gems
Government Employees Medical Scheme

Experience
The GEMS Difference

Your **2018**
Emerald Value Option
Benefit Guide

Passionate about your health

Working towards a healthier you

This guide shows you what benefits you have access to on the Emerald Value option. Keep this guide handy for quick access to your benefit information.

The Emerald Value option offers the same rich benefits as the existing Emerald option, but at a more affordable rate.

Important information to remember about the Emerald Value option:

The Emerald Value option forms part of the (REO) Network which is made up of General Practitioners (GP), dental providers, specialists, renal dialysis providers, document-based care providers and pharmacies who have agreed to charge the contracted rate and follow GEMS Network and managed care rules. The Emerald Value option has a Hospital Network as well.

1. You must nominate a General Practitioner (GP) on the GEMS Network for you and your beneficiaries. Your nominated GP is the healthcare provider you will consult for all your doctor visits. This will help prevent waste of funds by ensuring duplicate diagnostic tests are not done; reduce medicine errors; enhance access to services, and reduce hospital admissions and re-admissions. In turn, you will receive the best possible healthcare from the right healthcare provider, with the right skills, at the right time and have better control over how your benefits are managed.

2. You may nominate a secondary GP; we encourage you to use your primary nominated GP.

3. If you consult a non-nominated GP, you will have to pay 30% out of your pocket.

4. Emergency consultation: In emergency cases where you cannot get to your nominated GP, you are allowed to visit a non-nominated GP. Access to this benefit is not automatic. You need to contact GEMS by calling the call centre on **0860 00 4367** or by sending an email to enquiries@gems.gov.za to ensure that you do not incur a 30% co-payment for such a visit.

5. Emergency visits will be processed retrospectively via the current emergency exception management process similar to PMBs. A co-payment will be overridden for all emergency consultation claims.

6. Use a hospital that is on the Emerald Value Hospital Network for your in-hospital needs. View the Emerald Value Hospital Network on **www.gems.gov.za**.

7. Always get a referral from your nominated GP before you consult a specialist to avoid paying out-of-pocket. Remember to ask for a specialist on the GEMS Specialist Network if you need to consult a paediatrician, psychiatrist, obstetrician, gynaecologist or a physician (which also includes pulmonologists, gastroenterologists, neurologists, cardiologists and rheumatologists). Network GPs and specialists have agreed to charge contracted rates so that you will not have to pay any out-of-pocket expenses for your consultations. Your day-to-day benefits will also last longer if you use healthcare providers that are on the GEMS network.

8. Remember to call **0860 00 4367** to get pre-authorisation for all hospital visits, out-patient visits to a hospital, MRI scans, CT scans or radio-isotope studies, in-hospital physiotherapy, ambulance transportation and specialised dentistry.

Your **health** and **wellness**

Electronic Health Record (EHR)

A record of your complete medical history, in one secure location. Sign in to Member Online to give your healthcare provider access to your medical history. This ensures that you receive the best treatment for your condition.

GEMS Fitness

An exercise and health programme suited to your needs as a valued GEMS member. GEMS Fitness facilitates a stimulating and supportive environment to help you improve your health and enhance the quality of your life.

You can access GEMS Fitness via GEMS Member Online on **www.gems.gov.za**.

With GEMS Fitness, you can expect support to:

- make healthier lifestyle choices
- increase your physical activity
- eat healthier foods
- improve your sleeping habits
- reduce your stress level
- quit smoking
- manage your weight whether you want to lose or gain
- keep your heart healthy and reduce the risk of a heart attack
- stay motivated, and lots more

To benefit from the GEMS Workplace Fitness Programme, your department needs to get on board and agree to the terms and conditions of the programme.

You don't have to do it alone. We are all in this together!

Your **health** and **wellness** cont.

Join GEMS Fitness in a few easy steps

1. You need to be a principal GEMS member or a dependant employed by government.
2. Your department needs to agree and sign the terms and conditions (T&Cs) of the programme.
3. Once the department signs T&Cs and is on board, GEMS will come to your department and host an activation event. This is the first step to becoming part of an experience like no other.
4. You need to attend an activation event and complete a form to activate your GEMS Workplace Fitness membership.

Benefits of joining

- ✓ Group exercise sessions at work.
- ✓ Access to on-site fitness tests, desk exercises, telephonic and on-site access to health coaches and dietitians.
- ✓ Health tips via SMSs, brochures and emails.
- ✓ Access to the GEMS Fitness Portal to record and track your activity and health progress.

Start your journey to better health today. Check the GEMS website > Member online > Fitness Journey, to see which departments have joined. You can also call us on **0860 00 4367** where we will explain the process or email enquiries@gems.gov.za with the subject line “GEMS Fitness Programme” for more information.

Self-help tools

Quick and easy access to your benefit information, 24/7

SMS Benefit Check Service

Check your benefits by sending an SMS to 33489 with the keyword 'Benefit', your membership number, the benefit category and the dependant code (you find this on the back of your membership card). For example: Benefit, 0001414, GP, 01 (each SMS will cost you R1.50).

Member Online

Visit **www.gems.gov.za**, click on the 'Sign in' tab at the top of the page and log in. If you are not registered to Member Online, you will need your member number, identity number and a unique password to register.

GEMS DotMobi

Open your internet browser on your WAP-enabled cell phone and type in m.gems.gov.za to view your claims, available benefits and other benefits. Select 'Member Online' and log in using your membership number and PIN.

Find a GEMS Network provider

Visit **www.gems.gov.za**, click on the 'Find a Network Provider' banner on the homepage. Once on the GEMS Network page, click 'Find a Network Provider' on the left-hand menu. Now simply fill in the fields provided. Alternatively, you can contact the GEMS Call Centre on **0860 00 4367** or send an email to enquiries@gems.gov.za.

Glossary

Understand this frequently used medical scheme terminology to know your benefits better.

A

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

B

Benefit option:
Each of the six GEMS benefit options – Sapphire, Beryl, Ruby, Emerald Value, Emerald and Onyx – has a different range of healthcare benefits.

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

C

CDL:
Chronic Disease List. A list of the 26 specific chronic diseases schemes need to provide a minimum level of cover for, as stated by law.

CT and MRI scans:
Specialised and more advanced type of X-rays.

D

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

DSP:
Designated Service Provider. A healthcare provider the Scheme has an agreement with to provide Prescribed Minimum Benefits (PMBs) to members at specific prices.

DTP:
Diagnosis and Treatment Pairs are a list of the 270 PMB conditions in the Medical Schemes Act linked to the broad treatment definition. A list of these is available on **www.gems.gov.za** under the Member tab on the Prescribed Minimum Benefits page.

G

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

I

ICD-10 code:
ICD-10 code stands for International Classification of Diseases and Related Health Problems (10th revision). It is a coding system that translates the written description of medical and health information into standard codes. These codes are used by the Scheme and healthcare providers to identify your condition.

M

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

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

Glossary cont.

P

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.

PMBs:
Prescribed Minimum Benefits. Basic benefits that all medical schemes in South Africa must cover according to the law.

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

S

Scheme rate:
The price agreed to by the Scheme for the payment of healthcare services provided by healthcare providers to members of the Scheme. 100% Scheme rate means the full amount GEMS has agreed to pay for the service.

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

T

TTO:
Treatment Taken Out. The medicine you receive when you are discharged from hospital. Usually lasts for 7 days.

Stay informed

Please keep us updated with your latest contact details to make sure that we can keep you informed at all times.

Check that we have your current information by sending an email to enquiries@gems.gov.za or signing in and updating your details via Member Online at **www.gems.gov.za**

Contact GEMS

Call:
0860 00 4367

Website:
www.gems.gov.za

Fax:
0861 00 4367

Or find us on
Facebook

Email:
enquiries@gems.gov.za
Complaints:
complaints@gems.gov.za
Compliments:
compliments@gems.gov.za

Postal address:
GEMS, Private Bag X782, Cape Town, 8000

The GEMS Member App is available for free download from:

Available on the App Store

Get it on Google play

Disclaimer

This brochure contains a summary of medical benefits and contribution costs offered by GEMS for 2018. Should a dispute arise, the registered Rules of the Scheme will apply. The registered 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.

EMERALD VALUE – In-Hospital Benefits

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

Yearly hospital benefit (public hospitals, GEMS-approved private hospitals, registered unattached theatres, day clinics and psychiatric facilities) – Unlimited • GEMS hospital 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 • Subject to use of network providers • A co-payment of R10 000 will apply if a non-network provider is used • Accommodation in private ward subject to motivation by attending practitioner • Co-payment of R1 000 per admission if pre-authorisation not obtained Ⓟ % MC

Alcohol and drug dependencies – Subject to pre-authorisation and managed care and use of network Ⓟ Ⓘ PMB MC

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapist, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • Shared with out-of-hospital limit of R1 517 per family per year • Sub-limit of R759 per family for social workers and registered counsellors • Subject to GP and specialist referral rules • Subject to managed care protocols and services being related to admission diagnosis % MC PMB

Alternatives to hospitalisation (sub-acute hospitals and private nursing) – Unlimited • Excludes frail care and recuperative holidays • Includes physical rehabilitation for approved conditions and home nursing Ⓟ % MC – **Hospice** • Unlimited, subject to PMB legislation Ⓘ PMB

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

Breast reduction – Unlimited Ⓟ Ⓘ MC

Dental services (conservative, restorative and specialised) – Subject to list of approved services and use of day theatres within the network • Shared with out-of-hospital dental services • Limited to R4 918 per beneficiary per year • General anaesthesia and conscious sedation subject to managed care rules • Only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 6 years • Lingual and labial frenectomies under general anaesthesia for children under the age of 8 subject to managed healthcare programme • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery Ⓟ %

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

GP services – Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff file • General practitioner nomination rules apply PMB %

Maternity (hospital, home birth and accredited birthing unit (public hospitals and designated private hospitals)) – Subject to use of network providers, registration on the Maternity Programme and managed care • Elective caesarian subject to second opinion Ⓟ Ⓘ PMB MC

Medical technologists – Unlimited • Subject to event pre-authorisation and case management Ⓟ % MC

Mental health – Accommodation, theatre fees, medicine, hospital equipment professional fees of GPs, Psychiatrists, Psychologists and Registered Counsellors • Limited to R17 639 per family per year • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Maximum of 3 days' hospitalisation by GP • GP nomination rules apply • Educational and industrial psychologists excluded • All limits are subject to PMBs Ⓟ % PMB MC

Oncology (chemo and radiotherapy) – In and out of hospital • Subject to use of network • Includes medicine and materials • Limited to R352 801 per family per year • Sub-limit of R240 004 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 Ⓟ % PMB MC

Organ and tissue transplants – Subject to clinical guidelines used in public facilities • Includes materials • Limited to R587 996 per beneficiary per year • Limit includes all costs associated with transplant including immuno-suppressants • Sub-limit of R19 960 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 Ⓟ % PMB MC

Pathology – Unlimited • Subject to pathology tests being related to admission diagnosis • Managed care rules apply % MC

Physiotherapy – Subject to use of network • Limited to R4 757 per beneficiary per year • Subject to PMBs Ⓟ % 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 R5 021 per beneficiary per event used within 60 days of surgery • GP referral required • Subject to pre-authorisation and managed care protocols and processes Ⓟ MC

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 R40 010 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 R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Subject to internal and external devices being related to admission diagnosis and procedure • Subject to PMBs Ⓟ % MC

Radiology (advanced) – Shared with out-of-hospital advanced radiology limit of R21 166 per family per year • Specialist referral rules apply • 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 Ⓟ % MC PMB

Radiology (basic) – Unlimited • Specialist referral rules apply • Subject to use of network • Managed care rules apply % MC

Renal dialysis – Subject to clinical guidelines used in public facilities • In-hospital • Includes materials and related pathology tests • Includes cost of radiology, medical technologists, material and immuno suppressants • Limited to R251 993 per beneficiary per year for chronic dialysis • Acute dialysis included in the in-hospital benefit • Erythropoietin included in blood transfusion benefit • Pathology and radiology test subject to managed care Ⓟ % PMB MC

Specialist services – Consultations and visits • Unlimited • Subject to GP referral and use of network provider • 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 • Subject to use of network or doctors' rooms • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms Ⓟ % MC

EMERALD VALUE – Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA) – No PMSA

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • Shared with in-hospital allied health services limit of R1 517 per family per year • Sub-limit of R759 per family for social workers and registered counsellors • Subject to PMBs Ⓟ % MC

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 R2 147 per beneficiary per year and R4 302 per family per year shared with pathology and medical technology • Sub-limit of R1 726 per beneficiary and R3 450 per family per year • GP nomination and specialist referral rules apply

Block benefit (day-to-day benefit) – Out of hospital GP and specialist services, physiotherapy, maternity (where not covered under maternity benefit programme), audiology, occupational therapy, speech therapy, pathology and medical technology • Subject to use of network • Limited to R4 400 per beneficiary and R8 804 per family per year • Benefit is pro-rated from join date %

Circumcision – Global fee of R1 421 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out of hospital only • Subject to pre-authorisation Ⓟ % MC

Contraceptives (oral, insertables, injectables and dermal) – Subject to formulary • Subject to acute medicine benefit limit • Sub-limit of R2 677 per beneficiary per year % MC

Dental services (conservative and restorative dentistry including acute medicine) – Subject to network use • Shared with in-hospital dentistry sub-limit of R4 918 per beneficiary per year • Excludes osseo-integrated 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 6 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 • Panoramic X-rays limited to one X-ray every three years per beneficiary • 4 bitewing X-rays per beneficiary per year • Fluoride treatment excluded for beneficiaries older than 16 years Ⓟ % MC

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

General Practitioner (GP) services – Member nominated GPs • Subject to day-to-day block benefit and the use of nominated GPs • A 30% co-payment will apply to any out-of-hospital visit to a GP other than the nominated GP, irrespective of the doctor being on the network or not • Limited to R4 400 per beneficiary and R8 804 per family per year shared with specialist services, physiotherapy and maternity • Covers consultations and approved minor procedures at member-nominated network providers • Limit is pro-rated • Reimbursement at 200% of Scheme Rate for procedures specified by managed care performed in doctors' rooms instead of in hospital % PMB MC

GP network extender benefit – For beneficiaries with chronic conditions registered on disease management programme • 2 additional GP consultations at a network GP once block benefit is exhausted • The additional GP consultation at a nominated DSP/network provider is subject to pre-authorisation and managed care Ⓟ % MC

HIV infection, AIDS and related illness – Subject to PMBs and managed care • Pre-exposure prophylaxis included for high risk beneficiaries Ⓒ PMB MC

Infertility – Subject to use of DSP Ⓟ Ⓒ PMB MC

Maternity (ante- and post-natal care) – 100% of Scheme Rate paid from risk, if registered on Maternity Programme • Subject to: Maternity Programme protocols, Managed Care Protocols and processes and PMBs % MC PMB **OR** 100% of Scheme Rate paid from day-to-day block benefit, if not registered on the Maternity Programme • Subject to PMBs % PMB • (Kindly contact GEMS to obtain more detail on the consultations and benefits that may be funded under the GEMS Maternity Programme)

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 R40 010 per family per year • Sub-limit of R15 611 for medical and surgical appliances per family per year • Shared sub-limit with in-hospital prosthetics of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Bilateral hearing aids every 36 months • Subject to PMBs • GP nomination and specialist referral rules apply Ⓟ % MC

Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist and Psychologist) – Consultations, assessments, treatments and/or counselling by GPs, psychiatrists and psychologists • If out-of-hospital treatment offered as alternative to hospitalisation, then hospital benefits will apply • Shared with in-hospital mental health limit of R17 639 per family per year • Sub-limit of R5 231 for out-of-hospital psychologist consultations • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded • All limits are subject to PMBs % MC PMB

Optical services (eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medicine) – All services included in benefit subject to optical managed care programme and network use • Sub-limit of R2 210 per beneficiary every second year and yearly limit of R4 417 per family • Frames limited to R1 289 • Limited to 1 eye examination per beneficiary per benefit year • 1 frame and 1 pair of lenses per beneficiary every second year • No limit will be applied to the number of contact lenses that may be rendered to a beneficiary, aside from the indicated financial benefit limits • Benefit not pro-rated • Post-cataract surgery, optical PMB benefit limited to the cost of a bifocal lens not more than R1 061 for both lens and frame, with a sub-limit of R210 for the frame • Either spectacles or contact lenses will be funded in a benefit year, not both • Includes tinted lenses up to 35% tint for albinism and proven photophobia, subject to pre-authorisation • Excludes variable tint and photochromic lenses % MC

Orthopedic Disease Management Programme – Negotiated rate • Subject to managed care protocols and processes MC

Pathology – Subject to day-to-day block benefit • Limit of R2 147 per beneficiary per year and R4 302 per family per year shared with audiology, occupational therapy and speech therapy • Includes liquid-based cytology pap smear % MC

Physiotherapy – GP nomination and specialist referral rules apply • Subject to managed care and network use • Physiotherapy performed in a network hospital or instead of hospitalisation will be paid from in-hospital benefit • Sub-limit of R2 147 per beneficiary and R4 287 per family per year shared with GP services % 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 R5 021 per beneficiary per event used within 60 days of surgery Ⓟ % MC

Prescribed medicine and injection material – Prescribed and administered by a professional legally entitled to do so • GP nomination and specialist referral rules apply • Subject to MPL and MEL – **Acute medical conditions** • Subject to formulary • Limit R3 528 per beneficiary and R10 583 per family per year, subject to a sub-limit of R527 for homeopathic medicine per family per annum • 30% co-payment on out-of-formulary medicine • Includes prescribed maternity vitamin supplement • Homeopathic and alternative medicine excluded unless prescribed by a network GP – **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Limit of R10 583 per beneficiary and R21 310 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, CDL benefit will be limited • Include benefit for life threatening allergies payable from risk and subject to managed care and formulary Ⓒ – **Prescribed medicine from hospital stay (TTO)** • Included in acute medicine benefit limit • TTO limited to 7 days and must be related to admission diagnosis and procedure • Payable from risk once acute medication benefit limit is exhausted – **Self-medicine (OTC)** • Subject to formulary • Schedule 0, 1 and 2 medicines covered • Subject to acute medicine benefit limit (event limit of R237 per beneficiary) and sub-limit of R889 per beneficiary per year and a yearly family limit of R1 421 – **Contraceptives** • Subject to formulary • Subject to acute medicine benefit limit and sub-limit of R2 677 per beneficiary per year % MC

Preventative care services – Payable from risk • Includes Influenza vaccination, HPV vaccination and Pneumococcal vaccination • Influenza vaccination and HPV vaccination (for female beneficiaries) limited to 1 per year unless indicated otherwise • Pneumococcal vaccination once every 5 years for beneficiaries at risk • Subject to managed care protocols and processes • Includes screening services provided by network pharmacies % MC

Screening services – Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood tests, Thyrotropin (TSH) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Neonatal hypothyroidism screening test – TSH (Thyrotropin) tariff 4507 only • Includes screening services provided by network pharmacies • GP nomination and specialist referral rules apply

Radiology (advanced) – Shared limit with in-hospital advanced radiology of R21 166 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies • GP nomination and specialist referral rules apply Ⓟ % PMB MC

Radiology (basic) – X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit • Sub-limit of R3 513 per beneficiary and R6 439 per family per year • GP nomination and specialist referral rules apply %

Renal dialysis – Out of hospital • Includes materials and related pathology tests • Subject to pre-authorisation, managed care protocols and processes • Limited to PMBs • Subject to use of a Renal Dialysis Network DSP • If a non-network provider is voluntarily used, a co-payment of 15% will be applied per event in accordance with network rules Ⓟ PMB MC

Specialist services – Subject to day-to-day block benefit • Consultations, visits and all other services • Shared with GP 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 • Subject to GP nomination and specialist referral rules • Limit is pro-rated from join date % PMB MC

Key: Ⓟ Pre-authorisation is needed % 100% of Scheme rate Ⓒ 100% of cost, subject to PMB legislation MC Subject to managed care rules PMB Limited to PMBs