

OVERVIEW: GP nomination and Specialist referral

As of 1 January 2019, all members on the Essential Option will be required to choose a GP to visit. Also, if you are on the Essential Option, you will need to see a GP before visiting a Specialist. This document will give you the details of the changes.

Be sure to read this document carefully so you can decide which Option is better suited to you and your family's healthcare needs.

Why are the changes being made?

SABMAS is very aware of not only the need to provide medical cover for members, but also the need to ensure that members receive the highest quality of care.

Research, as well as analysis of SABMAS data, shows that patients who regularly see the same GP receive better quality care than those who do not. International practice also shows that the GP is best placed to be the coordinator of patient care.

Consulting with multiple GPs means that no one provider has a complete view of the patient's medical conditions. Without this, it's impossible to treat patients holistically. Having a single point of entry to the healthcare system also places the responsibility of determining the most appropriate referral on the GP, should referral be necessary.

GP NOMINATION

1. GP nomination explained

In simple terms, from 2019 members will need to choose the GP they will see in order to receive the fullest cover.

If you see your chosen GP, we will pay 80% of the agreed or Scheme Rate, and the 20% will be the member portion.

If you see someone other than your chosen GP, we will pay 60% of the agreed or Scheme Rate. The member portion will be 40%. 20% being a co-payment for not seeing your nominated GP and the 20% surcharge that applies to all consultations.

Note: We know that you have no control over when and where you get sick, so there are some exceptions, which we will explain a later.

2. Must my chosen GP be in the SABMAS GP Network?

Your chosen GP does not have to be in the SABMAS GP Network.

Remember, seeing non-network GPs could mean that you are responsible for more of what they charge. It is always better to see a network GP.

3. Do all members of my family have to choose the same GP?

No, we know that this might not be possible. Each member of your family can choose their own GP.

4. Can we only choose one GP each?

No, this wouldn't work for everyone. Sometimes you might want to see a doctor close to your office, other times close to home or school. We don't want to stop you from doing that, so each member of the family can nominate two GPs.

5. What happens if I'm on holiday?

If you are on holiday, you may not be able to see one of your 2 chosen GPs. To make sure you still get the care you need, we will allow each member of your family to have three GP visits to a GP other than your chosen GPs. We will pay these claims as if you saw your chosen GP (at 80% of the Scheme rate). From the fourth visit to someone other than your chosen GP, we will only pay 60% of the Scheme Rate. It is therefore very important that you visit your chosen GP and keep these 3 visits for when it's necessary.

6. How do I choose my GP?

We will look at the claims you have submitted to us in the past six months and will then allocate each member of the family the two GPs visited most often.

We will let you know who these GPs are, so you can contact us to make a change if you, or a family member, prefer to choose a different GP.

7. What if I need to change the GP I chose?

Members can change their chosen GPs once a year, if the need arises. You will need to call us, or complete a form, so we can make sure that we allocate the right one. You will need to provide the name of the GP and their practice number.

8. How is my claim going to be paid?

This depends on two things.

First, is your chosen GP on the SABMAS GP Network or not? And, are you seeing your chosen GP or not?

To make the explanation easier, let's say the Scheme Rate (this is what the SABMAS Network GP will charge) is R100. If the GP is not in the network, they don't have to charge this amount, they could charge more. For this explanation, we will assume the bill to be R120.

Please note these values are for illustration purposes only and is not the actual Scheme Rate for GPs.

Who do I see?	How much does the GP charge?	How much will be paid to the GP?	How much of the charged amount will SABMAS pay from day-to-day benefits?	How much of the charged amount will I have to pay from my salary or by debit order?
Your chosen GP who is in the network	R100	R100	R80	R20
Your chosen GP who is not in the network	R120	R120	R80	R40
Your 1 st , 2 nd or 3 rd visit to a GP who is not your chosen GP and is in the network	R100	R100	R80	R20
Your 1 st , 2 nd or 3 rd visit to a GP who is not your chosen GP and is not in the network	R120	R120	R80	R40
Your 4 th or more visit to a GP who is not your chosen GP and is in the network	R100	R100	R60	R40
Your 4 th or more visit to a GP who is not your chosen GP and is not in the network	R120	R120	R60	R60

SPECIALIST REFERRAL

1. Specialist referral explained

From 1 January 2019, you will need to consult a GP before you see a Specialist, in order to get the fullest cover. If you go straight to the Specialist, SABMAS will only pay 60% of the Scheme Rate.

2. Do I need to be referred to a Specialist in the SABMAS Specialist Network?

No, the Specialist does not have to be in the network.

But remember, seeing non-network Specialists could mean that you are responsible for more of what they charge, as the Scheme will only fund up to the Scheme Rate. It is always better to see a network Specialist.

3. How is my claim going to be paid?

This depends on two things.

First, is the Specialist in the network or not? And were you referred to the Specialist by a GP or not?

Let's say the Scheme Rate (this is what the SABMAS Network Specialists charge) is R1 000. If the Specialist is not in the network, they don't have to charge this amount and could charge more. For this explanation, we will assume the bill to be R1 200.

Please note these values are for illustration purposes only and does not reflect the actual Scheme Rate for Specialists.

Were you referred to the Specialist by a GP?	Yes	Yes	No	No
Is the Specialist in the network?	Yes	No	Yes	No
How much is charged?	R1 000	R1 200	R1 000	R1 200
How much will be paid?	R1 000	R1 200	R1 000	R1 200
How much of the charged amount will SABMAS pay from day-to-day benefits?	R800	R800	R600	R600
How much of the charged amount will I have to pay from my salary or by debit order?	R200	R400	R400	R600

4. Are there any exceptions to the referral rule?

Yes, there are a couple of instances where you don't have to see a GP first. If you need to take your baby, who is younger than two years to a pediatrician, you can go ahead without seeing a GP first. Also, women will not be penalized for seeing their gynecologist without being referred by a GP.

5. Will my benefits run out quicker because I must see a GP before I can go to a Specialist?

To make sure that this doesn't happen, we've added more benefits to the Essential Option. In 2018, you had one limit for both GP and Specialist consultations. In 2019, you will have separate benefits for each. Your day-to-day GP benefit will be R2 000 per beneficiary per year, and an additional R1 950 per beneficiary per year will be available for Specialist visits.