

The GetMed Health Protection Plan

The GetMed Health Protection Plan is a range of options registered with the Sick Fund of the Bargaining Council for the Building Industry, Kimberley & Gordonias and is regulated by the Labour Relations Act, 66, 1995.



Benefits and Contributions

All benefits are subject to managed care protocols, pre-authorization, use of designated provider network and medicine formularies. Without pre-authorization no benefits will be paid. Prescribed tariffs at lowest of cost, NHRPL or negotiated tariffs contracted with DSP will be paid.

Kelly Group- B200

Category A		In-hospital Benefits	Annual Limits and Comments	
A.1	General Hospital Care			No benefit
A.2	Essential Care	SCAL		R 37,500 PFPA 100% stated benefit per condition – Public DSP only.
A.3	Accident Care	SCAL		R 37,500 PFPA Services include accommodation, procedures and medication – Specified DSP only.
A.4	Motor Vehicle Accident	SCAL		R 100,000 PFPA Only for valid Road Accident Fund claims; RAF claims to be set-off against SCAL; All RAF claims to be submitted on prescribed forms.
Category B		Day-to-day Benefits	Annual Limits and Comments	
B.1	Acute Medical Care Consultations, procedures and medicines Basic radiology, pathology and blood transfusions	CAL		Principal Member – R 2,000; Each additional beneficiary – R 400. Black and white x-rays per specified radiology protocols only. Specified pathology and laboratory tests.
B.2	Pharmacist Advice and OTC Medication	SCAL		R 160 per annum / R 40 per event PBPA Limited to OTC formulary.
B.3	Dental Care	SCAL		R 750 PFPA Level 1 and 2 conservative services and specialised services per specified dental protocols. Dentures limited to 1 plastic denture per beneficiary per 24 month cycle. Dentures are only available for members older than 21 years.
B.4	Vision Care Consultations, frame and lenses No benefit for Contact lenses	SCAL		Restricted to PPN DSP only. 1 Optical evaluation per 24 month cycle per beneficiary. Consultation and one standard PPN level 1 frame. Clear single vision lenses or clear bifocal lenses.
B.5	Supplementary Care	SCAL		R 500 PFPA
B.6	Specialist Care	SCAL		No specialist care, except basic Pathology and Radiology services
B.7	Appliances Budget	SCAL		R 500 PFPA Appliances for temporary or permanent disability.
Category C		Casualty Benefits	Annual Limits and Comments	
C.1	Casualty Care Consultations, procedures and medication	CAL		R 2,000 PFPA Emergency Medical Events only.
Category D		Chronic Benefits	Annual Limits and Comments	
D.2	Chronic Medical Care	CAL		R 5,000 PFPA – Excluding HIV/ Aids Specified chronic conditions only Chronic conditions to be registered for treatment programme
Category E		Neo-natal Care	Annual Limits and Comments	
E.2	Neo-natal Care	CAL		R 5,000 per birth Limited to 1 birth per annum Subject to proof of birth
Category F		Other Benefits	Annual Limits and Comments	
F.1	Emergency Management Services Trauma Support, Counselling and Advice Line Emergency Transport Services – ER24	SCAL		Unlimited Ambulance Services available for Medical Emergency Events only.
F.2	HIV/ Aids and STD PEP Protection Plan	SCAL		Limited to 2 events PBPA.
F.3	Vaccination	SCAL		Limited to 1 Flu vaccination PBPA Restricted to specified DSP.
F.4	GetMed Flexible Health Saving Account and Elective Care Benefit			This is an optional facility to pay for discretionary or selective health services or to access benefits not covered by the Plan
F.5	GetMed Flexible Budget Account Benefit			Optional facility to finance health services not covered by the plan. Limited to 20% of day-to-day CAL or 10% of in-hospital SCAL. Terms, Conditions and the National Credit Act apply.

CAL - Category Annual Limit; SCAL - Sub-category Annual Limit; SCASL - Sub-category Annual Sub-limit PBPA - Per Beneficiary per Annum; PFPA – Per Family per Annum; NHRPL - National Health Reference Price List; PPN - Preferred Provider Network; DSP – Designated Service Provider