

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.

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) – Unlimited • 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) and neonatal care • Accommodation in a private ward is subject to motivation by attending practitioner • Co-payment of R1 000 per admission if pre-authorisation not obtained **P % MC**

Alcohol and drug dependencies – Subject to pre-authorisation and managed care **P C MC PMB**

Allied health services – Includes dieticians, social workers, orthoptists, physiotherapists • 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 241 per family for social workers and registered counsellors • Subject to services being related to admission diagnosis and managed care **% MC PMB**

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

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

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 list of approved services and use of day theatres within the network • Shared with out-of-hospital dental services • Limited to R9 249 per beneficiary per year • General anaesthesia and conscious sedation subject to managed care protocols and processes • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery **P % MC**

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 **P C MC PMB**

GP and Specialist services – Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff rate • 100% of Scheme rate for non-network specialists • 130% of Scheme rate for network specialists **% PMB**

Mental health – Accommodation, theatre fees, medicine, hospital equipment, professional fees of GPs, Psychiatrists and Psychologists • Limited to R39 042 per family per year • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Maximum of 3 days' hospitalisation by GP • Educational and industrial psychologists excluded • All limits are subject to PMBs **P % MC PMB**

Oncology (chemo and radiotherapy) – In and out of hospital • Includes medicine and materials • Limit of R488 059 per family per year • Sub-limit of R329 880 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 • Subject to MPL **P % MC PMB**

Organ and tissue transplants – Includes materials • Limited to R619 748 per beneficiary per year • Sub-limit of R21 038 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 % MC PMB**

Pathology and Medical Technology – Unlimited • Subject to pathology tests being related to admission diagnosis **P % MC**

Physiotherapy – Limited to R5 014 per beneficiary per year • 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**

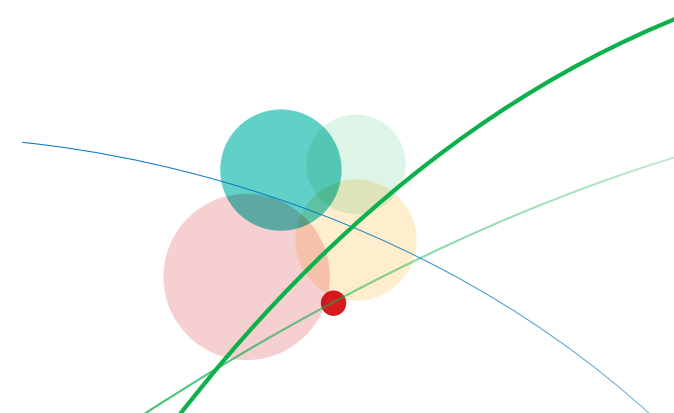
Medical and surgical appliances and prostheses – Benefit of R56 967 per family per year shared with medical and surgical appliances as well as external prostheses • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 631 for foot orthotics and prosthetics • Sub-limit of R1 323 for 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) – Shared with out-of-hospital advanced radiology limit of R27 890 per family per year • Specific authorisation in addition to hospital pre-authorisation required **P % MC PMB**

Radiology (basic) – Unlimited • 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 – Subject to clinical guideline used in public facilities • In hospital • Includes materials and related pathology tests • Limited to R265 601 per beneficiary per year for chronic dialysis • Acute dialysis included in the in-hospital benefit • Includes cost of pathology, radiology medical technologists, material and immuno-suppressants • Erythropoietin included in blood transfusion benefit • Pathology and radiology test subject to managed care **P % MC PMB**

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



Onyx 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 • If offered as alternative to hospitalisation, then hospital benefits will apply • Shared sub-limit of R1 241 per family for social workers and registered counsellors **P%MC**

Audiology, occupational therapy and speech therapy – Subject to day-to-day block benefit • If offered in hospital or instead of hospitalisation will be paid from hospital benefits

Block benefit (day-to-day benefit) – Includes GP and specialist services, basic radiology, pathology, allied health services, physiotherapy, occupational therapy and speech therapy, mental health, maternity and contraceptives • Limited to R9 756 per beneficiary and R19 514 per family per year • Benefit is pro-rated from join date **%**

Chronic Back and Neck Rehabilitation Programme – Subject to the use of DSP, managed care protocols and processes **P MC**

Circumcision – 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) – Sub-limit of R3 537 per family per year **% MC**

Dental services (conservative, dentistry including acute medicine) – Shared limit with in-hospital dentistry of R9 249 per beneficiary per year • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery • General anaesthesia and conscious sedation subject to pre-authorisation (only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8 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 • Panoramic X-rays limited to 1 X-ray every 3 years per beneficiary • 4 bitewing X-rays per beneficiary per year • Fluoride treatment excluded for beneficiaries older than 16 years **P%MC**

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

General Practitioner (GP) and Specialist services – Consultation, visits and all other services • Subject to day-to-day block benefit • 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: Maternity Programme protocols, managed care protocols and processes and PMBs OR 100% of Scheme rate paid from day-to-day block benefit, if not registered on the 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 **%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 • Limited to R56 967 per family per year • Sub-limit of R19 045 for medical and surgical appliances per family per year • Shared sub-limit with in-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 • 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 • GP nomination and specialist referral rules apply • Subject to PMBs **P%MC PMB**

Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist, Psychologist) – Consultations, assessments, treatments and/or counselling by GPs, psychiatrists and psychologists • If offered as alternative to hospitalisation, then hospital benefits will apply • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded **PMB %MC**

Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine) – Sub-limit of R2 749 per beneficiary every two benefit years and annual limit of R5 511 per family • Frames limited to R2 198 • Limited to 1 eye examination per beneficiary per 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 • Either spectacles or contact lenses will be funded in a benefit year, not both • Benefit is not pro-rated • Post-cataract surgery, optical PMB entitlement limited to the cost of a bifocal lens and not more than R1 118 for both lens and frame, with a sub-limit of R221 for frame • Includes tinted lenses up to 35% tint for albinism and proven photophobia, subject to pre-authorisation • Excludes variable tint and photochromic lenses **%MC**

Pathology – Subject to day-to-day block benefit • Limit of R9 756 per beneficiary per year and R19 514 per family per year shared with audiology, occupational therapy and speech therapy • Includes liquid-based cytology pap smear **%MC**

Physiotherapy – 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 • Limit of R6 268 per beneficiary and R17 556 per family per year, subject to a sub-limit of R555 per family per year for homeopathic medicine • 30% co-payment on out-of-formulary medicine – **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Includes benefit for life-threatening allergies payable from risk and subject to managed care and formulary • Limit of R19 048 per beneficiary and R39 042 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 – **Prescribed medicine from hospital stay (TTO)** • Payable from risk once acute medicine benefit is exhausted • Included in acute medicine benefit limit • TTO limited to 7 days and must be related to admission diagnosis and procedure – **Self-medicine (OTC)** • Only schedule 0, 1 and 2 covered • Subject to acute medicine benefit limit and sub-limit of R1 892 per family per year, R1 143 per beneficiary per year and R312 per beneficiary per event **% Ⓒ 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, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma TB, syphilis, chlamydia, gonorrhoea, serum glucose, occult blood test, Thyrotropin (TSH) 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 by network pharmacies **MC**

Radiology (advanced) – Shared limit with in-hospital advanced radiology of R27 890 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies **P%MC PMB**

Radiology (basic) – X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans per pregnancy provided for by maternity benefit. Should a 2D scan be substituted with a 3D or 4D scan, it will be funded up to the cost of a 2D scan **%**

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**