

DoH Connection

Your up-to-date guide on healthy living with GEMS



**2016 Benefit
enhancements**

**20 Types of
medical scheme fraud**

**What needs to be included
on a hospital claim**

Contact Details

0860 436 777

enquiries@gems.gov.za

www.gems.gov.za

Message from the Principal Officer

Dear Colleagues

Throughout the past number of years GEMS has often been praised for the positive impact it has made in the medical schemes industry, where it continues to set an example to employers in all sectors of the economy. The Scheme has achieved this through focused practice, dedication and innovation.

GEMS continues to remain the best value proposition for Government employees in South Africa and the following facts illustrate this:

- When compared to other medical schemes, the GEMS benefit plans, namely Sapphire, Beryl, Ruby, Emerald and Onyx are on average 19% less expensive, with similar or increased benefits.
- At 7.4% the non-healthcare expenditure of GEMS, which includes administration costs, is substantially lower than the industry average of 11.8%. This careful management of the Scheme has resulted in savings of R1.2 billion. The funds saved by the Scheme have allowed us to fund more healthcare services to our members.
- GEMS is now responsible for 666 755 principal members and approximately 1.8 million beneficiaries.
- 54.5% of all eligible public service employees are enrolled on the Scheme.
- GEMS remains the largest contributor to the overall growth of the medical scheme sector and represented 20.3% of the sector by the end of 2014.
- 90% of members are within 10km of one of our 12 500 healthcare providers.
- The average age of GEMS beneficiaries is 31.2 years.
- The percentage of pensioners covered by the Scheme is 13.5%.

As a Scheme that covers 1.8 million lives, more than 300 000 of which are currently enrolled on disease management programmes, GEMS is taking an increasingly proactive role in dealing with diseases. In recent times we have re-aligned our products, services and benefits to emphasise preventative interventions to reduce the risks to members. A drive to promote preventative benefits, including screening tests, a workplace exercise and a lifestyle programme, is in the process of being rolled out.

One such intervention is the GEMS Workplace Exercise Programme, which is specifically designed around the needs of public service employees. The programme, which was introduced in October 2015, aims to help public servants to become healthier and more active and will be implemented within all interested Government departments, nationwide.

Our promise to you in 2016

Our promise to you is that 2016 will be yet another exciting year for GEMS, its members and stakeholders. As in the past we will continue to deliver on our promise of allowing the 'GEMS way' to prevail and continue putting the needs of our members first.

It's onwards and upwards for GEMS, its members and for you, our valued partners in health.

Dr Guni Goolab

GEMS Principal Officer



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2016

Benefit enhancements

We understand our members

GEMS is the only medical scheme that has made inroads into the previously uninsured market. We continue to strive towards providing affordable healthcare for public service employees.

In 2016 members will have access to the following:

- A workplace exercise programme
- Yearly preventative care screenings, 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 vaccinations
 - Pneumococcal vaccinations.





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



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

Pre-authorisation process for state facilities

It is important that all facilities follow the pre-authorisation processes, as this will ensure that the member and also the facility, receive the best service delivery.

Pre-authorisation for hospital admission can be obtained by:

1. Emailing hospitalauths@gems.gov.za
2. Faxing to **0861 00 4367**
3. Calling the GEMS Call Centre on **0860 436 777**
4. Logging onto the GEMS website and clicking on 'sign in', 'provider online' or 'member online' and creating the required profile.

Steps to follow to obtain pre-authorisations:

1. Elective admissions: Authorisations are to be obtained before the admission date for elective admissions.
2. Emergency admissions: Authorisations are to be obtained the next working day for all emergency admissions with the following information:
 - Patient name
 - Surname
 - Date of birth
 - Membership number.
3. The following information must be included if the member is already in hospital:
 - Reason for admission
 - Background clinical information.

Please ensure that diagnostic tests are authorised before they are done to ensure that sufficient benefits are available.

These tests may include the following:

- MRI scans
- Mammogram
- Allergy tests such as combined antigen specific IgE tests
- Specialised blood tests.

Facilities must check the authorisation disclaimer to confirm what is authorised and what is included or excluded from the authorisation number given.

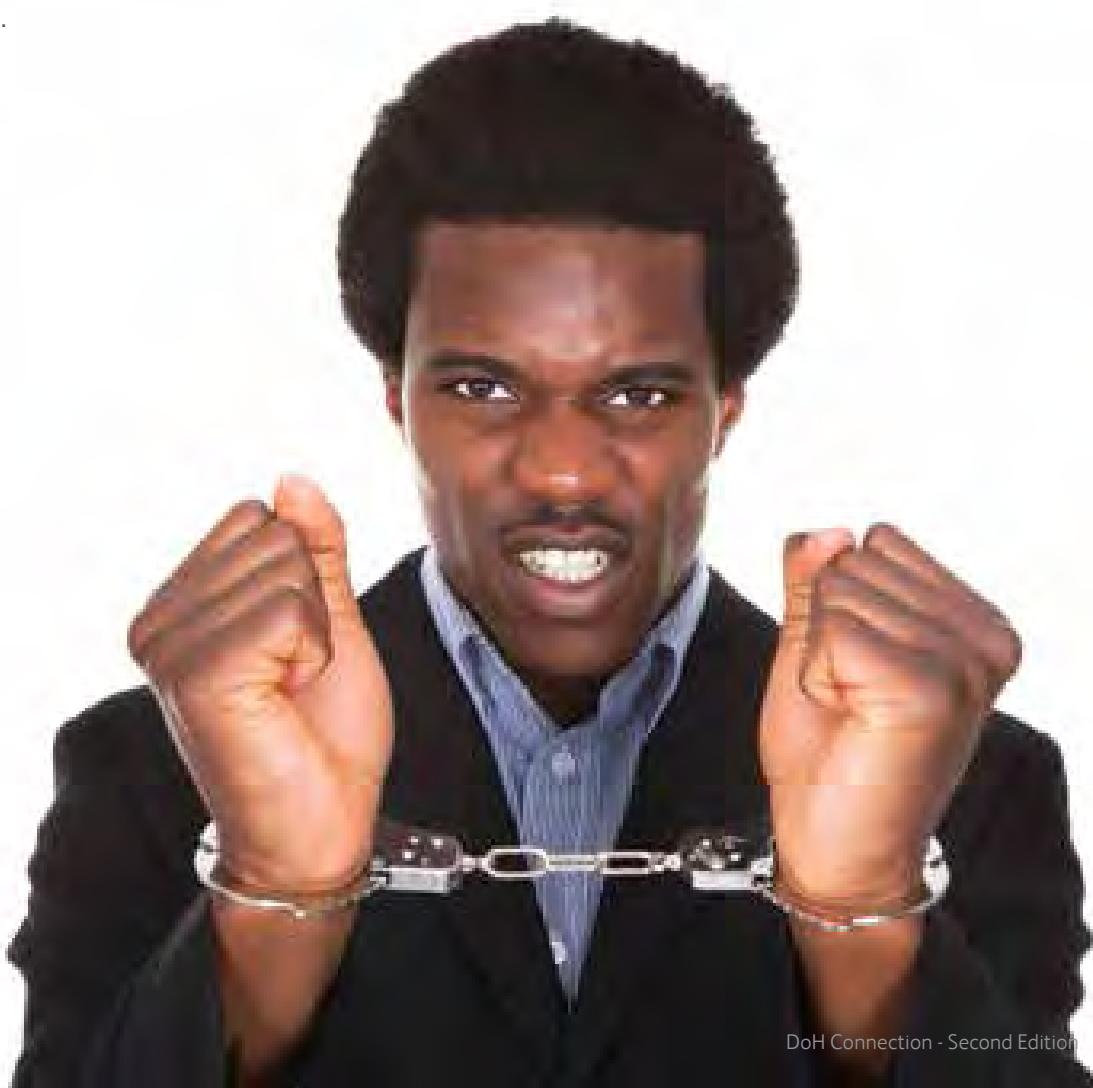
The Call Centre can be contacted on **0860 436 777** regarding any queries.

All patient stays in hospital need to be updated by the Case Manager with all relevant information including tests done, treatment plans and other related clinical information. Information can be emailed to hospitalauths@gems.gov.za.

20 Types of medical scheme fraud

The following types of fraud can be committed by healthcare providers and/or members:

1. Manipulating duplicate claims.
2. Billing for services not provided.
3. Cash loans. Example: Healthcare providers handing out cash to members for submitting a claim to the medical scheme.
4. Dispensing merchandise to patients. Example: Pharmacies dispensing groceries to members and then claiming for medicine from the medical scheme.
5. Provider syndicates sharing members' numbers and submitting false claims for members who they did not consult.
6. Billing for brand name medicine while providing the member with cheaper generic medicine.
7. Altering or tampering with prescriptions by pharmacies. Example: Two types of medicine are prescribed, recorded on the prescriptions and dispensed. The pharmacist enters two additional types of medicine on the prescription and claims for more.
8. Resubmitting claims that have been rejected previously. Example: Changing the claims information on rejected claims and resubmitting until these meet the Scheme rules and are paid.
9. Kickbacks. The healthcare provider is receiving cash paybacks for referring members to a specific hospital or healthcare provider.
10. Charging more than once for the same service.
11. Claiming for services already paid.
12. Dispensing sunglasses but claiming for lenses or contact lenses.
13. Over servicing, e.g. a healthcare provider requests a follow-up visit with a member unnecessarily.
14. Using invalid tariff codes.
15. Inflating of claims.
16. Billing for different package sizes.
17. Disguised treatment.
18. Dispensing excessive quantities of medicine.
19. Medical scheme card is fraudulently used, e.g. a member lends out his/her medical scheme card to family members or friends who are not registered to use the benefits of the medical scheme.
20. Dual membership, e.g. a member belonging to two medical schemes at the same time.



Top 10 reasons why claims are rejected (not paid)

1. Incorrect member or dependant information reflected on claims.
2. No pre-authorisation number for treatment, such as oncology and hospitalisation.
3. No benefits are available.
4. When a member or dependant does not keep a doctor's appointment, GEMS will not pay penalties for the missed doctor's visit.
5. GEMS will not pay claims for services provided by a facility that is not registered in terms of a relevant law (e.g. if a doctor is not registered to practice medicine in South Africa or is not registered with the Health Professions Council of South Africa (HPCSA)).
6. Claims submitted to the Scheme after the four-month stale claim period.
7. Claims submitted relating to treatment provided after a member has resigned from public service or GEMS.
8. Scheme exclusions.
9. The ICD-10 codes on the claim are incorrect.
10. Duplicate claims.

For a list of claims requirements and submitting claims correctly, visit the GEMS website at www.gems.gov.za - under 'Members' click on 'Claims'.



What information needs to be included on a hospital claim

When you are preparing to submit claims, use the following checklist to make sure you submit the correct information and avoid payment delays:

- Is it a detailed account bearing the practice name?
- Does it clearly state the facility practice number?
- Does it include the facility address?
- Does it specify the consulting healthcare provider's name?
- Is the date of admission and discharge reflected?
- Is the diagnosis stated?
- What are the relevant ICD-10 codes at primary and secondary level?
- Does it state the treatment provided?
- Please confirm if the member's details are correct:
 - Name and surname
 - Dependant code
 - ID number.
- Always double check that the patient's details are the same as those stated on their GEMS membership card.

For a list of claims requirements and submitting claims correctly, visit the GEMS website at www.gems.gov.za - under 'Members' click on 'Claims' to access information about submitting claims correctly.

Should the Scheme receive a claim that is incorrect or unacceptable for payment, the Scheme will notify the facility within 30 days of receipt of such claim and state the Electronic Data Interchange (EDI), as this will assist to improve the turnaround-time and avoid unnecessary rejections and delays in payments.

The correct information must reflect on the claim (and especially the Gazette Codes (ICD-10 and Uniform Patient Fee Structure (UPFS) – this provides a simpler charging mechanism for the public sector)).





Contact details for escalations

Service provider	Service	Contact liaison	Contact number	Contact email
Medipost	Key Accounts: GEMS Operations	Happy Makola	012 426 4007 / 083 966 3520	happy@medipost.co.za
Medipost	GEMS Liaison	Kgomotsi Maapola	012 426 4007 / 082 306 5804	marketing7@medipost.co.za
Thebe Health Risk Management Joint Venture	HIV/AIDS DMP	Administrator	0860 436 736 Fax: 0800 436 7329	hiv@gems.gov.za
MHRs	Claims Management	Administrator	0860 002 148	claimsmanagement@medscheme.co.za
	Hospital Claims Call Centre	Bethsiba Carstens		bethsibac@medscheme.co.za
	Claims Management - Management	Chantel Johnson	0860 002 148	chanteljoh@medscheme.co.za
	General Oncology	Administrator		oncologyauths@gems.gov.za
	For escalation enquiries related to: <ul style="list-style-type: none">• Oncology• Alternative to hospital• Renal• Rehab• Psych• Neonates	Tonja Louw		tonjal@medscheme.co.za
		Albert Hammond	0860 00 4367	alberth@medscheme.co.za
For case management qualities for Netcare:				
<ul style="list-style-type: none">• LHC		Team Leaders		GEMSHBMJHBTTeamLeadersCaseManagement@medscheme.co.za
<ul style="list-style-type: none">• High cost cases – adults only				EdwinaM@medscheme.co.za

2016 Benefit schedule

Sapphire

Sapphire 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 unattached 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 % 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 % 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 % 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 osseo-integrated 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 % 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 %**

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 % PMB**

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

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 **F**

Surgical procedures (including maxillofacial surgery) • Subject to yearly hospital limit • Subject to case management • Maxillofacial surgery subject to yearly sub-limit of R18 638 per family • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery **P %**

Sapphire 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 % MC**

Dental services (conservative, restorative) • Subject to list of approved services and use of DSP **% MC** • **Conditions with pain and sepsis, fillings, clinically indicated dental services including extractions and emergency root canal procedure, intra-oral radiography** • 2 events per beneficiary per year • Emergency out-of-network visits limited to 1 event per beneficiary per year **PMB - Dentures (plastic)** • 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 MC**

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 **% MC** • **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 % MC**

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 schedule 0, 1 and 2 medicines covered

Preventive 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 preventive 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 **% MC**

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 **F %**

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 % MC**

Beryl 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, chiroprologists, phytotherapists, reflexologists, social workers, naturopaths, orthopaths, 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 maxillofacial surgery) • Subject to yearly hospital limit • Subject to case management • Maxillofacial surgery subject to yearly sub-limit of R18 638 per family • Excludes osseointegrated implants and orthognathic surgery **P %**

Beryl Out-of-Hospital Benefits

Allied health services • Includes chiropractors, dieticians, homeopaths, chiroprologists, phytotherapists, reflexologists, social workers, naturopaths, orthopaths, 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 **P 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 **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 medicines 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**

Ruby

Ruby 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 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 • 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-PMBs 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 chemotherapeutic 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 radioisotope 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 maxillofacial surgery) • Unlimited • Excludes osseointegrated implants, all implant related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms P % MC

Ruby 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 torted 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 maternity vitamin 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 • Unlimited for CDL 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 medicines 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 radioisotope 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

Emerald 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, 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 **C 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 birth 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 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 % 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 radioisotope 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 maxillofacial surgery) • Unlimited • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms **P % MC**

Emerald Out-of-Hospital Benefits

No PMSA

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 maternity vitamin supplement • Homeopathic and alternative medicine excluded unless prescribed by a network FP **% MC** - Chronic medical conditions • CDL 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 • Unlinked for PMBs, subject to PMB legislation • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP • Once limit is depleted, CDL 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 radioisotope 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**

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 birthing 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 % PMB 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 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 levelers 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 maxillofacial surgery) • Unlimited • Excludes osseointegrated implants, all implant related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms **P % MC**

Onyx 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 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 levelers 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, psychometrists 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 lens 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 • If 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 **% MC** - **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 • Unlited for PMBs, subject to PMB legislation • 30% co-payment 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 **% P PMB MC**

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



100% of Scheme rate



100% of cost, subject to PMB legislation



Subject to managed care rules



Limited to PMBs

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