

December 2015

HRFacets

Good reading. Great info.



How to identify a GEMS
MPN pharmacy

What's new
in **2016!**



Tips for a
healthy summer

Working towards a healthier you

Message from the Principal Officer

GEMS continues to fulfil its mandate to provide government employees with efficient, cost-effective and equitable access to healthcare and has become integral part of the South African healthcare funding landscape over the past decade.

GEMS is the only medical scheme in the country that has made an impact on and inroads into the previously uninsured market and we continue to strive towards providing affordable healthcare cover for public service employees in South Africa.

The positive impact GEMS is having on the medical schemes industry continues to set an example to employers in all sectors of our economy where there is still a need to redress past imbalances. The Scheme has achieved this through focused practice, dedication and innovation.

Good news for GEMS members

Affordability, accessibility and quality of care have long been the driving force behind GEMS and we were therefore delighted with the recent 28.5% increase in the employer healthcare funding subsidy for in-service government employees. This is by all accounts making a tremendously positive difference to the lives of our members.

The fact that the employer contribution was backdated to January 2015 thereby resulting in a welcomed financial windfall for government employees in August was well received by GEMS members across the board. The new, improved subsidy is assisting greatly in ensuring that the Scheme will continue to fulfil its all-important mandate of accessibility and affordability well into the future.

Contribution rate increases for 2016

With effect 1 January 2016, the Scheme will be implementing an average weighted contribution increase of 9.39%, which is lower than that of 2015. Members can take comfort in the knowledge that the GEMS increase is at the lower end of the medical schemes industry, which has seen increases of as high as 10.9% for the coming year.

Contribution rate increases on individual scheme options are 9% for Sapphire and Beryl, 9.25% for Ruby and Emerald, and 11.15% for Onyx.

Understanding member needs

In 2016 GEMS will offer the following industry leading, annual preventative care and screening test benefits to members, subject to managed care rules:

- Mammograms (breast cancer screening)
- Bone density scans (to screen for osteoporosis)
- Pap smears (a screening test for cervical cancer)
- PSA tests (blood tests that can detect the early signs of an enlarged prostate)
- Occult blood screening (a test to check stool samples for blood in the stool which may indicate colon cancer or polyps in the colon or rectum)
- Glaucoma screening (an eye exam to detect glaucoma)
- Influenza vaccines
- Pneumococcal vaccinations

New from GEMS

GEMS recently introduced its workplace exercise programme, GEMS Fitness, which is specifically designed around the needs of public service employees. The programme is aimed at helping public servants to become healthier and more active.

GEMS has always placed a strong emphasis on pursuing its mandate, which is to provide all public service employees with equitable access to affordable and comprehensive healthcare benefits. Our pledge to the members of GEMS is that this will not change going forward and that the pursuit of excellence within the Scheme will, as always, continue unabated.

Yours in health,
Dr Guni Goolab
GEMS: Principal Officer



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Beryl

- Human Papillomavirus (HPV) vaccines for female beneficiaries, subject to managed care protocols
- An increase from one (1) to two (2) dental events per beneficiary per year for examinations and preventative treatment
- Neonatal screening for hypothyroidism
- Sub-limit of half the allied health limit for Social Worker and Registered Counsellor services
- A 6% increase of all in- and out-of-hospital benefit limits where annual limits are stated, with the exception of:
 - The allied health benefit limit, which increases by 3%
- Enhanced maternity benefits that include:
 - An increase from two (2) to three (3) gynaecologist visits per beneficiary per pregnancy
 - Monthly calcium and iron supplements for pregnant beneficiaries
 - Amniocentesis during pregnancy, where indicated
- An increase of 9% in contribution rates



Sapphire

- Human Papillomavirus (HPV) vaccines for female beneficiaries, subject to managed care protocols
- Neonatal screening for hypothyroidism
- A 6% increase of all in- and out-of-hospital benefit limits where annual limits are stated, with the exception of:
 - The allied health benefit limit, which increases by 3%
- Enhanced maternity benefits that include:
 - An increase from two (2) to three (3) gynaecologist visits per beneficiary per pregnancy
 - Monthly calcium and iron supplements for pregnant beneficiaries
 - Amniocentesis during pregnancy, where indicated
- An increase of 9% in contribution rates



Ruby

- Human Papillomavirus (HPV) vaccines for female beneficiaries, subject to managed care protocols
- Neonatal screening for hypothyroidism
- A 6% increase of all in- and out-of-hospital benefit limits where annual limits are stated, with the exception of:
 - The allied health benefit limit, which increases by 3%
- Enhanced maternity benefits that include:
 - An increase from two (2) to three (3) gynaecologist visits per beneficiary per pregnancy
 - Monthly calcium and iron supplements for pregnant beneficiaries
 - Amniocentesis during pregnancy, where indicated
- An increase of 9.25% in contribution rates

new!

What's
new
in 2016



Onyx

- Human Papillomavirus (HPV) vaccines for female beneficiaries, subject to managed care protocols
- Neonatal screening for hypothyroidism.
- Sub-limit of half the allied health limit for social worker and registered counsellor services
- A 6% increase of all in- and out-of-hospital benefit limits where annual limits are stated, with the exception of:
 - The allied health benefit limit, which increases by 3%
 - The optometry frame benefit limit
- Enhanced maternity benefits that include:
 - An increase from two (2) to three (3) gynaecologist visits per beneficiary per pregnancy
 - Monthly calcium and iron supplements for pregnant beneficiaries
 - Amniocentesis during pregnancy, where indicated
- An increase of 11.15% in contribution rates



Emerald

- Removal of the sub-limit for conservative and restorative dentistry
- Human Papillomavirus (HPV) vaccines for female beneficiaries, subject to managed care protocols.
- Neonatal screening for hypothyroidism
- Sub-limit of half the allied health limit for social worker and registered counsellor services
- A 6% increase of all in- and out-of-hospital benefit limits where annual limits are stated, with the exception of:
 - The allied health benefit limit, which increases by 3%
 - The optometry frame benefit limit
- Enhanced maternity benefits that include:
 - An increase from two (2) to three (3) gynaecologist visits per beneficiary per pregnancy
 - Monthly calcium and iron supplements for pregnant beneficiaries
 - Amniocentesis during pregnancy, where indicated
- An increase of 9.25% in contribution rates

2016 Monthly Contributions

These are the monthly contributions for 2016. Please note that they do not show how much you will pay when the employer subsidy is included. Where an employee qualifies for a subsidy, the employer will pay a part of the contribution and the employee will pay the balance.

Sapphire		R0 – R7 340.00	R7 340.01 – R10 299.00	R10 299.01 – R17 644.00	R17 644.01+
		R776	R813	R864	R961
		R566	R601	R632	R751
		R328	R354	R375	R452
Beryl		R0 – R7 340.00	R7 340.01 – R10 299.00	R10 299.01 – R17 644.00	R17 644.01+
		R895	R971	R1 059	R1 270
		R823	R889	R978	R1 177
		R494	R545	R585	R710
Ruby		R0 – R11 053.00	R11 053.01 – R19 089.00	R19 089.01+	
		R1 796	R2 000	R2 224	
		R1 256	R1 400	R1 552	
		R688	R772	R852	
Emerald		R0 – R11 053.00	R11 053.01 – R19 089.00	R19 089.01+	
		R1 996	R2 210	R2 477	
		R1 410	R1 584	R1 761	
		R731	R820	R914	
Onyx		R0 – R11 053.00	R11 053.01 – R23 551.00	R23 551.01+	
		R3 193	R3 322	R3 587	
		R2 271	R2 351	R2 562	
		R949	R1 030	R1 149	

Please note:

25% of Ruby contributions go towards the Personal Medical Savings Account



Salary row

This reflects the monthly salary before tax or other deductions.



Member row

This column shows how much the main member, who is the public service employee registered with GEMS, has to pay.



Adult row

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



Child row

This column shows how much you have to pay for a child dependant. GEMS covers children up to the age of 21 years, unless the child is mentally or physically disabled or younger than 28 years of age and a student registered at a recognised educational institution.

Increase in medical scheme subsidy

The Public Service Co-ordinating Bargaining Council (PSCBC) Resolution 2 of 2015 agreed that the medical subsidy for in-service employees on GEMS will be increased by 28.5% and backdated with effect from 1 January 2015.

This means that:

- For principal members the new medical subsidy is capped at R925 per month.
- For former employees (pensioners) the maximum medical subsidy has increased from R1014 to R1850 per month.
- For active employees the maximum medical subsidy has increased from R2760 to R3545 per month.

The following employer medical contributions cases have not been updated:

- **Employees whose service is currently terminated:** Members who resigned in this tax year are to forward queries via the GDF payroll unit. Those who resigned before 15 February 2015 must complete a BAS form with budget allocations and vendor registration.
- **Employees promoted to salary level 11 or higher:** Medical subsidy is part of their all-inclusive package. Employees will have to restructure their packages.
- **All employees whose GEMS medical aid deduction was terminated:** Reconciliation and membership certificates can be obtained from the GEMS Contribution and Debt department for submission to HR.

Employees on salary levels 1-5 who retire on the GEMS Sapphire option will continue to receive a 100% medical subsidy provided that the subsidy amount does not exceed the former employee's total monthly contribution to GEMS.

Subsidy refund paid by employer

Please note that all refunds will be processed via Persal and not via GEMS.

The future medical subsidy for in-service employees on GEMS and for all former employees shall be increased on 1 January of every year. The increase in the subsidy will assist the members financially, making GEMS more affordable.



Preventing mother to child transmissions

HIV can be transmitted from mother to child during pregnancy, labour and delivery as well as during breastfeeding.

It is therefore important for pregnant women to test for HIV as soon as their pregnancy is confirmed and to repeat the test at 32 weeks even if they had tested negative previously.

While all pregnant members should register on the GEMS Maternity Programme as soon as they become aware of their pregnancy, HIV-positive members should immediately also

contact the GEMS HIV Disease Management Programme (DMP) to register on the programme, or if already registered, to confirm that they are on the correct treatment. This is very important as the earlier the correct treatment is given, the earlier transmission of HIV to the baby can be prevented.

To reduce the risk of transmission of the virus to the baby, the GEMS HIV DMP staff will advise and provide the mother with treatment for herself and the baby, as well as milk for the baby if required.

Six-month repeat script cycle: Why it is important to adhere to these timelines

GEMS members with a chronic condition are required to always have a valid prescription in order to obtain their chronic medicine. All prescriptions have to be renewed every six months or as specified by the prescribing doctor. A member cannot have more repeats than the number specified on the prescription. Renewing prescriptions timeously not only ensures that members always have enough supply of their chronic medicine; it also ensures that the patient gets the desired health outcomes.

Before being issued with a new repeat prescription, the doctor must evaluate the beneficiary. During the evaluation, the doctor will take note of the effectiveness of the prescribed medicine in treating the condition. Based on the outcome of this evaluation, the doctor can then make an informed decision on whether to:

- Continue with the current medicine.
- Change the dosage, quantity or strength of the medicine.
- Change the medicine altogether and prescribe alternatives.

If the doctor has changed any aspect of the authorised medicine, it is important that GEMS is informed of these changes so that these could be authorised once again and also prevent these medicine from being paid from the acute benefits. This is called updating an authorisation. The treating doctor or dispensing pharmacist can update the authorisation by contacting the GEMS Contact Centre.

When renewing their prescriptions, members are encouraged to take the opportunity to discuss their concerns, if any, including side effects and possible generics so that they can minimise out-of-pocket payments.

Taking your medicine exactly as prescribed is vital and ensures that your chronic condition is managed better. If you are always left with excess stock of your medicine, especially if you take your medicine as prescribed, alert both your doctor and GEMS so that the supply can be amended. You can contact the GEMS Contact Centre or download the “Chronic Medicine Delivery Amendment Form” to do this.

How to identify a GEMS Medicine Provider Network (MPN) pharmacy

The GEMS Pharmacy Network was re-launched to increase access to medicine and to also ensure that healthcare remains affordable to all GEMS members. In establishing this network, GEMS has made it possible for members to choose where and how they can obtain their chronic medicine.

They can either have these delivered by GEMS’ Courier Pharmacy or obtain their chronic medicine from their local GEMS Network Pharmacy. The same rules apply for the Courier Pharmacy and GEMS Network Pharmacy regarding out-of-pocket payments (co-payments). In order to minimise these co-payments, GEMS recommends that all members use only these pharmacies.

These service providers are available throughout the country. To locate your nearest network pharmacy, here is what you can do:

- Lookout for the distinct GEMS logo that will be prominently displayed at the entrance to the pharmacy.
- You can also locate a provider by using the GEMS website. To do this:
 - **Step 1:** Log onto the GEMS website.
 - **Step 2:** Go to “Find a network provider”.
 - **Step 3:** Insert the preferred provider and area where you are located. A list of these providers will be displayed.
- Members can also contact the GEMS Contact Centre on **0860 00 4367**.

By using these pharmacies, members stand to benefit as they minimise out-of-pocket payments.

GEMS values beneficiaries’ feedback at all times. If the levels of services received from any of the above mentioned service providers is unsatisfactory, we request members to notify us by calling **0860 00 4367** or sending an SMS to **44966**.

Requesting your ICD-10 code diagnosis

The purpose of the ICD-10 coding system is to interpret the diagnoses of diseases and other related health problems into an alpha numerical code. This allows for an internationally recognised coding language for healthcare providers, which in data format is easily stored, retrieved and analysed.

It also allows for systematic recording, analysis, interpretation and comparison of morbidity and mortality data collected within a country. ICD-10 coding in essence provides consistent, reliable and reproducible health data.

This system was adopted on 1 July 2005 and was made compulsory for all healthcare practitioners to include the ICD-10 code that applies to the relevant medical diagnosis for every single line item on a medical account (Regulation 5(f) of the Medical Schemes Act 131 of 1998).

The advantages of encouraging members to request their doctors to declare the diagnosis of their medical conditions using the appropriate ICD-10 code on their referral letters, such as prescriptions and laboratory or x-ray requests, are manifold.

It helps to safeguard the member's sensitive diagnostic details relating to the member's medical condition in a confidential manner. Instead of the referring doctor writing out the member's disease information, the ICD-10 code will be used instead to indicate the condition to another medical service provider.

Legally, the member's referral letter should have an ICD-10 code and it must be supplied as a header to cover the entire referral request or at line or item level in order to be viewed by the Scheme as a valid claim in order to be processed. Use of ICD-10 codes also ensures that the Scheme has the correct information to pay member claims from the correct benefit categories which is beneficial to the Scheme as well as the member. It enables the Scheme to allocate its fund benefits, manage risk appropriately, and to assess the state of health of the Scheme's members. ICD-10 codes aid the correct identification of Prescribed Minimum Benefit (PMB) claims which are funded from the Scheme's risk fund instead of the day-to-day/savings account, thus assisting the member to extend their benefits for PMB conditions.

In a nutshell, ICD-10 coding ensures that member claims are paid correctly, efficiently and timely.

Emergency dental treatment

Sapphire and Beryl members may only visit network providers. Voluntary use of a non-network provider is not covered by GEMS. However, there are instances where involuntary use of a non-network dental provider visit will be considered for funding.

In the event of an emergency the dentist/dental therapist may be able to charge for a consult or limited consult, sterile tray and gloves, local anaesthesia where indicated and up to a maximum of two x-rays depending on available limits at the time of the consultation and only one additional clinical procedure limited to the emergency.

One event per beneficiary per benefit year is allowed according to the Scheme rules. (Only one clinical procedure per visit per beneficiary per annum is allowed to a non-network provider).

The approved dental procedures as per pain and sepsis that would be funded at non-network providers are as follows:

- Emergency removal of the pulp.
- Pulpotomies.
- Extractions.
- Surgical removal of residual roots.
- Amalgam and composite fillings.
- Dry socket/alveolar osteitis.
- Impacted tooth associated with severe infection.

Where two or more procedures are required, then the member is to schedule a consult with a network dental therapist/dentist. Ensure that members are aware of self-funding for procedures not covered on this option and in line with the Scheme rules.

Be prepared during an emergency

Emergencies can happen when you least expect them, so always be prepared for what could happen.

Emergency situations in the workplace

It is important to keep your employees safe at work. You can keep a safe environment by educating your employees on how to react during emergency situations.

During medical emergencies, act quickly; this is crucial to saving a life.

Know the medical emergency contact number for GEMS: **0800 444 367.**

- While you are with the patient first confirm that you are safe to enter the area where the patient might be laying or you may be walking into an area that could incapacitate you as well.

- If you've established that it is safe to enter, call the person by name and try and get a response from them. This will determine the alertness of the patient and will play a critical part later in your care.
- Call for help – remember the number for the ambulance. (This is also available on the GEMS membership card).
- If the patient is conscious you know he is breathing and the airway is open. If the patient is unconscious it is important to turn the patient on his/her side (known as the recovery position) as this will assist with the management of airway.
- Conscious patients are breathing patients, but to confirm if an unconscious patient is breathing you have to look, listen and feel.

Remember all emergency call-taking agents are medically trained and will be able to assist telephonically with all emergencies while an ambulance is mobilised to assist the patient at this difficult time.

Introducing GEMS Fitness!

GEMS has officially launched GEMS Fitness, an exercise and health programme uniquely suited to the needs of our members.

GEMS Fitness is an interactive programme aimed at creating an environment where members can get active, make better lifestyle choices and see the benefits of their efforts, while competing with and motivating each other. Members enrolled on the programme will have access to workplace-based interventions, including:

- Activity tracking, using a fitness device
- Access to the GEMS Fitness journey web tool
- Challenges and competitions that can be set up within departments or between different departments
- Fitness assessments
- Health coaching and workshops
- Workplace-based exercise sessions.

To join GEMS Fitness

- You need to be a principal GEMS member or a dependant employed by government.
- You need to be validated, which means your department needs to agree to participate. GEMS will then come to your department and host an activation event.
- You need to attend an activation event and complete a form to active your GEMS Fitness membership.

For more information and/or to enrol:

- Call GEMS on **0860 00 4367.**
- Visit www.gems.gov.za.
- Send an email to enquiries@gems.gov.za.

Motivation gets you started, habit keeps you going!



Alerts

Emergency Medical Services for GEMS members

GEMS has an Emergency Medical Services (EMS) Provider Network that provides emergency medical assistance to GEMS members and dependants. Make sure that GEMS members are well-informed about the GEMS EMS service.

For more information about GEMS' EMS visit www.gems.gov.za

Conveniently-located walk-in centres

Do you prefer the personal touch of discussing your GEMS-related enquiries with a consultant? Then look no further, visit your nearest walk-in centre at a branch closest to you where an agent is available to help you. To find out where your closest walk-in centre is visit www.gems.gov.za

GEMS' 2015 Symposium

GEMS held its eighth annual Symposium on 1-2 October 2015 at the East London International Convention Centre.

Members and stakeholders were invited to hear executives, researchers, the public sector, policy makers, healthcare services, academia, member advocates, trend analysts and prominent guest speakers share their insights and explore the 2015 Symposium theme *Towards affordable healthcare: GEMS transition to an activist payer*.

All speaker presentations are available on our website at www.gems.gov.za under the 'News' tab.

Be on the lookout for the GEMS Lekgotla!

Do your members have a burning issue, want to obtain feedback or raise questions with the management of GEMS? If so, encourage them to attend the GEMS Lekgotla that takes place around the country. Watch this space for more information.



High-risk pregnancies can be managed through the GEMS Maternity Programme to

reduce stress and improve productivity

Pregnancy is an extraordinary experience. If one has to highlight life experiences, most women will say that pregnancy and childbirth are the experiences that they will never forget.

Pregnant members have access to the GEMS Maternity Programme. This programme is specifically designed to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) period.

The Maternity Programme is headed by case managers who are experienced, registered nursing sisters with additional qualifications in midwifery. These case managers will help you to register on the Maternity Programme and you can contact them on **0860 00 4367** for advice and information.

Benefits of joining the Maternity Programme

- Receiving a GEMS pregnancy, birth and early parenting book upon registration.
- A free maternity bag will be sent during the third trimester as a gift to mother and baby.
- Enjoying free access to all services offered by the programme.
- Receiving information about the benefits offered by GEMS during the pregnancy and after the birth of the child.
- Receiving a Care Plan to guide the doctor in the appropriate treatment necessary for the duration of the pregnancy.
- Access to healthcare information that will make it possible for the mother to make informed decisions with the midwife or doctor about her health and birth choices.
- Telephonic advice and support if you experience problems during the first six weeks of parenthood.

For more information about accessing the Maternity Programme benefits and registering on the programme visit www.gems.gov.za



Tips for a healthy summer

Be sun smart. Always wear sunscreen and use one that is at least SPF 30 to protect your skin from harmful UV rays. A mineral-based sunscreen is best for sensitive skin. Don't sit in direct sunlight during 10am and 4pm when the sun and UV radiation is most harsh. If you are planning to be out in the sun for a long period of time, reapply sunscreen every two to three hours.

Drink lots of water. Heat and sweat can leave your body dehydrated. A lack of water is harmful to your body and can also make you crave food when you're not actually hungry. It is incredibly important to keep yourself hydrated by drinking at least eight glasses of water a day. Bored of water? Add some fruit pieces to your water or opt for healthy alternatives like green tea or coconut water.

Be smoothie smart. Fruit smoothies are a great way to get your five-a-day and keep refreshed throughout the summer, but watch out for smoothies made with frozen yoghurts or ice cream as they can be high in calories. A healthy smoothie should be made with fruit, juice, low fat-yoghurt and ice. Use any fruit you might have or have kept in the freezer, and throw it all in a blender to make a perfect summer drink.

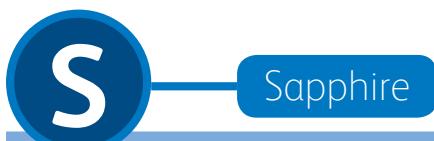
Eat healthy by the pool or on the beach. When the sun is beating down, the idea of seeking out the nearest ice cream stand is tempting. Stay strong by being prepared, and pack a coolerbag full of healthy snacks and juices. Fill your coolerbag with ice, bottled water, sandwiches, vegetable sticks with hummus, yoghurts and endless amounts of fruit.

Keep exercising. Exercise doesn't have to stop because of the rising temperatures. Instead of working out outside, change your exercise plan and take it indoors. Join a gym, take up a step class, or get a group of friends around for an afternoon of exercise DVDs. Runs in the cold wintery weather can be swapped for a summer swim at your local pool or gym. Start by swimming for 10 minutes and increase the time over the following weeks by doing front crawl, breaststroke or backstroke to mix up your cardio workout. A 30 minute session of this full body workout will burn almost 400 calories! If swimming laps isn't your thing, join a water aerobics class or create your own aerobic workout with jumping jacks, marching and jogging in water.

Source: <http://www.hellomagazine.com/healthandbeauty/health-and-fitness>

Benefit Schedule for 2016

Please refer to the glossary for an explanation of various terms and abbreviations.



Disclaimer:

This brochure contains a summary of medical benefits and contribution costs offered by GEMS for 2016. Should a dispute arise, the Rules of the Scheme will apply. The Rules of the Scheme are available on the GEMS website at www.gems.gov.za, under About Us. You may also contact us directly to request a copy. The 2016 benefits summarised in this brochure are still subject to approval by the Council for Medical Schemes (CMS), and may change. The final benefit information will be made available on the GEMS website at www.gems.gov.za once CMS approval has been obtained.

In-Hospital Benefits

Prescribed minimum benefits (PMBs) • Unlimited, subject to PMB legislation • Service provided by DSP • PMBs override all other benefit limitations **C**

Yearly hospital benefit (public hospitals, GEMS-approved registered unaffiliated theatres and day clinics) • Includes accommodation in a general ward, high care ward and intensive care unit (ICU), 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 yearly hospital limit of R186 385 per family per year • TTO limited to 7 days • No limit per maternity confinement event, but subject to yearly hospital limit and registration on Scheme's maternity programme • Co-payment of R1000 per admission if pre-authorisation not obtained **P C % PMB MC**

Alcohol and drug dependencies • Service provided by DSP **P C 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, registered counsellors • Subject to referral by network FP **P C % PMB**

Alternatives to hospitalisation (sub-acute hospitals and private nursing) • Subject to yearly hospital limit and sub-limit of R18 638 per family per year • Excludes frail care • Includes post-surgical home nursing **P C % PMB MC** - **Hospice:** Unlimited, subject to PMB legislation

Blood transfusion • Includes cost of blood, blood equivalents, blood products and transport thereof **P C PMB MC**

Breast reduction • No benefit, unless PMB

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

Emergency services (casualty department) **P C PMB MC**

FP services • Consultations and visits • Subject to yearly hospital limit • Reimbursement according to Scheme-approved tariff file for maternity confinement, applicable to both caesarean and non-caesarean delivery **P C %**

Maternity (public hospitals and designated private hospitals) • Subject to registration on the maternity programme • Elective caesarean may be subject to second opinion • Hospitalisation in designated private hospitals for post-discharge complications for newborns limited to 6 weeks • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained **P C PMB MC**

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

Mental health **P C 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 C PMB MC**

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Subject to a sub-limit of R17 865 per beneficiary per year for corneal grafts • Includes materials **P C % PMB**

Pathology • Subject to yearly hospital limit **% PMB**

Physiotherapy - 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 494 per beneficiary per event used within 60 days of surgery **P C 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 yearly hospital limit and a sub-limit of R21 293 per family per year • Bone cement paid from in-hospital benefits • Shared sub-limit with out-of-hospital prosthetics and appliances of R3 933 for foot orthotics and prosthetics with a sub-limit of R1 124 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to formulary **P C % PMB MC**

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

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

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

Specialist services • Consultations and visits • 100% of Scheme rate for non-network providers • 130% of Scheme rate for established network specialists • Subject to yearly hospital limit • Reimbursement according to Scheme-approved tariff file **P**

Surgical procedures (including maxillo-facial surgery) • Subject to yearly hospital limit • Subject to case management • Maxillo-facial surgery subject to yearly sub-limit of R18 638 per family • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery **P C %**

Out-of-Hospital Benefits

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, physiotherapists, reflexologists, social workers, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists, Chinese medicine practitioners • Subject to referral by network FP **C PMB MC**

Audiology, occupational therapy and speech therapy • Subject to referral by network FP **C PMB MC**

Circumcision (helps prevent HIV infection) • Subject to use of network FP • Global fee of R1 272 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only **P C % PMB**

Dental services (conservative, restorative) • Subject to list of approved services and use of DSP **% PMB** - 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) • Subject to approved Scheme tariff - Examinations and preventative treatment • 2 treatment episodes per beneficiary per year - Specialised dentistry and other dentures • In accordance with the Scheme-approved tariff **PMB**

Emergency assistance (road and air) • Subject to use of emergency services DSP • Unlimited, subject to PMB legislation **C PMB**

Network FP services • Reimbursement at 200% of Scheme Rate for procedures performed in doctors' rooms instead of in hospital **MC** - Network FP • Consultations and approved minor procedures • Unlimited **% PMB** - Voluntary use of non-network providers • Any out-of-hospital visit to a non-network FP • 80% of Scheme Rate (20% member co-payment) • Limited to 3 visits per family per year and R921 per event - Emergency medical conditions and involuntary use of non-network provider • Unlimited for PMBs • Treatment at DSP or registered emergency medical facility **%**

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

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

Maternity (ante- and postnatal care) • Subject to registration on the maternity programme and referral from network FP • Includes 2 x 2D ultrasound scans per pregnancy, subject to Maternity Programme protocols **% PMB MC**

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, mobility scooters, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • Applicable in and out of hospital • Subject to prescription by network FP • Limited to R5 590 per family • Shared sub-limit with in-hospital prosthetics and appliances of R3 933 for foot orthotics and prosthetics with a sub-limit of R1 124 for orthotic shoes, foot inserts and levellers per beneficiary per year • Bilateral hearing aids every 36 months • Foot orthotics and prosthetics subject to formulary **P C % PMB**

Mental health • Subject to the use of network FP and specialist network **C PMB MC**

Optical services (eye examinations, frames, lenses and acute medicine) • Subject to use of optometry network and approved list of frames • Limit of R3 843 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 a network FP and subject to formulary • Benefit not pro-rated • Post-cataract surgery, PMB benefit limited to the cost of a bifocal lens not more than R1 004 for both lens and frame, with a sub-limit of R199 for the frame • Either spectacles or contact lenses will be funded in a benefit cycle, not both • Includes tinted lenses for albinism and proven photophobia, subject to pre-authorisation **%**

Orthopaedic disease management programme • Subject to negotiated rate **MC**

Pathology • Subject to referral by network FP or other accredited service provider and list of approved tests • Tests requested by specialist are covered subject to the list of approved services, if referred by network FP and the specialist visit was pre-authorised • Pre-authorisation is required for certain tests as stipulated on the Managed Care Pathology Request Form • Unlimited **%**

Physiotherapy • Subject to referral by network FP - Post-hip, knee and shoulder replacement or revision physiotherapy • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R4 494 per beneficiary per event used within 60 days of surgery **P C PMB MC**

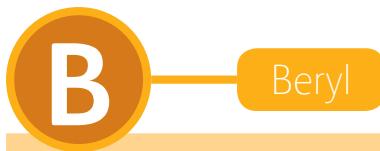
Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL - Acute medical conditions • Subject to formulary and prescription by network FP • Unlimited • Obtainable from network dispensing FP or network pharmacy • Medicine prescribed by a specialist only covered if patient referred to the specialist by a network FP and visit is pre-authorised • 30% co-payment on out-of-formulary medicine or voluntary use of non-network pharmacy or non-network FP • Homeopathic medicine and alternative medicine excluded unless prescribed by a network FP - Chronic medical conditions • Limited to CDL and DTP PMB chronic conditions • Subject to prior application and approval, the Formulary, MPL and prescribed by a network FP • Unlimited, subject to PMB legislation • Medicine prescribed by a specialist only covered if patient referred by a network FP and visit is pre-authorised • 30% co-payment on out-of-formulary medicine or voluntary use of non-DSP pharmacy **C - Self-medicine (OTC)** • To be obtained for minor ailments • Subject to Formulary and use of DSP • Limited to R55 per event, 5 events and R279 per family per year • Only schedules 0, 1 and 2 medicines covered

Preventative care services • Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood test, thyroid stimulating hormone (TSH) and thyroxine (FT4) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year • Includes Influenza, HPV vaccinations for female beneficiaries and Pneumococcal vaccinations • Pneumococcal vaccines every 5 years for members with asthma and chronic obstructive pulmonary disease **% PMB**

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

Radiology (basic) • Subject to referral by network FP and list of approved services • Includes 2 x 2D ultrasound scans per pregnancy provided for by maternity programme • Examinations requested by specialist are covered subject to list of approved services, if referred by the network FP and the specialist visit is pre-authorised • Unlimited **P C %**

Specialist services • 100% of Scheme rate for non-network providers • 130% of Scheme rate for established network specialists • Subject to network FP referral • Antenatal visits subject to maternity programme protocols • Includes 2 x 2D ultrasound scans per pregnancy, subject to out-of-hospital basic radiology benefit • 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 C % PMB**



In-Hospital Benefits

Prescribed minimum benefits (PMBs) • Unlimited, subject to PMB legislation • Service provided by DSP • PMBs override all other benefit limitations **C**

Yearly hospital benefit (public hospitals, GEMS-approved private hospitals, registered unattached theatres and day clinics) • Services rendered by DSP • Includes accommodation in a general ward, high care ward and intensive care unit (ICU), theatre fees, medicines, materials and hospital equipment (includes bone cement for prostheses), confinements and midwives and neonatal care • Chronic medicine provided by chronic DSP • Subject to yearly hospital limit of R931 940 per family per year • TTO limited to 7 days • Co-payment of R1 000 per admission if pre-authorisation not obtained **P % MC PMB**

Alcohol and drug dependencies • Subject to use of DSP **P C 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, registered counsellors • Subject to referral by network FP • Yearly limit of R1 858 per beneficiary and R2 794 per family • Sub-limit of R1 358 per family for social workers and registered counsellors **P % PMB**

Alternatives to hospitalisation (sub-acute hospitals and private nursing) • Subject to yearly hospital limit and sub-limit of R18 638 per family per year • Includes post-surgical home nursing • Includes physical rehabilitation for approved conditions • Excludes frail care and recuperative holidays **P % MC Hospice** • Unlimited, subject to PMB legislation **PMB**

Blood transfusion • Includes cost of blood, blood equivalents, blood products and transport thereof • Subject to yearly hospital limit and sub-limit of R18 638 per family per year **P C**

Breast reduction • No benefit, unless PMB

Dental services (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 years • Subject to yearly hospital limit and out-of-hospital dentistry limit • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery **P % PMB**

Emergency services (casualty department) **P C PMB MC**

FP services • Consultations and visits • Subject to yearly hospital limit • Reimbursement according to Scheme-approved tariff, applicable to both caesarean and non-caesarean delivery and childbirth by an FP **P %**

Maternity (hospital, home birth and accredited birthing unit) • Subject to registration on the maternity programme • Unlimited, subject to PMB • Includes complications for mother and newborn • Elective caesarean may be subjected to second opinion • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained **P C PMB MC**

Medical technologist • Subject to yearly hospital limit and sub-limit of R18 638 per family per year **P % PMB**

Mental health **P C 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 yearly hospital limit and sub-limit of R186 384 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 % PMB MC**

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Sub-limit of R17 865 per beneficiary per year for corneal grafts **P C PMB**

Pathology • Subject to yearly hospital limit **C 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 494 per beneficiary per event used within 60 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 yearly hospital limit and a sub-limit of R27 960 per family per year • Unlimited for PMBs once benefit limit is depleted • 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 933 for foot orthotics and prosthetics with a sub-limit of R1 124 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 yearly hospital limit • Includes 2 x 2D ultrasound scans per pregnancy **% MC**

Renal dialysis • In and out of hospital • Includes materials • Subject to yearly hospital limit and sub-limit of R186 384 per family per year • Unlimited for PMBs • Subject to clinical guidelines used in public facilities programme **P C MC**

Specialist services • Consultations and visits • Subject to yearly hospital limit • 100% of Scheme rate for non-network specialist • 130% of Scheme rate for network specialist • Reimbursement according to Scheme-approved tariff **P % PMB**

Surgical procedures (including maxillo-facial surgery) • Subject to yearly hospital limit • Subject to case management • Maxillo-facial surgery subject to yearly sub-limit of R18 638 per family • Excludes osseointegrated implants and orthognathic surgery **P %**

Out-of-Hospital Benefits

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, registered counsellors • Subject to referral by network FP • Yearly limit of R1 806 per beneficiary and R2 715 per family • Sub-limit of R1 358 per family for social workers and registered counsellors **% PMB**

Audiology, occupational therapy and speech therapy • Subject to referral by network FP • Included in allied health services benefit limit, unless PMB **% MC PMB**

Circumcision (to help prevent HIV infection) • Subject to use of network FP • Global fee of R1 272 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 and restorative dentistry including acute medicine) • Subject to list of approved services and use of DSP **% MC** - Examinations and preventative treatment • 2 treatment events per beneficiary per year **% MC** - Conditions with pain and sepsis • 2 events per beneficiary per year **% PMB % MC** - Fillings • Unlimited at DSP **% MC** - Clinically indicated dental services including extraction and emergency root canal procedure, intra oral radiography • 1 event per beneficiary per year **PMB MC** - Emergency non-DSP visit • Limited to 1 event per beneficiary per year • Dentures and specialised dentistry • Limit of R3 074 per beneficiary per year

Emergency assistance (road and air) • Subject to use of emergency services DSP • Unlimited, subject to PMB legislation **C MC**

Network FP services • Consultations and approved minor procedures at network FP • Unlimited • Reimbursement at 200% of Scheme rate for diagnostic procedures performed in doctors' rooms instead of in hospital **% MC** - Emergency medical conditions and involuntary use of non-network FP for PMBs • Unlimited, subject to PMB legislation **C** - Voluntary use of non-network FP • Any out-of-hospital visit to non-network FP • 80% of Scheme rate (20% member co-payment) • Limited to 3 visits per family per year and R922 per event

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

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

Maternity (ante- and postnatal care) • Subject to registration on the maternity programme • Subject to referral from network FP • Includes 2 x 2D ultrasound scans per pregnancy • Part of specialists benefit **P % PMB MC**

Medical and surgical appliances and prostheses • Includes hearing aids, mobility scooters, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In and out of hospital • Subject to prescription by a network FP • Subject to yearly hospital limit and sub-limit of R9 320 per family per year • Shared sub-limit with in-hospital prosthetics of R3 933 for foot orthotics and prosthetics with a sub-limit of R1 124 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • Bilateral hearing aids every 36 months **% MC**

Mental health (includes psychologists) • Subject to use of network FP and specialist network • Subject to yearly hospital limit and combined with out-of-hospital sub-limit of R8 467 per family per year, unless PMB **% MC PMB**

Optical services (eye examinations, frames, lenses and contact lenses (permanent and disposable) and acute medicine) • Subject to use of optometry network 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 301 per beneficiary every second year • Acute medicine prescribed by network FP and subject to formulary • Benefit is not pro-rated • Post-cataract surgery, optical PMB entitlement limited to the cost of a bifocal lens not more than R1 004 for both lens and frame, with a sub-limit of R199 for frame • Includes tinted lenses for albinism and proven photophobia, subject to pre-authorisation **%**

Orthopaedic disease management programme **% MC**

Pathology • Subject to referral by network practitioner and list of approved tests • Tests requested by specialist are covered subject to the list of approved services, if referred by network FP and the visit is pre-authorised • Unlimited • Pre-authorisation required for certain examinations as per the Managed Care Radiology Request Form **%**

Physiotherapy • Subject to referral by network practitioner • Included in allied health services benefit limit unless PMB **PMB % MC** - Post-hip, knee and shoulder replacement or revision physiotherapy • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R4 494 per beneficiary per event used within 60 days of surgery **P % MC**

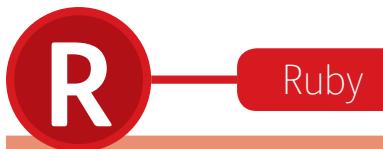
Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL • Prescription by a specialist is only covered if referred by network FP and the visit is pre-authorised **% MC** - Acute medical conditions • Subject to formulary • Unlimited at Network dispensing FP or network pharmacy • Subject to prescription by network FP • 30% co-payment on out-of-formulary medicine or voluntary use of non-network pharmacy • Excludes homeopathic and alternative medicine unless prescribed by a Network FP • Chronic medical conditions (limited to COLD and DTP PMB chronic conditions) • Subject to prior application, approval, formulary and use of DSP practitioner • Subject to prescription by network FP • Unlimited, subject to PMB legislation • 30% co-payment on out-of-formulary medicine or voluntary use of non-network pharmacy - Self-medicine (OTC) • To be obtained for minor ailments • Subject to formulary and use of network pharmacy • Limited to R55 per event, 5 events and R279 per family per year • Only schedule 0, 1 and 2 covered

Preventative care services • Serum cholesterol, bone density scan (including liquid-based cytology), pap smear, prostate-specific antigen, glaucoma screening, serum glucose, occult blood, thyroid stimulating hormone (TSH) and thyroxine (FT4) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Pap smears include liquid-based cytology • Includes Influenza vaccinations, HPV vaccinations for female beneficiaries and Pneumococcal vaccinations • Pneumococcal vaccinations every 5 years for members with asthma and chronic obstructive pulmonary disease **% MC**

Radiology (advanced) • Shared with in-hospital advanced radiology limit of R27 960 per family per year **P % MC PMB**

Radiology (basic) • Subject to referral by network FP 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 network FP and the visit is pre-authorised • Unlimited • Pre-authorisation required for certain examinations as per the Managed Care Radiology Request Form **%**

Specialist services • 100% Scheme rate for non-network providers • 130% Scheme rate for network specialists • Subject to network FP referral and list of approved services for radiology and pathology and treatment plans care protocols • Limited to 5 consultations or R3 354 per family per year or 3 consultations or R2 236 per beneficiary per year • 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 % MC PMB**



In-Hospital Benefits

Prescribed minimum benefits (PMBs) • Unlimited, subject to PMB legislation • Service provided by DSP • PMBs override all other benefit limitations **C**

Yearly hospital benefit (public and private hospitals, registered unattached theatres and day clinics) • Unlimited • Open network • Includes accommodation in a general ward, high care ward and intensive care unit (ICU), 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 R15 034 per beneficiary per year • Co-payment of R1 000 per admission if pre-authorisation not obtained **P % MC**

Alcohol and drug dependencies • Subject to use of DSP **P C 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 and registered counsellors • Limited to PMSA and block benefit **% PMB**

Alternatives to hospitalisation (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** - **Hospice:** Unlimited, subject to PMB legislation **C**

Blood transfusion • Unlimited, subject to PMB legislation • Includes cost of blood, blood equivalents, blood products and transport thereof • Includes erythropoietin **P % MC PMB**

Breast reduction • No benefit, unless PMB

Dental services (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 years • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • Professional fees subject to shared limit with out-of-hospital dentistry benefit of R2 864 per beneficiary per year • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery **P % MC**

Emergency services (casualty department) • Paid from out-of-hospital FP services for non-PMB and unauthorised events **P C PMB MC**

FP services • Consultations and visits • Reimbursement according to Scheme-approved tariff file, applicable to both caesarean delivery and non-caesarean delivery **%**

Maternity (hospital, home birth and registered birthing unit) • Subject to registration on the maternity programme prior to admission • Unlimited, subject to PMB legislation • Elective caesarean may be subject to second opinion • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained **P C PMB MC**

Medical technologist • Unlimited **P % MC**

Mental health • Accommodation, theatre fees, medicine, hospital equipment, professional fees of FPs, psychiatrists, psychologists and registered counsellors • Limited to R15 788 per family per year for non-PMBs • Maximum of 3 days hospitalisation by FP **P % MC PMB**

Oncology (chemo and radiotherapy) • In and out of hospital • Includes medicine and materials • Limit of R284 202 per family per year • Sub-limit of R214 819 per family per year for biological and similar specialised medicines • Includes cost of pathology, related radiology benefit, medical technologists and oncology medicines • Subject to MPL • Erythropoietin included in blood transfusion benefit • Excludes new chemo-therapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advance and metastatic solid organ malignant tumours unless pre-authorised **P % MC PMB**

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Limited to R526 293 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 South Africa, except in the case of corneal grafts • Sub-limit of R17 865 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care rules) **P % PMB**

Pathology • Unlimited **%**

Physiotherapy • Limited to R4 258 per beneficiary per year **P % MC PMB** - **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 494 per beneficiary per event used within 60 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 R35 811 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 933 for foot orthotics and prosthetics with a sub-limit of R1 124 for orthotic shoes, foot inserts and levellers per beneficiary per year foot orthotics and prosthetics subject to formulary **P % MC PMB**

Radiology (advanced) • Shared with out-of-hospital advanced radiology limit of R18 945 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 PMB**

Radiology (basic) • Unlimited **%**

Renal dialysis • Subject to clinical guidelines used in public facilities • In and out of hospital • Includes materials • Includes related pathology tests if done by network provider • Limited to R225 550 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 % MC PMB**

Specialist services • 100% of Scheme rate for non-network specialists • 130% of Scheme rate for established network specialists • Consultations and visits • Unlimited

• Reimbursement according to Scheme-approved tariff file

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

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

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 and registered counsellors • Limited to PMSA and block benefit **% PMB**

Audiology, occupational therapy and speech therapy • Limited to PMSA and block benefit **%**

Block benefit • Claims paid against this benefit once PMSA limit is reached • Limited to R1 495 per family per year • Benefit is pro-rated from join date **%**

Circumcision (to help prevent HIV infection) • Global fee of R1 272 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out of hospital only **P % MC**

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

Dental services (conservative and restorative dentistry (includes plastic dentures) and special dentistry (includes metal base partial dentures)) • Shared with in-hospital dentistry limit of R2 864 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 years) • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • 200% of Scheme rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms **P % MC**

Emergency assistance (road and air) • Subject to use of emergency services DSP • Unlimited, subject to PMB legislation **C MC**

FP 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 **% MC**

FP network extender benefit • For beneficiaries with chronic conditions registered on the disease management programme • 1 additional consultation at network FP once PMSA and block benefit is exhausted **% MC**

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

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

Maternity (ante- and postnatal care) • Subject to registration on the maternity programme • Subject to PMSA • Includes 2 x 2D ultrasound scans per pregnancy **% PMB MC**

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, mobility scooters, 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 R35 811 per family per year • Sub-limit of R13 973 per family per year for medical and surgical appliances • Shared sub-limit with in-hospital prosthetics of R3 933 for foot orthotics and prosthetics with a sub-limit of R1 124 for orthotic shoes, foot inserts and levellers per beneficiary per year • Bilateral hearing aids every 36 months • 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 **% MC PMB**

Mental health • Consultations, assessments, treatments and/or counselling by FPs, psychiatrists, psychologists, psychometrists or registered counsellors • Limited to PMSA

• If offered as alternative to hospitalisation, then hospital benefits will apply **C MC PMB**

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, optical PMB entitlement limited to the cost of bifocal lens not more than R1 000 for both lens and frame, with a sub-limit of R202 for frame • Frame sub-limit of R848 from the block benefit per beneficiary once PMSA is exhausted • Includes tinted lenses for albinism and proven photophobia **P %**

Orthopaedic disease management programme • Negotiated rate **MC**

Pathology • Limited to PMSA and block benefit • Includes liquid-based cytology pap smear **% MC**

Physiotherapy • Limited to PMSA and block benefit - **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 494 per beneficiary per event used within 60 days of surgery **P % MC PMB**

Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL **% MC** - **Acute medical conditions** • Subject to PMSA • Subject to formulary • 30% co-payment on out-of-formulary medicine • Includes prescribed nutritional supplements • Homeopathic medicine and alternative medicine excluded unless prescribed by a network FP - **Chronic medical conditions** • Subject to prior application and approval and use of chronic medicine pharmacy DSP

• Unlinked for CQL and DTP PMB conditions • All other non-PMB conditions subject to PMSA • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP **C Prescribed medicine from hospital stay (TTO)** • Subject to PMSA • TTO limited to 7 days - **Self-medicine (OTC)** • Subject to formulary • Schedule 0, 1 and 2 medicine covered • Subject to PMSA and limited to R159 per beneficiary per event

Preventative care services • Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood test, thyroid stimulating hormone (TSH) and thyroxine (FT4) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Includes Influenza vaccinations, HPV vaccinations for female beneficiaries and Pneumococcal vaccinations • Pneumococcal vaccinations every 5 years for members with asthma and chronic obstructive pulmonary disease **% MC**

Radiology (advanced) • Shared with in-hospital advanced radiology limit of R18 945 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 PMB**

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

Specialist services • Consultations, visits and all other services • 100% of Scheme rate for non-network providers • 130% of Scheme rate for network specialists • Specialist consultations subject to referral by FP • Limited to PMSA and block benefit • Benefit is pro-rated from 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 **% MC**



In-Hospital Benefits

Prescribed minimum benefits (PMBs) • Unlimited, subject to PMB legislation • Service provided by DSP • PMBs override all other benefit limitations **P % MC**

Yearly hospital benefit (public and private hospitals, registered unattached theatres and day clinics) • Unlimited • Open network • Includes accommodation in a general ward, high care ward and intensive care unit (ICU), 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 R15 034 per beneficiary per year, not pro-rated • Co-payment of R1 000 per admission if pre-authorisation not obtained **P % MC**

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

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, physiotherapists, reflexologists, social workers, registered counsellors, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists and Chinese medicine practitioners • Shared with out-of-hospital limit of R1 358 per family per year • Sub-limit of R679 per family for social workers and registered counsellors **P PMB**

Alternatives to hospitalisation (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** - **Hospice:** Unlimited, subject to PMB legislation **C PMB**

Blood transfusion • Unlimited, subject to PMB legislation • Includes cost of blood, blood equivalents, blood products and transport thereof • Includes erythropoietin **P % MC PMB**

Breast reduction • Unlimited **P % MC**

Dental services (conservative, restorative and specialised) • Subject to list of approved services and use of day theatres • Shared with out-of-hospital dental services • Limited to R4 402 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 years • Lingual and labial frenectomies under general anaesthesia for children under the age of 8 subject to managed healthcare programme • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery **P %**

Emergency services (casualty department) • Subject to use of facility as per in-hospital benefits or other registered emergency facility • Paid from out-of-hospital FP services if pre-authorisation is not obtained **P C PMB MC**

FP services • Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff file **%**

Maternity (hospital, home birth or registered birthing unit) • Subject to registration on the maternity programme prior to admission • Unlimited, subject to PMB legislation • Elective caesarean may be subject to second opinion • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained **P C PMB MC**

Medical technologist • Unlimited **P % MC**

Mental health • Accommodation, theatre fees, medicine, professional fees from FPs, psychiatrists, psychologists and registered counsellors • Limited to R15 788 per family per year • Maximum of 3 days' hospitalisation by FP **P % MC PMB**

Oncology (chemo and radiotherapy) • In and out of hospital • Includes medicine and materials • Limited to R315 779 per family per year • Sub-limit of R214 819 per family per year for biological and similar 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-authorised **P % PMB MC**

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Limited to R526 293 per beneficiary per year • Limit includes all costs associated with transplant including immuno-suppressants • Sub-limit of R17 865 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 South Africa, except for corneal tissue **P % PMB MC**

Pathology • Unlimited **%**

Physiotherapy • Limited to R4 258 per beneficiary per year **P % MC PMB** - **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 494 per beneficiary per event used within 60 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 R35 811 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 933 for foot orthotics and prosthetics with a sub-limit of R1 124 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 R18 945 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 PMB**

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 network provider • Limited to R225 550 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 according to Scheme-approved tariff file • 100% of Scheme rate for non-network providers • 130% of Scheme rate for established network specialists **%**

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, physiotherapists, reflexologists, social workers, registered counsellors, naturopaths, orthoptists, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists and Chinese medicine practitioners • Shared with in-hospital allied health services limit of R1 358 per family per year • Sub-limit of R679 per family for social workers and registered counsellors **%**

Audiology, occupational therapy and speech therapy • Subject to day-to-day block benefit • Occupational or speech therapy performed in-hospital will be paid from the in-hospital benefit • Shared limit of R1 922 per beneficiary per year and R3 851 per family per year shared with pathology and medical technology • Sub-limit of R1 545 per beneficiary and R3 088 per family per year

Block benefit (day-to-day benefit) • Out-of-hospital FP and specialist services, physiotherapy, maternity, audiology, occupational therapy, speech therapy, pathology and medical technology • Limited to R3 939 per beneficiary and R7 880 per family per year • Benefit is pro-rated from join date **%**

Circumcision (to help prevent HIV infection) • Global fee of R1 272 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out of hospital only • Subject to pre-authorisation **P % MC**

Contraceptives (oral, insertables, injectables and dermal) • Subject to formulary • Subject to acute medicine benefit limit • Sub-limit of R2 396 per beneficiary per year

Dental services (conservative and restorative dentistry (includes plastic dentures) and special dentistry (includes metal base dentures)) • Shared with in-hospital dentistry sub-limit of R4 402 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 years) • 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 in doctors' rooms **P % MC**

Emergency assistance (road and air) • Unlimited, subject to PMB legislation • Subject to use of emergency services DSP **C MC**

FP services • Subject to day-to-day block benefit • Limited to R3 939 per beneficiary and R7 880 per family per year shared with specialist services, physiotherapy and maternity • Covers consultations and approved minor procedures at FP • Limit is pro-rated • Reimbursement at 200% of Scheme rate for procedures specified by managed care performed in doctors' rooms instead of in hospital **P % PMB MC**

FP network extender benefit • For beneficiaries with chronic conditions registered on disease management programme • 1 additional FP consultation at a network FP once block benefit is exhausted **P % MC**

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

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

Maternity (ante- and postnatal care) • Shared with FP services • Antenatal visits subject to maternity programme protocols • Subject to registration on the maternity programme • Includes 2 x 2D ultrasound scans per pregnancy **% PMB MC**

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, mobility scooters, 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 R35 811 per family per year • Sub-limit of R13 973 for medical and surgical appliances per family per year • Shared sub-limit with in-hospital prosthetics of R3 933 for foot orthotics and prosthetics with a sub-limit of R1 124 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • Bilateral hearing aids every 36 months **% MC PMB**

Mental health • Consultations, assessments, treatments and/or counselling by FPs, psychiatrists, psychologists, psychometrists or registered counsellors • If out-of-hospital treatment offered as alternative to hospitalisation, then hospital benefits will apply • Shared with in-hospital mental health limit of R15 788 per family per year • Sub-limit of R4 682 for out-of-hospital psychologist consultations **% MC**

Optical services (frames, lenses and contact lenses (permanent and disposable), refractive eye surgery examinations) • All services included in benefit subject to optical managed care programme • Either spectacles or contact lenses (not both) can be claimed for in a benefit year • Sub-limit of R2 097 per beneficiary every second year and yearly limit of R4 191 per family • Frames limited to R1 223 • Limited to 1 eye examination per beneficiary per year • Excludes variable tint and photochromic lenses • Benefit not pro-rated • Post cataract surgery, optical PMB entitlement limited up to the cost of bifocal lens and not more than R1 004 for both lens and frame, with a sub-limit of R199 for frame • Includes tinted lenses for albinism and proven photophobia, subject to pre-authorisation **% MC**

Orthopaedic disease management programme • Negotiated rate **MC**

Pathology and medical technology • Subject to day-to-day block benefit • Limit of R1 922 per beneficiary per year and R3 851 per family per year shared with audiology, occupational therapy and speech therapy • Includes liquid-based cytology pap smear **% MC**

Physiotherapy • Physiotherapy performed in hospital or instead of hospitalisation will be paid from in-hospital benefit • Sub-limit of R1 922 per beneficiary and R3 837 per family per year shared with FP services **% MC PMB** **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 494 per beneficiary per event used within 60 days of surgery **P % 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 R3 158 per beneficiary and R9 473 per family per year • 30% co-payment on out-of-formulary medicine • Includes prescribed maternal vitamin supplement • Homeopathic and alternative medicine excluded unless prescribed by a network FP **% MC** - **Chronic medical conditions** • COL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Limit of R9 473 per beneficiary and R19 074 per family per year • Unlimited for PMBs, subject to PMB legislation • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP • Once limit is depleted, COL benefit will be limited **% PMB MC** **Prescribed medicine from hospital stay (TTO)** • Included in acute medicine benefit limit • TTO limited to 7 days - **Self-medication (OTC)** • Subject to formulary • Schedule 0, 1 and 2 medicines covered • Subject to acute medicine benefit limit (event limit of R212 per beneficiary) and sub-limit of R795 per beneficiary per year and a yearly family limit of R1 272

Preventative care service • Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood tests, thyroid stimulating hormone (TSH) and thyroxine (FT4) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Includes Influenza vaccinations, HPV vaccinations for female beneficiaries and Pneumococcal vaccinations • Pneumococcal vaccinations every 5 years for members with asthma and chronic obstructive pulmonary disease **% MC**

Radiology (advanced) • Shared limit with in-hospital advanced radiology of R18 945 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 PMB**

Radiology (basic) • X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit • Sub-limit of R3 144 per beneficiary and R5 763 per family per year **%**

Specialist services • Subject to day-to-day block benefit • Consultations, visits and all other services • Shared with FP services • 100% of Scheme rate for non-network providers • 130% of Scheme rate for established network specialists • 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 • Specialist consultations subject to FP referrals • Limit is pro-rated from join date **% MC PMB**



In-Hospital Benefits

Prescribed minimum benefits (PMBs) • Unlimited, subject to PMB legislation • Service provided by DSP • PMBs override all other benefit limitations **C**

Yearly 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 (ICU), 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 R15 034 per beneficiary per year, not pro-rated **P % MC**

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

Allied health services • Includes chiropractors, dieticians, homeopaths, chiropodists, physiotherapists, reflexologists, social workers, registered counsellors, naturopaths, orthopaths, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists and Chinese medicine practitioners • Subject to day-to-day block benefit • Services performed in hospital instead of hospitalisation will be paid from in-hospital benefit • Shared sub-limit of R1 000 per family for social workers and registered counsellors **% MC PMB**

Alternatives to hospitalisation (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** - **Hospice**: Unlimited, subject to PMB legislation **C PMB**

Blood transfusion • Unlimited • Includes cost of blood, blood equivalents, blood products and the transport thereof • Includes erythropoietin **P C MC**

Breast reduction • Unlimited **P % MC**

Dental services (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 R7 854 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 years • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • Hospital cost included in in-hospital benefit **P %**

Emergency services (casualty department) • Subject to use of facility as per in-hospital benefits or other registered emergency facility • Paid from out-of-hospital FP services if pre-authorisation is not obtained **P C PMB MC**

FP services • Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff file **PMB %**

Maternity (hospital, home birth or registered birth unit) • Subject to registration on the maternity programme prior to admission • Hospital birth unlimited • Subject to PMB legislation • Elective caesarean may be subject to second opinion • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained **P C MC**

Medical technologist • Unlimited **P % MC**

Mental health • Accommodation, theatre fees, medicine, hospital equipment, professional fees from FPs, psychiatrists, psychologists and registered counsellors • Limited to R33 155 per family per year • Maximum of 3 days hospitalisation by FP **P % PMB MC**

Oncology (chemo and radiotherapy) • In and out of hospital • Includes medicine and materials • Limit of R414 462 per family per year • Sub-limit of R280 136 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 tumours unless pre-authorised • Subject to MPL **P % MC**

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Limited to R526 293 per beneficiary per year • Sub-limit of R17 865 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 South Africa, except for corneal tissue **P % PMB MC**

Pathology • Unlimited **%**

Physiotherapy • Limited to R4 258 per beneficiary per year **P % MC PMB** - **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 494 per beneficiary per event used within 60 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 R48 376 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 933 for foot orthotics and prosthetics with a sub-limit of R1 124 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 R23 684 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 PMB**

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 network provider • Limited to R225 550 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 according to Scheme approved tariff file • 100% of Scheme rate for non-network providers • 130% of Scheme rate for established network specialists **PMB %**

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, physiotherapists, reflexologists, social workers, registered counsellors, naturopaths, orthopaths, acupuncturists, ayurvedic practitioners, osteopaths, aromatherapists, therapeutic massage therapists and Chinese medicine practitioners • If offered as alternative to hospitalisation, then hospital benefits will apply • Shared sub-limit of R1 000 per family for social workers and registered counsellors **P % MC**

Block benefit (day to day) • Includes FP and specialist services, basic radiology, pathology, allied health services, physiotherapy, occupational therapy and speech therapy, mental health, maternity and contraceptives • Limited to R8 285 per beneficiary and R16 571 per family per year • Benefit is pro-rated from join date **%**

Circumcision (to help prevent HIV infection) • Global fee of R1 272 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only • Subject to pre-authorisation **P % MC**

Contraceptives (oral, insertables, injectable and dermal) • Sub-limit of R3 004 per family per year **% MC**

Dental services (conservative and restorative dentistry (includes plastic dentures) and special dentistry (including metal base dentures)) • Shared limit with in-hospital dentistry of R7 854 per beneficiary per year • Excludes osseointegrated 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 years) • No pre-authorisation for metal base dentures • 200% of Scheme rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme and pre-authorisation **P % MC**

Emergency assistance (road and air) • Unlimited, subject to PMB legislation • Subject to use of emergency services DSP **P MC**

FP services • Consultation, visits and all other services • Limit is pro-rated from the join date • Reimbursement at 200% of Scheme rate for procedures performed in doctors' rooms instead of in hospital • Consultations and approved minor procedures at FP **% PMB MC**

FP network extender benefit • For beneficiaries with chronic conditions registered on disease management programme • 1 additional FP consultation at a network FP once block benefit is exhausted **P % MC**

HIV infection, AIDS and related illnesses **PMB MC**

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

Maternity (ante- and postnatal care) • Subject to registration on the maternity programme • Includes 2 x 2D ultrasound scans per pregnancy • Antenatal visits subject to maternity programme protocols **% PMB MC**

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, mobility scooters, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In and out of hospital • Shared with in-hospital prostheses benefit limit of R48 376 per family per year • Sub-limit of R16 173 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 933 for foot orthotics and prosthetics with a sub-limit of R1 124 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • Bilateral hearing aids every 36 months **P % MC**

Mental health • Consultations, assessments, treatments and/or counselling by FPs, psychiatrists, psychologists, psychomotricists or registered counsellors • If offered as alternative to hospitalisation, then hospital benefits will apply **% MC PMB**

Optical services (eye examinations, frames, lenses and contact lenses (hard and disposable), refractive eye surgery) • Overall limit of R2 474 per beneficiary every second year and a yearly limit of R4 961 per family • Sub-limit of R1 978 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, optical PMB entitlement limited to the cost of a bifocal lens and not more than R1 004 for both lenses and frame, with a sub-limit of R198 for frame • Includes tinted lenses for albinism and proven photophobia, subject to pre-authorisation **% MC**

Orthopaedic disease management programme • Negotiated rate **% MC**

Pathology • Includes liquid based cytology pap smears **% MC**

Physiotherapy • Offered in hospital or instead of hospitalisation will be paid from hospital benefits **% 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 494 per beneficiary per event used within 60 days of surgery **P % MC**

Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL - **Acute medical conditions** • Subject to formulary • Limit of R5 323 per beneficiary and R14 909 per family per year • 30% co-payment on out-of-formulary medicine • Homeopathic medicine and alternative medicine excluded unless prescribed by an FP - **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Limit of R16 175 per beneficiary and R33 155 per family per year • Unilisted for PMBs, subject to PMB legislation • 30% copayment on out-of-formulary medicine and voluntary use of non-DSP • Once limit is depleted, CDL benefit will be limited - **Prescribed medicine from hospital stay (TTO)** • Included in acute medicine benefit limit • TTO limited to 7 days • **Self-medicine (OTC)** • Only schedule 0, 1 and 2 covered • Subject to acute medicine benefit limit and sub-limit of R1 607 per family per year, R970 per beneficiary per year and R265 per beneficiary per event

Preventative care services • Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood test, thyroid stimulating hormone (TSH) and thyroxine (FT4) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Includes Influenza vaccinations, HPV vaccinations for female beneficiaries and Pneumococcal vaccinations • Pneumococcal vaccinations every 5 years for members with asthma and chronic obstructive pulmonary disease **% MC**

Radiology (advanced) • Shared limit with in-hospital advanced radiology of R23 684 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies **% PMB 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 • 100% of Scheme rate for non-network providers • 130% of Scheme rate for established network specialists • Specialist consultations subject to FP 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 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.

FP: Family practitioner. A doctor, General Practitioner (GP), 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. Only 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. The medicine you receive when you are discharged from hospital. Usually lasts for seven days.



Key



Pre-authorisation is needed



Subject to managed care rules



100% of Scheme rate



Limited to PMBs



100% of cost, subject to PMB legislation

Please refer to the glossary for an explanation of various terms and abbreviations.

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