

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.

Ruby In-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

Prescribed minimum benefits (PMBs) – Unlimited, subject to PMB legislation • PMBs override all benefit limitations **P Ⓞ MC PMB**

Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities) – Unlimited • 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 is subject to motivation by attending practitioner • Co-payment of R1 000 per admission if pre-authorisation not obtained **P % MC PMB**

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

Allied health services – Includes dietitians, social workers, orthoptists, physiotherapists • Limited to PMSA and block benefit **% 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 and home nursing hospice • Hospice • Unlimited, subject to PMB legislation **P % MC PMB**

Blood transfusion – Unlimited, subject to PMB legislation • Includes cost of blood, blood equivalents, blood products and transport thereof **P Ⓞ MC 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 protocols • Only applicable for beneficiaries with severe trauma, impacted third molars or under the age of 8 years • Professional fees subject to shared limit with out-of-hospital dentistry benefit of R3 373 per beneficiary per year • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery **P % MC**

Emergency services (casualty department) – Paid from out-of-hospital GP services for non-PMB and unauthorised events **P % MC PMB**

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

Mental health – Accommodation, theatre fees, medicine, hospital equipment, professional fees of GPs, Psychiatrists and Psychologists • Limited to R18 592 per family per year • Maximum of 3 days' hospitalisation by GP • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • 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 R334 668 per family per year • Sub-limit of R252 964 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 **P % MC PMB**

Organ and tissue transplants – Limited to R619 748 per beneficiary per year • Limit includes all costs associated with transplant, including immuno-suppressants • Sub-limit of R21 038 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care rules) **P % MC PMB**

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

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**

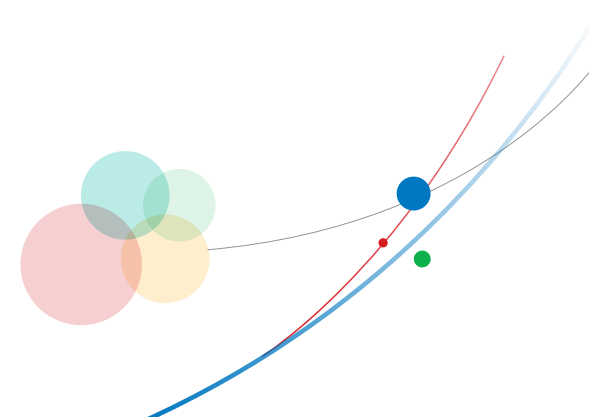
Medical and surgical appliances and prostheses – Benefit of R42 171 per family per year shared with medical and surgical appliances as well as external prostheses • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 631 for foot orthotics and prosthetics • Sub-limit of R1 323 for 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 R22 309 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 – Includes materials and related pathology tests • Includes cost of radiology, medical technologists, material and immuno suppressants • Limited to R265 601 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 **P % MC PMB**

Surgical procedures (including maxillofacial surgery) – Unlimited • Excludes osseo-integrated implants, all implant related procedures and orthognathic surgery **P % MC PMB**



Ruby Out-of-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

Personal Medical Savings Account (PMSA) – Excludes PMB claims • 20% of annual gross contributions made by member during the financial year • Benefits pro-rated from join date %
Allied health services – Includes dieticians, social workers, orthoptists, physiotherapists • Limited to PMSA and block benefit % PMB
Audiology, occupational therapy and speech therapy – Limited to PMSA and block benefit %
Block benefit (day-to-day benefit) – Claims paid against this benefit once PMSA limit is reached • Limited to R2 261 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 only P % MC
Contraceptives (oral, insertables, injectables and dermal) – Subject to PMSA % MC
Dental services (conservative, dentistry including acute medicine) – Shared with in-hospital dentistry limit of R3 373 per beneficiary per year • Plastic dentures included • General anaesthesia and conscious sedation require pre-authorisation and are subject to managed care protocols • Only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8 years • 200% of Scheme rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms • 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 • Specialised dentistry – No pre-authorisation required for metal base partial dentures P % MC
Emergency assistance (road and air) – Subject to use of emergency services DSP • Unlimited, subject to PMB legislation C MC
General Practitioner (GP) and Specialist services – Consultations, visits and all other services • Limited to PMSA and 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 – For beneficiaries with chronic conditions registered on the disease management programme • 1 additional consultation at network GP once PMSA and block benefit are exhausted % MC PMB
HIV infection, AIDS and related illness – Subject to registration on the HIV Disease Management Programme C MC PMB
Infertility – Subject to use of DSP • Subject to PMBs and managed care protocols P C 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 and processes, managed care protocols and PMBs OR 100% of Scheme rate paid from PMSA, 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 • 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 • Shared limit with in-hospital internal prostheses of R42 171 per family per year • Sub-limit of R16 454 per family per year for medical and surgical appliances • 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 • 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 • Diabetic accessories and appliances, except for glucometers, to be claimed from the chronic medicine benefit • 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) – Consultations, assessments, treatments and/or counselling by GPs, psychiatrists and psychologists • Limited to PMSA and 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded • If offered as alternative to hospitalisation, then hospital benefits will apply • Limited to PMBs C MC PMB
Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine) – Subject to network use • Limited to PMSA and block benefit • Limited to 1 eye examination per beneficiary per year • Benefit not pro-rated • Frame sub-limit of R1 359 per beneficiary • 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 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 P % PMB
Pathology – Limited to PMSA and block benefit • 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 PMSA and a limit of R555 per family per year for homeopathic medicine • Subject to formulary • 30% co-payment on out-of-formulary medicine • 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 – Prescribed medicine from hospital stay (TTO) • Subject to PMSA • TTO limited to 7 days and must be related to admission diagnosis and procedure • Payable from risk once PMSA is depleted – Self-medicine (OTC) • Subject to formulary • Schedule 0, 1 and 2 medicine covered • Subject to PMSA and limited to R188 per beneficiary per event % C 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 out-of-hospital advanced radiology limit of R22 309 per family per year • Specific authorisation in addition to hospital pre-authorisation required P % MC PMB
Radiology (basic) – X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans 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 • Subject to PMSA %
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