

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.

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 dietitians, 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**

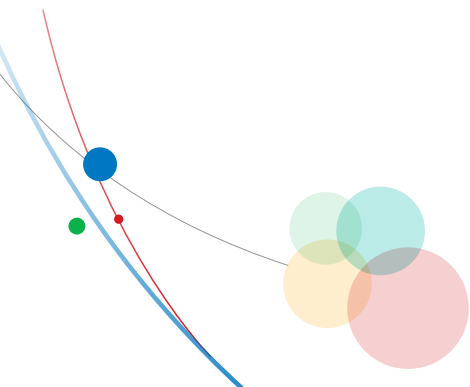
Medical and surgical appliances and prostheses – Benefit of R25 075 per family per year shared with medical and surgical appliances as well as external prostheses • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 645 for foot orthotics and prosthetics • Sub-limit of R1 323 for 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: **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) – No PMSA

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

Audiology, occupational therapy and speech therapy – Subject to referral by network GP **P** **C** **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 **%** **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 **C** **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 **P** **%** **C** **MC** **PMB**

GP network extender benefit – No benefit

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 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 **P** **%** **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 **C** **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-authorized • 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 **P** **C** **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-authorized • 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-authorized • 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 **%** **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, 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 **P** **C** **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-authorized • Unlimited **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**

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 dietitians, 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**

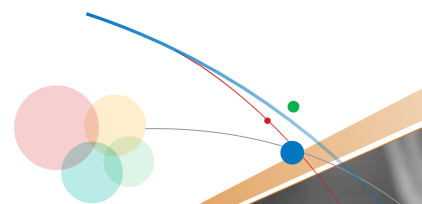
Medical and surgical appliances and prostheses – Benefit of R32 925 per family per year shared with medical and surgical appliances as well as external prostheses • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 631 for foot orthotics and prosthetics • Sub-limit of R1 323 for 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

Ruby In-Hospital Benefits

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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 dieticians, 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**

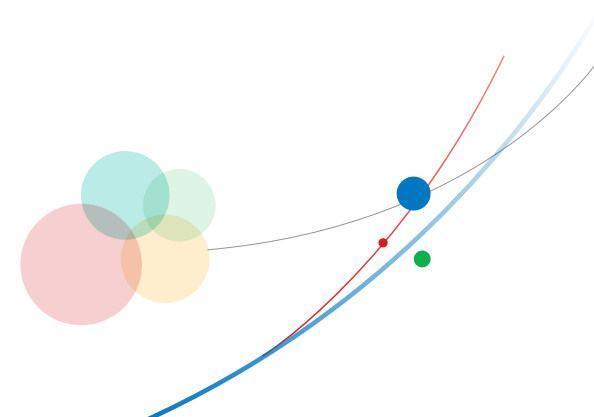
Medical and surgical appliances and prostheses – Benefit of R42 171 per family per year shared with medical and surgical appliances as well as external prostheses • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 631 for foot orthotics and prosthetics • Sub-limit of R1 323 for 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

Emerald Value 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) – 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 • A co-payment of up to R10 000 will apply for voluntary use of a non-network hospital • 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**

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

Allied health services – Includes dieticians, social workers, orthoptists and physiotherapists • Shared with out-of-hospital limit of R1 599 per family per year • Sub-limit of R800 per family for social workers and registered counsellors • Subject to GP and specialist referral rules **% MC PMB**

Alternatives to hospitalisation (sub-acute hospitals and private nursing) – Includes physical rehabilitation for approved conditions and home nursing • Excludes frail care and recuperative holidays • 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 C MC 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 list of approved services and use of day theatres within the network • Shared with out-of-hospital dental services • Limited to R5 184 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 for unauthorised events **P C MC PMB**

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

Mental health – Accommodation, theatre fees, medicine, hospital equipment and professional fees of GPs, Psychiatrists, Psychologists and Registered Counsellors • Limited to R18 592 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 • Limited to PMBs **P % MC PMB**

Oncology (chemo and radiotherapy) – In and out of hospital • Includes medicine and materials • Limited to R371 852 per family per year • Sub-limit of R252 964 per family per year for biological and similar specialised medicine • Includes cost of pathology, radiology, medical technologist and oncology medicine • Erythropoietin included in blood transfusion benefit • 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) • 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 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**

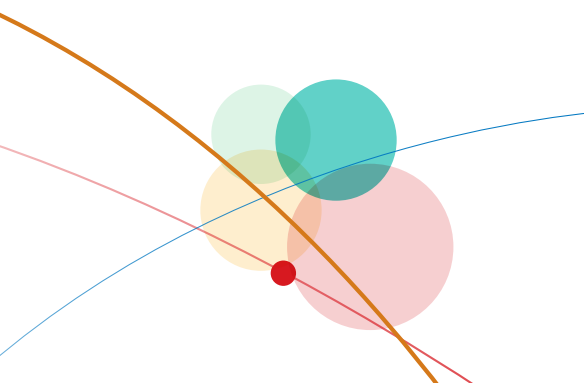
Medical and surgical appliances and prostheses – Limit of R42 171 per family per year • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 631 • Sub-limit of R1 323 for orthotic shoes, foot inserts and levellers per beneficiary per year • One CPAP device of up to R10 013 per beneficiary every 36 months • R527 for crutches, R5 797 for wheelchairs, and R8 432 per hearing aid, per beneficiary per year • Subject to PMBs **P % MC PMB**

Radiology (advanced) – Shared with out-of-hospital advanced radiology limit of R22 309 per family per year • Specialist referral • 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**



Emerald Value 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) – No PMSA

Allied health services – Subject to block benefit (day-to-day benefits) • Includes dieticians, social workers, orthoptists, physiotherapists • Subject to referral by network GP • Shared with in-hospital allied health services limit • Sub-limit of R800 per family for social workers and registered counsellors **P %MC PMB**

Audiology, occupational therapy and speech therapy – Shared limit of R2 263 per beneficiary per year and R4 534 per family per year shared with pathology and medical technology • Sub-limit of R1 819 per beneficiary and R3 636 per family per year **P %MC PMB**

Block benefit (day-to-day benefit) – Out-of-hospital GP, specialist services, maternity (where not covered under maternity benefit programme), pathology and medical technology and allied health services • Subject to use of network where applicable • GP nomination and specialist referral rules apply • Limited to R4 638 per beneficiary and R9 279 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 – Subject to use of network GP • Global fee of R1 498 per beneficiary, which includes all related costs of post-procedure care within a month of procedure • Out of hospital only **P**

Contraceptives (oral, insertables, injectables and dermal) – Subject to formulary • Subject to acute medicine benefit limit • Sub-limit of R2 822 per beneficiary per year **% MC**

Dental services (conservative, dentistry including acute medicine) – Shared with in-hospital dentistry sub-limit of R5 184 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) – Unlimited, subject to PMB legislation • Subject to use of emergency services DSP **C MC PMB**

General Practitioner (GP) and Specialist services – Subject to day-to-day block benefit • GP nomination and specialist rules apply • A 30% co-payment for use of non-nominated GP • GP visits limited to R4 638 per beneficiary and R9 279 per family 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 • No pre-authorisation required for emergency out of network GP visits **%MC PMB**

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 **P %MC**

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 • 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 • Subject to prescription by network GP • Limited to R42 171 per family per year • Sub-limit of R16 454 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) – If out-of-hospital treatment offered as alternative to hospitalisation, then hospital benefits will apply • Shared with in-hospital mental health limit of R18 592 per family per year • Sub-limit of R5 513 for out-of-hospital psychologist consultations • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded **%MC PMB**

Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine) – Subject to network use • Sub-limit of R2 329 per beneficiary every second year • Annual limit of R4 656 per family • Frames limited to R1 359 • 1 eye examination per beneficiary per benefit year • 1 frame and 1 pair of lenses per beneficiary every second year • 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 every second 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 day-to-day block benefit • Limit of R2 263 per beneficiary per year and R4 534 per family per year • Shared with audiology, occupational therapy and speech therapy • Includes liquid-based cytology pap smear **%MC**

Physiotherapy – Sub-limit of R2 638 per beneficiary and R4 518 per family per year shared with GP services • **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 formulary • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP • Subject to MPL and MEL – **Acute medical conditions** • Limit of R3 719 per beneficiary and R11 154 per family per year • Sub-limit of R555 for homeopathic medicine per family per year - **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Limit of R11 154 per beneficiary and R22 461 per family per year • Unlimited for PMBs • Once limit is depleted, CDL benefit will be limited – **Prescribed medicine from hospital stay (TTO)** • TTO limited to 7 days • Payable from risk once acute benefit limit is exhausted – **Self-medicine (OTC)** • Schedule 0, 1 and 2 medicines covered • Event limit of R250 per beneficiary • Sub-limit of R937 per beneficiary per year • Annual family limit of R1 498 – **Contraceptives** • Sub-limit of R2 822 per beneficiary per year **% 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 – Payable from risk • Shared limit with GP services, pathology, medical technology and prescribed medication • R500 additional benefit per beneficiary per year once the block benefit or specific sub-limits are exhausted **P %MC PMB**

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 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 • 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 • GP nomination and specialist referral rules apply **MC**

Radiology (advanced) – Shared limit with in-hospital advanced radiology of R22 309 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies • Specialist referral rules apply **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 • Sub-limit of R3 703 per beneficiary and R6 787 per family per year **%**

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**

Emerald 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 other 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 (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**

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

Allied health services – Includes dieticians, social workers, orthoptists, physiotherapists • Shared with out-of-hospital limit of R1 599 per family per year • Sub-limit of R800 per family for social workers and registered counsellors • Subject to managed care protocols and services being related to admission diagnosis **C 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 • Unlimited, subject to PMB legislation **P C % MC PMB**

Blood transfusion – Unlimited, subject to PMB legislation • Includes cost of blood, blood equivalents, blood products and transport thereof • Includes erythropoietin **P % MC 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 list of approved services and use of day theatres within the network • Shared with out-of-hospital dental services • Limited to R5 184 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 % PMB**

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

Mental health – Accommodation, theatre fees, medicine, hospital equipment, professional fees from GPs, Psychiatrists and Psychologists • Limited to R18 592 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 **P % MC PMB**

Oncology (chemo and radiotherapy) – In and out of hospital • Includes medicine and materials • Limited to R371 852 per family per year • Sub-limit of 252 964 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 • Subject to PMBs **P % MC PMB**

Organ and tissue transplants – Includes materials • 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) • 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 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 – In hospital • Includes materials and related pathology tests • Includes cost of radiology, medical technologists, material and immuno-suppressants • Includes related pathology tests done at network provider • 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 • Includes hospital procedures performed in practitioners' rooms **P % MC**

Emerald 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) – No PMSA

Allied health services – Subject to block benefit (day-to-day benefits) • Includes dieticians, social workers, orthoptists, physiotherapists • Shared with in-hospital allied health services limit of R1 599 per family per year • Sub-limit of R800 per family for social workers and registered counsellors **P%MC****PMB**

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 263 per beneficiary per year and R4 534 per family per year shared with pathology and medical technology • Sub-limit of R1 819 per beneficiary and R3 636 per family per year

Block benefit (day-to-day benefit) – Out-of-hospital GP and specialist services, physiotherapy, maternity (where not covered under the Maternity Programme), audiology, occupational therapy, speech therapy, pathology and medical technology • Limited to R4 634 per beneficiary and R9 279 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 formulary • Subject to acute medicine benefit limit • Sub-limit of R2 822 per beneficiary per year **%MC**

Dental services (conservative, dentistry including acute medicine) – Shared with in-hospital dentistry sub-limit of R5 184 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) – Unlimited, subject to PMB legislation • Subject to use of emergency services DSP **C****MC****PMB**

General Practitioner (GP) and Specialist services – Subject to day-to-day block benefit • GP visits limited to R4 638 per beneficiary and R9 279 per family 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 **P%MC****PMB**

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 • Payable from risk **P%MC**

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, 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 • Subject to prescription by network GP • Limited to R42 171 per family per year • Sub-limit of R16 454 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, psychologists • If out-of-hospital treatment offered as alternative to hospitalisation, then hospital benefits will apply • Shared with in-hospital mental health limit of R18 592 per family per year • Sub-limit of R5 513 for out-of-hospital psychologist consultations • 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) – All services included in benefit subject to optical managed care programme • Sub-limit of R2 329 per beneficiary every second benefit year and annual limit of R4 656 per family • Frames limited to R1 359 • 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 • Excludes variable tint and photochromic lenses • Benefit not pro-rated • Post-cataract surgery, optical PMB entitlement limited up to the cost of 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 R2 263 per beneficiary per year and R4 534 per family per year shared with audiology, occupational therapy and speech therapy • Includes liquid-based cytology pap smear **%MC**

Physiotherapy – Sub-limit of R2 263 per beneficiary and R4 518 per family per year shared with GP services – **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****PMB****%MC**

Prescribed medicine and injection material – Subject to formulary • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP • Subject to MPL and MEL – **Acute medical conditions** • Limit of R3 719 per beneficiary and R11 154 per family per year • Sub-limit of R555 for homeopathic medicine per family per year – **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Limit of R11 154 per beneficiary and R22 461 per family per year • Unlimited for PMBs • Once limit is depleted, CDL benefit will be limited – **Prescribed medicine from hospital stay (TTO)** • TTO limited to 7 days • Payable from risk once acute benefit limit is exhausted – **Self-medicine (OTC)** • Schedule 0, 1 and 2 medicines covered • Event limit of R250 per beneficiary • Sub-limit of R937 per beneficiary per year • Annual family limit of R1 498 – **Contraceptives** • Sub-limit of R2 822 per beneficiary per year **%****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 – Payable from risk • Shared limit between GP services, pathology and medical technology and prescribed medication • The additional benefit of R500 per beneficiary per year is available once the block benefit or specific sub-limits are exhausted **P%MC****PMB**

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 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 • Once-off childhood hearing and optometry screening benefit • Includes screening services provided by network pharmacies • Limited to 1 of each of the stated screening services per beneficiary per year **MC**

Radiology (advanced) – Shared limit with in-hospital advanced radiology of R22 309 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 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 • Sub-limit of R3 703 per beneficiary and R6 787 per family per year **%**

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**

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**

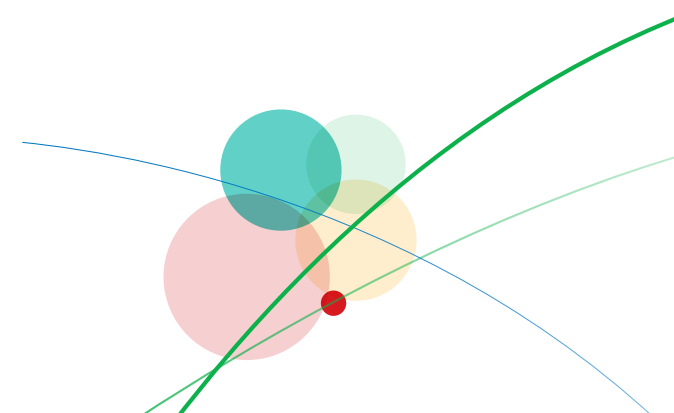
Medical and surgical appliances and prostheses – Benefit of R56 967 per family per year shared with medical and surgical appliances as well as external prostheses • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 631 for foot orthotics and prosthetics • Sub-limit of R1 323 for 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 **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) – 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 **C 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 **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, 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 **%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, 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**