

The **GEMS** way

Accessible | Affordable | Rich benefits

2019 Benefit Schedule

Benefit Schedule Glossary

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

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

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

CDL: Chronic Disease List. The 26 specific chronic diseases the Scheme provides a minimum level of cover for, as required 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. The Scheme has an agreement with certain healthcare providers to provide specific services to members at agreed rates.

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

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

MEL: Medicine Exclusion List. Medicine that is excluded from benefits in terms of the Scheme rules.

MPL: Medicine Price List. A reference GEMS uses to calculate the prices of groups of medicine.

Pre-authorisation (PAR): The process of informing GEMS of a planned procedure before the event so that the Scheme can assess whether benefits will be granted. 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 determined by South African law.

PMSA: Personal Medical Savings Account. The portion of your monthly contribution allocated to a savings account to pay for your out-of-hospital medical expenses. The PMSA is 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 to pay for healthcare services that service providers give 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, as determined by South African law.

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

Beryl In-Hospital Benefits

KEY: **P** Pre-authorisation is needed **%** 100% of Scheme rate **C** 100% of cost, subject to PMB legislation **MC** Subject to managed care rules
PMB Limited to PMBs **A** Subject to the service being related to admissions under the annual hospital benefit

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

Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities) – 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 • All admissions subject to annual hospital limit of R1 097 425 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 • Subject to pre-authorisation and managed care **P C MC PMB**

Allied health services – Includes dieticians, social workers, orthoptists, physiotherapists • Subject to referral by network GP and related to admission diagnosis • Managed care protocols and processes apply • Annual limit of R2 187 per beneficiary and R3 291 per family, subject to PMBs • Sub-limit of R1 599 per family for social workers and registered counsellors **P % PMB**

Alternatives to hospitalisation (sub-acute hospitals and private nursing) – Subject to annual hospital limit and sub-limit of R21 947 per family per year • Includes home nursing • Includes physical rehabilitation for approved conditions • Excludes frail care and recuperative holidays **P % MC** – Hospice • Subject to PMB legislation **PMB**

Blood transfusion – Includes cost of blood, blood equivalents, blood products and transport thereof • Subject to annual hospital limit and sub-limit of R21 947 per family per year **P C**

Dental services (conservative, restorative and specialised) – Only applicable to beneficiaries with severe trauma, impacted third molars or children under the age of 6 years • Subject to annual 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 **A P % PMB**

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

GP and Specialist services – Consultations and visits • Reimbursement according to Scheme-approved tariff rates • 100% of Scheme rate for non-network specialists • 100% for network providers **P % PMB**

Mental health – Accommodation, theatre fees, medicine, hospital equipment, professional fees from GPs, Psychiatrists and Psychologists • Admission to private hospitals for anxiety disorders, Bipolar disorders, Major Depression and Schizophrenia • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Subject to pre-authorisation and managed care protocols • Educational and industrial psychologists excluded • Limited to PMBs **P C MC PMB**

Oncology (chemo and radiotherapy) – In and out of hospital • Includes medicine and materials • Subject to annual hospital limit and sub-limit of R219 481 per family per year • Subject to PMB legislation **P C MC PMB**

Organ and tissue transplants – Subject to pre-authorisation • Subject to PMBs • Includes materials **P % MC PMB**

Pathology and Medical Technology – Subject to annual hospital limit and sub-limit of R21 947 per family per year • Subject to pathology tests being related to admission diagnosis **P % C MC PMB**

Physiotherapy – 10 post-surgery physiotherapy visits for post-hip, knee and shoulder replacement or revision surgery (shared with out-of-hospital visits) up to a limit of R5 292 per beneficiary per event used within 60 days of surgery **P % MC PMB**

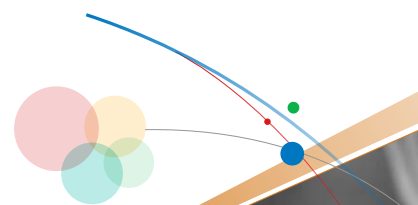
Medical and surgical appliances and prostheses – Benefit of R32 925 per family per year shared with medical and surgical appliances as well as external prostheses • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 631 for foot orthotics and prosthetics • Sub-limit of R1 323 for orthotic shoes, foot inserts and levellers per beneficiary per year • R527 for crutches per beneficiary per year • R5 797 for wheelchairs per beneficiary per year • R8 432 per hearing aid per beneficiary per year • One CPAP device of up to R10 013 per beneficiary every 36 months • Subject to PMBs **P % MC PMB**

Radiology (advanced) – Subject to list of approved services • Specific authorisation in addition to hospital pre-authorisation required **P % MC PMB**

Radiology (basic) – Subject to annual hospital limit • Includes 2 x 2D ultrasound scans per pregnancy. Should a 2D scan be substituted with a 3D or 4D scan, it will be funded up to the cost of a 2D scan **% MC**

Renal dialysis – In hospital • Includes materials and related pathology tests • Subject to annual hospital limit and sub-limit of R219 481 per family per year • Subject to managed care guidelines **P C MC PMB**

Surgical procedures (including maxillofacial surgery) – Subject to annual hospital limit • Subject to case management • Maxillofacial surgery subject to annual sub-limit of R21 947 per family • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery **P %**



Beryl Out-of-Hospital Benefits

KEY: **P** 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 **A** Subject to the service being related to admissions under the annual hospital benefit

Personal Medical Savings Account (PMSA) – No PMSA
Allied health services – Includes dietitians, social workers, orthoptists, physiotherapists • Subject to referral by network GP • Annual limit of R2 126 per beneficiary and R3 197 per family • Sub-limit of R1 599 per family for social workers and registered counsellors % PMB
Audiology, occupational therapy and speech therapy – Subject to referral by network GP • Included in allied health services benefit limit, unless PMB % MC PMB
Block benefit (day-to-day benefit) – No block benefit
Chronic Back and Neck Rehabilitation Programme – Subject to the use of DSP, managed care protocols and processes P MC
Circumcision – Subject to use of network GP • Global fee of R1 498 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only P % MC
Contraceptives (oral, insertables, injectables and dermal) – Limited to R2 822 per beneficiary per year % MC
Dental services (conservative, dentistry including acute medicine) – Subject to list of approved services and use of DSP – Examinations and preventative treatment • 2 treatment events per beneficiary per year – Conditions with pain and sepsis • 2 events per beneficiary per year • Fillings • Unlimited at DSP • Clinically indicated dental services including extraction and emergency root canal procedure, intra-oral radiography • 1 event per beneficiary per year • Emergency non-DSP visit • Limited to 1 event per beneficiary per year, provided that panoramic X-rays are 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 – Dentures (plastic) • Subject to approved Scheme tariff – Specialised dentistry % MC PMB
Emergency assistance (road and air) – Subject to use of emergency services DSP • Unlimited, subject to PMB legislation Ⓞ MC
General Practitioner (GP) and Specialist services – Consultations and visits • Unlimited – Voluntary use of out-of-network GP • Scheme will pay 80% of Scheme rate (20% member co-payment) • Limited to 3 out-of-network visits per family per year and R1 086 per event • Specialist visits limited to 5 consultations or R3 949 per family per year or 3 consultations or R2 633 per beneficiary per year • Reimbursement at 200% of Scheme rate for procedures specified by managed care done in specialist's rooms instead of in hospital • Reimbursement at 200% of Scheme rate for cataract procedures performed by ophthalmologists in their rooms % MC PMB
GP network extender benefit – No benefit
HIV infection, AIDS and related illness – Subject to registration on the HIV Disease Management Programme Ⓞ MC PMB
Infertility – Subject to use of DSP • Subject to PMBs and managed care protocols P Ⓞ MC PMB
Maternity (ante- and post-natal care) – 100% of Scheme rate paid from risk, if registered on Maternity Programme • Subject to referral from DSP/network GP, Maternity Programme protocols, managed care protocols and processes and PMBs, OR 100% of Scheme rate paid from maternity-related, out-of-hospital benefits specified in Annexure C (Beryl) of the Scheme rules, if not registered on Maternity Programme • Includes 2 x 2D ultrasound scans per pregnancy. Should a 2D scan be substituted with a 3D or 4D scan, it will be funded up to the cost of a 2D scan • Contact GEMS to obtain more detail on the consultations and benefits that may be funded under the GEMS Maternity Programme % MC PMB
Medical and surgical appliances and prostheses – Includes 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 a network GP • Subject to annual hospital limit and sub-limit of R10 974 per crutches per year • Shared sub-limit with in-hospital prosthetics of R4 631 for foot orthotics and prosthetics with a sub-limit of R1 323 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • R527 for crutches per beneficiary per year • R5 797 for wheelchairs per beneficiary per year • R8 432 per hearing aid per beneficiary per year • Bilateral hearing aids every 36 months • One CPAP device of up to R10 013 per beneficiary every 36 months • Subject to PMBs % MC PMB
Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist, Psychologist) – Subject to use of network GP and specialist network • Subject to annual hospital limit and combined with out-of-hospital sub-limit of R9 971 per family per year • 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, permanent or disposable contact lenses and acute medicine) – Subject to use of optometry network and approved list of frames • 1 eye examination per beneficiary per benefit year • 1 frame and a pair of either single vision or bifocal lenses OR 4 boxes of disposable contact lenses OR 1 set of permanent contact lenses • Limited to R1 445 per beneficiary every second year • Acute medicine prescribed by network GP and subject to formulary • Benefits not pro-rated • Post-cataract surgery, optical PMB benefit limited to the cost of a bifocal lens not more than R1 118 for both lens and frame, with a sub-limit of R221 for the frame • Either spectacles or contact lenses will be funded in an optical appliance cycle, 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 PMB
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 DSP Practitioner and the visit is pre-authorised • Unlimited • Pre-authorisation required for certain examinations as per the Managed Care Radiology Request Form % MC
Physiotherapy – Subject to referral by network GP • Included in allied health services benefit limit unless PMB • Post-hip, knee and shoulder replacement or revision surgery • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R5 292 per beneficiary per event used within 60 days of surgery P % MC PMB
Prescribed medicine and injection material – Subject to MPL and MEL • Acute medical conditions • Subject to formulary prescription by network GP • Prescription by a specialist is only covered if referred by network GP and the visit is pre-authorised • Unlimited at network dispensing GP or network pharmacy • 30% co-payment on out-of-formulary medicine or voluntary use of non-network pharmacy – Chronic medical conditions (limited to CDL and DTP PMB chronic conditions) • Subject to prior application, approval, formulary and use of DSP practitioner • Subject to prescription by network GP • Unlimited, except for the R555 limit per family per year for homeopathic medicine • 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 R90 per beneficiary per event, and R250 per beneficiary per year • Only schedule 0, 1 and 2 covered • Chronic medical conditions • Unlimited for CDL and DTP PMB chronic conditions • Subject to prior application and approval, the formulary, MPL and prescribed by a network GP • Subject to PMB legislation % Ⓞ MC
Preventative care services – Payable from risk • Includes Influenza, HPV and Pneumococcal vaccination • HPV vaccination for female beneficiaries • Pneumococcal vaccination once every 5 years for beneficiaries at risk • Includes screening services provided by network pharmacies % MC
Primary care extender – No benefit
Screening services – Serum cholesterol, bone density scan (including liquid-based cytology), pap smear, prostate-specific antigen, glaucoma screening, TB, syphilis, chlamydia, gonorrhoea, serum glucose, occult blood, Thyrotropin (TSH) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Neonatal Hypothyroidism screening test – TSH (Thyrotropin) tariff 4507 only • Limited to 1 of each of the stated screening services per beneficiary per year • Once-off childhood hearing and optometry screening benefit • Includes screening services provided in network pharmacies MC
Radiology (advanced) – Shared with in-hospital advanced radiology limit of R32 925 per family per year P % MC PMB
Radiology (basic) – Subject to referral by network GP and list of approved services • 2 x 2D ultrasound scans per pregnancy provided for by Maternity Programme. Should a 2D scan be substituted with a 3D or 4D scan, it will be funded up to the cost of a 2D scan • Examinations requested by specialist are covered subject to list of approved services, if referred by network GP and the visit is pre-authorised • Unlimited • Pre-authorisation required for certain examinations as per the Managed Care Radiology Request Form P %
Renal dialysis – Subject to use of a Renal Dialysis Network DSP • If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event P MC PMB