Physiotherapy • Limited to R3 790 per beneficiary per year [P](#) [%](#) [MC](#)

Post-hip, knee and shoulder replacement or revision surgery physiotherapy • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R4 000 per beneficiary per event used within 90 days of surgery

Prostheses • Covers 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 R31 872 per family per year • Scheme may obtain competitive quotes and arrange supply of prostheses • Bone cement paid from In-Hospital Benefits • Shared sub-limit with out-of-hospital prosthetics and appliances of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to Formulary [P](#) [%](#) [MC](#)

Radiology (advanced) • Shared with out-of-hospital advanced radiology limit of R16 861 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 • Subject to clinical guidelines used in public facilities • In- and out-of-hospital • Includes materials • Includes cost of radiology, medical technologists and immuno-suppressants • Includes related pathology tests done at DSP • Limited to R200 739 per beneficiary per year for chronic dialysis • Acute dialysis included in the In-Hospital Benefit • Erythropoietin included in Blood Transfusion Benefit [P](#) [%](#) [PMB](#) [MC](#)

Specialist services • Consultations and visits • Unlimited • Reimbursement of up to R3 500 for maternity confinement, applicable to both caesarean and non-caesarean delivery [%](#)

Surgical procedures (including maxillo-facial surgery) • Unlimited • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms [P](#) [%](#) [MC](#)

Out-of-Hospital Benefits

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 in-hospital allied health services limit of R1 243 per family per year • Includes medicine prescribed by allied health professionals [%](#)

Circumcision (to minimise the risk of HIV infection) • Global fee of R1 132 per beneficiary, 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 506 per beneficiary and R7 013 per family per year • Benefit is pro-rated from join date [%](#)

Audiology, occupational therapy and speech therapy • Occupational or speech therapy performed in hospital will be paid from the In-Hospital Benefit • Limit of R1 710 per beneficiary per year and R3 427 per family per year shared with pathology and medical technology • Sub-limit of R1 375 per beneficiary and R2 748 per family per year

GP services • Limited to R3 506 per beneficiary and R7 013 per family per year shared with specialist services and physiotherapy • Reimbursement at 200% of Scheme Rate for diagnostic procedures performed in doctors' rooms instead of in hospital [P](#) [%](#) [PMB](#) [MC](#)

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](#)

Maternity • Ante-natal and post-natal specialist visits • Shared with GP services • Subject to registration on the Maternity Programme • Includes 2 x 2D ultrasound scans per pregnancy [P](#) [%](#) [PMB](#) [MC](#)

Pathology and medical technology • Limit of R1 710 per beneficiary per year and R3 427 per family per year shared with audiology, occupational therapy and speech therapy • Includes liquid based cytology pap smear [P](#) [%](#) [MC](#)

Physiotherapy • Physiotherapy performed in hospital or instead of hospitalisation will be paid from In-Hospital Benefit • Sub-limit of R1 710 per beneficiary and R3 415 per family per year shared with GP services [P](#) [%](#) [MC](#)

Post-hip, knee and shoulder replacement or revision surgery physiotherapy • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R4 000 per beneficiary per event used within 90 days of surgery

Specialist services • Consultations, visits and all other services • Subject to GP referral • Shared with GP services • Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital • Reimbursement at 200% of Scheme Rate for cataract procedures performed by ophthalmologists in their rooms [P](#) [%](#) [PMB](#) [MC](#)

Dental services (conservative and restorative dentistry, includes plastic dentures and special dentistry - including metal base partial dentures) • Shared with in-hospital dentistry sub-limit of R3 918 per beneficiary per year • Conservative and restorative dentistry limited to R1 866 per beneficiary per year • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • General anaesthesia and conscious sedation require pre-authorisation and are subject to managed care rules (only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8) • 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](#) [%](#) [MC](#)

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 • Subject to registration on Scheme's DMP and compliance with its rules • Unlimited [P](#) [%](#) [PMB](#) [MC](#)

Infertility • Subject to use of DSP [P](#) [%](#) [PMB](#) [MC](#)

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In- and out-of-hospital • Shared with in-hospital internal prosthesis limit of R31 872 per family per year • Sub-limit of R12 436 for medical and surgical appliances per family per year • Shared sub-limit with in-hospital prosthetics of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to Formulary [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 R14 051 per family per year • Sub-limit of R4 167 for out-of-hospital psychologist consultations [P](#) [%](#) [MC](#)

Optical services (eye examinations, frames, lenses and contact lenses (permanent and disposable), refractive eye surgery) • Either spectacles or contact lenses (not both) can be claimed for in a benefit year • Sub-limit of R1 866 per beneficiary every second year and annual limit of R3 730 per family • Frames limited to R1 154 • Limited to 1 eye examination per beneficiary per year • Excludes variable tint and photochromic lenses • Benefit not pro-rated • Post cataract surgery, PMB limited up to the cost of bifocal lens and not more than R893 for both lens and frame, with a sub-limit of R177 for frame • Includes tinted lenses for beneficiaries with Albinism, subject to pre-authorisation [P](#) [%](#) [MC](#)

Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL [P](#) [%](#) [MC](#)

Acute medical conditions • Subject to Formulary • Limit of R2 810 per beneficiary and R8 431 per family per year • 30% co-payment on out-of-Formulary medicine • Includes prescribed maternity vitamin supplement

Chronic medical conditions • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic DSP • Limit of R8 431 per beneficiary and R16 975 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 132 per beneficiary per year

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 R915 per beneficiary per year

Preventative care service • Serum cholesterol, bone density scan, pap smear (including liquid based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood tests and mammogram and other screening according to evidence-based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year [P](#) [%](#) [MC](#)

Radiology (advanced) • Shared limit with in-hospital advanced radiology of R16 861 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies [P](#) [%](#) [MC](#)

Radiology (basic) • X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by Maternity Benefit • Sub-limit of R2 798 per beneficiary and R5 129 per family per year [%](#)

What's new in 2014?

1. A 6% increase in benefit limits.
2. A 6% plus R500 increase in the Dental Benefit.
3. A sub-limit of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year.
4. Post-surgery Physiotherapy Benefit for hip, knee and shoulder replacement of 10 consultations to be used within 90 days up to R4 000.
5. Screening tests under the Preventative Care Benefit can be done once a year.
6. Diagnostic procedures performed in doctors' rooms instead of in hospital will be reimbursed at 200% of the GEMS Scheme Rate.

In-Hospital Benefits

Annual Hospital Benefit (public and private hospitals, unattached theatres and day clinics) • Unlimited • Includes accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicines, materials and hospital equipment (includes bone cement for prostheses) and neonatal care • Accommodation in a private ward is subject to motivation by attending practitioner • Non-PMB 1-day admissions limited to R13 380 per beneficiary per year, not pro-rated P % MC

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

Blood transfusion • Unlimited • Includes cost of blood, blood equivalents, blood products and the transport thereof • Includes erythropoietin (hormone that promotes the formation of red blood cells) P % MC

Breast reduction • Unlimited P % MC

Dentistry (conservative, restorative and specialised) • Subject to list of approved services and use of day theatres • Professional fees shared with Out-of-Hospital Dentistry Benefit limit of R6 990 per beneficiary per year • General anaesthesia and conscious sedation subject to managed care rules and processes • Only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8 • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8, subject to managed healthcare programme • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery P %

Emergency services (casualty department) • Paid from Day-to-day Block Benefit if pre-authorisation is not obtained P % PMB MC

GP services • Consultations and visits • Unlimited • Reimbursement of up to R3 500 for maternity confinement, applicable to both caesarean and non-caesarean delivery %

Maternity (hospital, home birth and registered birthing unit) • Subject to registration on the Maternity Programme prior to admission • Hospital birth unlimited • Home birth and birthing unit limited to R8 220 per beneficiary per year • Elective caesarean may be subject to second opinion • Includes midwife services P % MC

Medical technologist • Unlimited P % MC

Mental health • Accommodation, theatre fees, medicine, hospital equipment, professional fees from GPs, psychiatrists, psychologists and registered counsellors • Limited to R29 508 per family per year • Maximum of 3 days hospitalisation by GP P % PMB MC

Oncology (chemo and radiotherapy) • In- and out-of-hospital • Includes medicine and materials • Limit of R368 870 per family per year • Sub-limit of R249 320 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 • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumors unless pre-authorised • Subject to MPL P % PMB MC

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Limited to R468 399 per beneficiary per year • Sub-limit of R15 900 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care protocols) • Limit includes all costs associated with transplant, including immuno-suppressants • Authorised erythropoietin included in Blood Transfusion Benefit • Organ harvesting limited to RSA, except for cornea tissue P %

Pathology • Unlimited %

Physiotherapy • Limited to R3 790 per beneficiary per year P % MC

Post-hip, knee and shoulder replacement or revision surgery physiotherapy • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R4 000 per beneficiary per event used within 90 days of surgery

Prostheses • Covers 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 R43 055 per family per year • Scheme may obtain competitive quotes and arrange supply of prosthesis • Bone cement paid from In-Hospital Benefits • Shared sub-limit with out-of-hospital prosthetics and appliances of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to Formulary P % MC

Radiology (advanced) • Shared with out-of-hospital advanced radiology limit of R21 078 per family per year • Specific 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 • Subject to clinical guideline used in public facilities • In- and out-of-hospital • Includes materials and pathology tests done at DSP • Limited to R200 739 per beneficiary per year for chronic dialysis • Acute dialysis included in the In-Hospital Benefit • Includes cost of pathology, radiology medical technologists and immuno-suppressants • Erythropoietin included in Blood Transfusion Benefit P % PMB MC

Specialist services • Consultations and visits • Unlimited • Reimbursement of up to R3 500 for maternity confinement, applicable to both caesarean and non-caesarean delivery %

Surgical procedures (including maxillo-facial surgery) • Unlimited • Excludes osseo-integrated implants, all implant related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms P % MC

Out-of-Hospital Benefits

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 • Includes medicine prescribed by allied health professionals • If offered as alternative to hospitalisation, then hospital benefits will apply % MC

Circumcision (to minimise the risk of HIV infection) • Global fee of R1 132 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out-of-Hospital Benefit only P % MC

Contraceptives (oral, insertables, injectable and dermal) • Sub-limit of R2 674 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 R7 374 per beneficiary and R14 748 per family per year • Benefit is pro-rated from joining date % MC

Dental services (conservative and restorative dentistry (includes plastic dentures) and special dentistry - including metal base dentures) • Shared limit with in-hospital dentistry of R6 990 per beneficiary per year • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery • General anaesthesia and conscious sedation subject to pre-authorisation (only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8) • 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, subject to managed healthcare programme P % MC

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

GP services • Consultation, visits and all other services • Limit is pro-rated from the join date • Reimbursement at 200% of Scheme Rate for diagnostic procedures performed in doctors' rooms instead of in-hospital % PMB MC

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 • Subject to registration on Scheme's DMP and compliance with its rules • Unlimited % 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 • Includes 2 x 2D ultrasound scans per pregnancy % PMB

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In- and out-of-hospital • Shared with in-hospital prostheses limit of R43 055 per family per year • Sub-limit of R14 394 for medical and surgical appliances per family per year • Diabetic accessories and appliances, except for glucometers, to be claimed from the Chronic Medicine Benefit • Shared sub-limit with in-hospital prosthetics and appliances of R3 500 for foot orthotics and prosthetics with a sub-limit of R1 000 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to Formulary 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 (eye examinations, frames, lenses and contact lenses (hard and disposable), refractive eye surgery) • Overall limit of R2 202 per beneficiary every second year and an annual limit of R4 415 per family • Sub-limit of R1 866 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 limited to the cost of a bifocal lens and not more than R893 for both lens and frame, with a sub-limit of R177 for frame • Includes tinted lenses for Albinism, subject to pre-authorisation % MC

Pathology • Includes liquid based cytology pap smears % MC

Physiotherapy, occupational therapy and speech therapy • If offered in-hospital or in place of hospitalisation will be paid from In-Hospital Benefits P % MC

Post-hip, knee and shoulder replacement or revision surgery physiotherapy • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R4 000 per beneficiary per event used within 90 days of surgery

Preventative care services • Serum cholesterol, bone density scan, pap smear (including liquid based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood tests and mammogram and other screening according to evidence-based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year % MC

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 • Limit of R4 738 per beneficiary and R13 270 per family per year • 30% co-payment on out-of-Formulary medicine • Includes prescribed maternity vitamin supplements

Chronic medical conditions • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic DSP • Limit of R14 395 per beneficiary and R29 508 per family per year • 30% co-payment on out-of-Formulary medicine and voluntary use of non-DSP

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 430 per family per year

Radiology (advanced) • Shared limit with in-hospital advanced radiology of R21 078 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies P % MC

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

Specialist services • Consultation, visits and all other services • Subject to GP referral • Limit is pro-rated from the join date • Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital • Reimbursement at 200% of Scheme Rate for cataract procedures performed by Ophthalmologists in their rooms % PMB MC

Glossary

ACDL: Additional Chronic Disease List. A list of chronic diseases the Scheme covers in addition to the CDL.

Benefit option: Each of the five GEMS benefit options – Sapphire, Beryl, Ruby, Emerald and Onyx – have a different cost and 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 we need to provide a minimum level of cover for, as stated by law.

CT and MRI scans: Special x-rays taken of the inside of your body to try to find the cause of a medical condition.

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

DSP: Designated Service Provider. A healthcare provider the Scheme has an agreement with to provide specific services to members at specific prices.

DTP: The Diagnosis and Treatment Pairs is a list of the 270 PMBs in the Medical Schemes Act linked to the broad treatment for specific conditions.

GP: General practitioner. A doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital.

MEL: Medicine Exclusion List. A list of medicines that GEMS does not cover.

MPL: Medicine Price List. A reference we use to work out the prices of groups of medicines.



Pre-authorisation (PAR): The process of informing GEMS of a planned procedure before the event, so that we can assess whether we will cover it. 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.

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. Applicable to the Ruby option.

PMBs: Prescribed Minimum Benefits. Basic benefits that GEMS provides for certain medical conditions. GEMS, like all other medical schemes in South Africa, must offer these benefits according to the law.

Scheme Rate: The price agreed by the Scheme for the payment of healthcare services given by 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 customers. This price is set out in South African law.

TTO: Treatment Taken Out.

Key

P Pre-authorisation is needed
% 100% of Scheme Rate

PMB Limited to PMBs
MC Subject to managed care rules



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