gems
Government Employees Medical Scheme

the GEMS *way*

Accessible | Affordable | Rich benefits

2019 Benefit Schedule

Working towards a healthier you

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.

Sapphire 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) – Hospitalisation at public hospital and day clinics including 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 • Hospitalisation at private hospitals for the following admissions: • **Children**: Circumcisions, Myringotomies and Tonsillectomy and/or Adenoidectomy; • **Elderly**: cataract procedures, hip replacements, knee replacements and retinal procedures; **Gynaecology**: abortion procedures, antenatal admissions, Hysterectomies and Myomectomies; **Obstetrics (Maternity)**: Caesarean deliveries, normal deliveries, post discharge complications of newborns; **Mental Health**: anxiety disorders, Bipolar disorders, Major Depression and Schizophrenia • All admissions are subject to an overall annual hospital limit of R219 482 per family per year • TTO limited to 7 days • Hospitalisation at private hospitals limited to 6 weeks in respect of post discharge complications of newborn, subject to PMBs • Co-payment of R1 000 per admission if authorisation not obtained (P) % MC PMB

Alcohol and drug dependencies – Subject to PMBs, pre-authorisation, managed care protocols and the use of a DSP • Subject to pre-authorisation and managed care (P)(C) MC PMB

Allied health services – Includes dieticians, social workers, orthoptists, physiotherapists • Limited to PMBs • Subject to referral by the treating provider and services related to admission diagnosis • Services related to admissions under the annual hospital benefit (P) % MC 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 • Hospice • Subject to PMB legislation (P) % MC PMB

Blood transfusion – Includes cost of blood, blood equivalents, blood products and transport thereof (A)(P)(C) PMB

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 providers • 100% of Scheme rate for network providers • Subject to services related to admissions under the annual hospital benefit (P) % MC PMB

Mental health – Accommodation, theatre fees, medicine, hospital equipment, professional fees of 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 (A)(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 (A)(P) % 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)(C) MC PMB

Medical and surgical appliances and prostheses – Benefit of R25 075 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 645 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 R6 582 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 (A)(P)(C) 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 (A) % MC

Renal dialysis – In hospital • Includes materials and related pathology tests (A)(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 (A)(P) %

Sapphire Out-of-Hospital Benefits

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 Ⓐ Subject to the service being related to admissions under the annual hospital benefit

Personal Medical Savings Account (PMSA) – No PMSA

Allied health services – Includes dieticians, social workers, orthoptists, physiotherapists • Subject to referral by network GP PMB PMB

Audiology, occupational therapy and speech therapy – Subject to referral by network GP Ⓟ Ⓒ 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 Ⓟ 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 % 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 – Conditions with pain and sepsis, fillings, clinically indicated dental services including extractions and emergency root canal procedure, intra-oral radiography • 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 • Emergency out-of-network visits limited to 1 event per beneficiary per year – Dentures (plastic) • Subject to approved Scheme tariff rate – Examinations and preventative treatment • 2 treatment episodes per beneficiary per year – Specialised dentistry and other dentures • In accordance with the Scheme-approved tariff rate % MC PMB

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

General Practitioner (GP) and Specialist services – Consultations, visits and all other services • Unlimited • Voluntary use of out-of-network providers • Scheme will pay 80% of Scheme rate (20% member co-payment) • Limited to 3 out-of-network GP visits per family per year and R1 085 per event – **Emergency medical conditions and involuntary use of out-of-network provider** • Unlimited for PMBs • Treatment at DSP or registered emergency medical facility • 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 Ⓟ Ⓒ 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 • 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 • Kindly 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 network GP • Limited to R6 582 per family • Shared sub-limit with in-hospital prosthetics and appliances of R4 645 • 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 • R4 743 per hearing aid per beneficiary per year • Bilateral hearing aids every 36 months • One CPAP device of up to R6 582 per beneficiary every 36 months • Subject to PMBs Ⓟ % MC PMB

Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist, Psychologist) – Subject to the use of network GP and specialist network and PMBs • Educational and industrial psychologist services excluded • 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 • Limit of R4 270 per family every second year • Limited to 1 eye examination per beneficiary every second year, 1 frame and 1 pair of single vision or bifocal 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 DSP general practitioner and subject to the medicine formulary • Benefit 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 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 PMB

Pathology – Subject to referral by network GP 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 GP 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 GP – **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 Ⓟ Ⓒ MC PMB

Prescribed medicine and injection material – Subject to MPL and MEL – **Acute medical conditions** • Subject to formulary and prescription by network GP • Unlimited, except for a R555 family limit per family per year for homeopathic medicine • Obtainable from network dispensing GP or network pharmacy • Medicine prescribed by a specialist only covered if patient is referred to the specialist by a network GP and visit is pre-authorised • 30% co-payment on out-of-formulary medicine or voluntary use of non-network pharmacy or non-network GP • **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 GP • Unlimited, subject to PMB legislation • Medicine prescribed by a specialist only covered if patient referred by a network GP and visit is pre-authorised • 30% co-payment on out-of-formulary medicine or voluntary use of non-DSP pharmacy – **Self-medicine (OTC)** • Subject to managed care, formulary and DSP • Limited to R90 per beneficiary per event, and R250 per beneficiary per year • Only schedule 0, 1 and 2 medicines covered % Ⓒ 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 screening, TB, syphilis, chlamydia, gonorrhoea, serum glucose, occult blood test, 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 by network pharmacies MC

Radiology (advanced) – Subject to preauthorisation managed care protocols and processes Ⓟ Ⓒ MC PMB

Radiology (basic) – Subject to referral by network GP and list of approved services • Includes 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 the network GP and the specialist visit is pre-authorised • Unlimited Ⓟ %

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 Ⓟ MC PMB