

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-authorisation, use of designated provider network and medicine formularies. Without pre-authorisation no benefits will be paid. Prescribed tariffs at lowest of cost, NHRPL or negotiated tariffs contracted with DSP will be paid.

Kelly Group- G500

Category A		In-hospital Benefits	Annual Limits and Comments	
A.1	General Hospital Care		SCAL	R 500,000 PFPA
	Accommodation, procedures and consultations Private or Public DSP		SCASL	Physiotherapy - R 2,500 PFPA Internal surgical prosthesis - R 18,000 PFPA Specialised radiology - R 6,000 PFPA Procedures and treatment during hospitalisation in Public DSP performed by Private Practitioners - R 10,000 Organ transplants, oncology, chemotherapy, radiotherapy and renal dialysis at Public DSP only. Maxillofacial surgery only for reconstructive purposes at Public DSP only
A.2	Essential Care		SCAL	Benefits are included under General Hospital Care 100% stated benefit per condition at Specified DSP only
A.3	Accident Care		SCAL	Benefits are included under General Hospital Care Services include accommodation, procedures and medication at Specified DSP.
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 5,000; Each additional beneficiary – R 1,000. Black and white x-rays per specified radiology protocols only. Specified pathology and laboratory tests.
B.2	Pharmacist Advice and OTC Medication		SCAL	R 450 per annum / R 75 per event PBPA - Limited to OTC formulary.
B.3	Dental Care		SCAL	R 2,000 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 1,000 PFPA
B.6	Specialist Care		SCAL	R 2,000 PFPA - Subject to written referral from DSP
B.7	Appliances Budget		SCAL	R 1,000 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 5,000 PFPA Emergency Medical Events only
Category D		Chronic Benefits	Annual Limits and Comments	
D.2	Chronic Medical Care		CAL	Unlimited Specified chronic conditions only Chronic conditions to be registered for treatment programme.
Category E		Maternity Care	Annual Limits and Comments	
E.2	Maternity Care		CAL	R 18,000 - Limited to 1 pregnancy per annum All in and out of hospital medical costs relating to pregnancy and delivery are covered at NHRPL tariffs Excluding post / anti- natal classes , midwifery Medically indicated scans only
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