



**gems**

Government Employees  
Medical Scheme



# member handbook

Ruby, Emerald and Onyx 2007

# GEMS contact details

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Tel: 0860 00 4367  
Fax: 0861 00 4367  
Email: enquiries@gems.gov.za

**Postal address:**  
GEMS  
Private Bag X782  
Cape Town  
8000

**Physical address:**  
Metropolitan Health Group Head Office  
61 St George's Mall  
Cape Town

**Confidential HIV/AIDS line:**  
Tel: 0860 100 646  
Fax: 0800 600 773  
Email: afa@gems.gov.za

**Disease Management:**  
Tel: 0860 00 4367  
Email: careprograms@gems.gov.za

**Chronic Medicine Management:**  
Tel: 0860 00 4367  
Fax: 0866 51 8009  
Email: chronicauths@gems.gov.za

**Oncology Management:**  
Tel: 0860 00 4367  
Fax: (021) 514 2303  
Email: oncologyauths@gems.gov.za

**Emergency Medical Assistance**  
Tel: 0800 44 4367

### GEMS Regional Helpdesks:

<b>Pretoria</b>	Shop 51, Sancardia Building, Cnr Beatrix and Church Streets, Arcadia
<b>Johannesburg</b>	Metropolitan Health Group Regional Office, 101 De Korte Street, Braamfontein
<b>Cape Town</b>	Metropolitan Health Group Head Office, 61 St George's Mall
<b>Durban</b>	Metropolitan Client Service Office, 391 Smith Street
<b>Bloemfontein</b>	Metropolitan Building, 96 Henry Street, Westdene
<b>Kimberley</b>	Metropolitan Client Service Office, 7 George Street
<b>Polokwane</b>	Metropolitan Building, 51 Market Street
<b>Mthatha</b>	Metropolitan Building, 23 Nelson Mandela Drive
<b>Nelspruit</b>	Metropolitan Client Service Office, Cnr Russel & Ehmke Streets
<b>Mafikeng</b>	Metropolitan Building, No 13, Cnr Tillard and Robinson Streets

### Always have the following information at hand for an enquiry:

- ▶ Your GEMS membership number.
- ▶ The name of your doctor/service provider.
- ▶ The practice number of your doctor (if you know it).
- ▶ Date(s) of service (the date you went to see the doctor/dentist etc.).
- ▶ Patient's name (either yourself or one of your registered dependants).

# Introduction

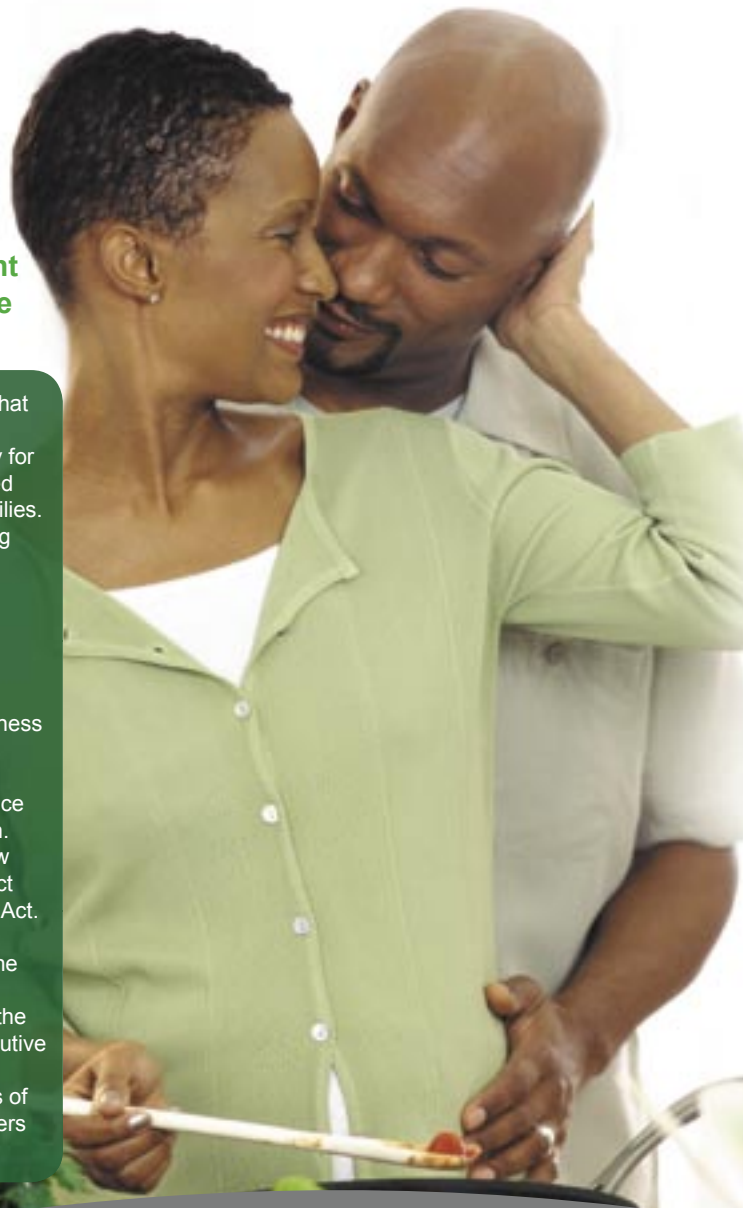
## Welcome to the Government Employees Medical Scheme – GEMS!

GEMS is a restricted medical scheme that has been registered under the Medical Schemes Act 131 of 1998. It exists only for eligible public service employees, retired public service employees and their families. With government's collective purchasing power, financial stability and strategic vision, GEMS gets you the best deal.

### GEMS is well governed and managed

A Board of Trustees manages the business of the scheme and considers which benefits to offer and the price of these benefits – utilising expert actuarial advice and models to base these decisions on. The rules of the scheme determine how the scheme is managed and are in strict compliance with the Medical Schemes Act.

The Board is entrusted with ensuring the optimal operation of the scheme to the benefit of the members. Members are the Board's primary focus! A dynamic executive team, led by the Principal Officer, is responsible for executing the directives of the Board and ensuring that GEMS offers its members an excellent service.



### GEMS meets your healthcare needs

GEMS gives you the choice of 5 benefit options – Sapphire, Beryl, Ruby, Emerald and Onyx – one to suit every health need and income level. GEMS' benefit options range from the very affordable network options to the more expensive traditional options. **This member booklet is specifically designed for the Ruby, Emerald and Onyx options.** If you wish to change your option in the following year, please refer to page 5 for more information.

### GEMS has carefully selected the best service providers...

...to provide you with the best healthcare services and to keep costs as low as possible. Industry leaders have been chosen to advise and provide services to GEMS.

### The contracted service providers for the Ruby, Emerald and Onyx options are:

- ▶ **Metropolitan Health Group (MHG)** – Administration;
- ▶ **Solutio Health Risk Management** – Managed Healthcare services such as Hospital Management, Disease Management, Oncology Management, and Chronic Medicine Management;
- ▶ **Aid for Aids (AfA)** – HIV/AIDS Management;
- ▶ **Netcare 911, Clinix EMS and Melomed Medical Services** – Emergency medical assistance;
- ▶ **Medipost Pharmacy** – Designated Service Provider (DSP) for Chronic Medication dispensing and delivery.

### Please remember to:

- ▶ Check your claims statement to make sure you or a registered dependant visited the doctor on the dates shown.
- ▶ Keep your membership card in a safe place.
- ▶ File all your GEMS documents for future reference.
- ▶ **Ensure that the correct contributions are paid every month. Employees must refer to their pay slips, and pensioners, widows/ widowers or orphans to their bank statements. Lack of payment of contributions may lead to suspension of your membership. Payment by bank deposit, where applicable, should be done on or before the third day of each month.**
- ▶ Ensure that GEMS is notified within 30 days of a change to your membership status, for example divorce, birth of a baby, death of a member.

This member guide is a summary of the GEMS rules. Your employer has access to the registered rules. You may access the registered rules from:

- ▶ [www.gems.gov.za](http://www.gems.gov.za);
- ▶ Council for Medical Schemes; and
- ▶ the Principal Officer on written request.

Please note that all references in this guide to you, the member, include your registered dependants.

**This guide summarises various aspects of GEMS. It is for quick reference purposes only and does not replace the rules of the Scheme. In the event of a dispute, the registered rules will take precedence.**

## Membership

### Terms and conditions of membership

1. You may not be a member or registered dependant of more than one medical scheme at the same time.
2. Adult dependant rates apply to dependants over 21 years of age – except for dependants who are full-time students (until the age of 27), and mentally or physically disabled dependants.
3. If a dependant's income exceeds the maximum social pension paid by Government, he/she is not recognised as being financially dependent.

### Documents required when applying to register dependants

If you would like to add dependants to your GEMS membership, you will need to provide GEMS with the necessary documentation, such as a copy of their birth certificate, identity document (ID) and proof of financial dependence. For further help, please contact GEMS on 0860 00 4367, or log on to [www.gems.gov.za](http://www.gems.gov.za).

### Membership card and certificate of membership

- ▶ A membership card will be issued to every principal member
- ▶ Cards for dependants are available on request
- ▶ Only the member and his/her registered dependants may use the card
- ▶ On cancellation of membership or deregistration of a dependant, GEMS will issue a certificate of membership to the member or dependant on request.

#### PLEASE NOTE:

To add additional dependants to your membership profile from their date of birth, marriage or adoption, you have to apply in writing to GEMS within 30 days of a change taking place (i.e. marriage, a child adopted, baby born) for such dependants to be added. If GEMS does not receive an application within 30 days of the change, the dependant may only be accepted for membership from the date of application and not the date of birth, adoption, marriage, etc.

## GEMS Benefits

### Changing your benefit option

You can only change your benefit option with effect from 1 January of each year. Contributions are payable in arrears (you will pay for January's cover at the end of January). You do not need to complete an option selection form if you wish to remain on the same option at the end of each year. GEMS will provide you with information towards the end of the year so that you can decide whether to change options.

### Summary of the three options

Below is a brief summary of the three options covered in this guide. A full schedule of benefits is available at the end of the guide. If you would like information about the other two GEMS benefit options, Sapphire and Beryl, please log on to [www.gems.gov.za](http://www.gems.gov.za) or contact GEMS on 0860 00 4367.



Ruby

### Summary of benefits

With the Ruby option, all your out-of-hospital benefits are paid from a Personal Medical Savings Account (PMSA) which is 25% of contributions. This includes visits to general practitioners (GPs), specialists, dentists, opticians and other services. The unspent funds in this account remain the member's money and are carried over to the following benefit year. No interest will apply on positive or negative balances.

Hospitalisation benefits are unlimited at private hospitals and payable at 100% of the scheme rate. Separate benefit limits apply for radiology, oncology treatment, transplants and dialysis, as well as for medical appliances such as hearing aids and wheelchairs.

Medicine for the 27 chronic conditions listed in List A on page 11 are covered fully if obtained from the Chronic Medication DSP.

#### PLEASE NOTE:

If you leave a medical scheme or benefit option with a savings component, you may apply to have your credit balance transferred to your new medical scheme or benefit option. This process may take up to five months, until all claims from your last medical scheme have been settled.





## Emerald

### Summary of benefits

Emerald has a block benefit from which certain out-of-hospital expenses are paid. The block benefit is limited to R2 500 per beneficiary up to R5 000 per family per year. In addition, separate benefits are available for medicine, pathology, radiology, optical and specialised dentistry.

Chronic medicine limits of R6 000 per beneficiary or R12 000 per family are applicable. A comprehensive chronic medicine benefit (both List A and List B on page 11 are covered) is provided. Members are required to complete the chronic application form in order to access the benefit. Medicines for the chronic conditions are covered fully if obtained from the Chronic Medication DSP and if they are on the medicine formulary and the Medicine Price List.

Hospitalisation benefits are unlimited at private hospitals and payable at 100% of the scheme rate. Separate benefit limits apply for radiology, oncology treatment, transplants and dialysis, as well as for medical appliances such as hearing aids and wheelchairs.



## Onyx

### Summary of benefits

Onyx has a block benefit, which is limited to R5 250 per beneficiary or R10 500 per family per year, for certain out-of-hospital expenses.

In addition, there are separate benefit limits for services such as GP consultations, acute and chronic medicine, optical and dentistry.

Chronic medicine limits of R10 500 per beneficiary or R21 000 per family are applicable. A comprehensive chronic medicine benefit (both List A and List C on page 11 are covered) is provided. Members are required to complete the chronic application form in order to access these benefits. Medicines for the chronic conditions are covered fully if obtained from the Chronic Medication DSP and if they are on the medicine formulary and the Medicine Price List.

Hospitalisation benefits are unlimited at private hospitals and payable at 100% of the scheme rate. Separate benefit limits apply for radiology, oncology treatment, transplants and dialysis, as well as for medical appliances such as hearing aids and wheelchairs.

# Managed Healthcare

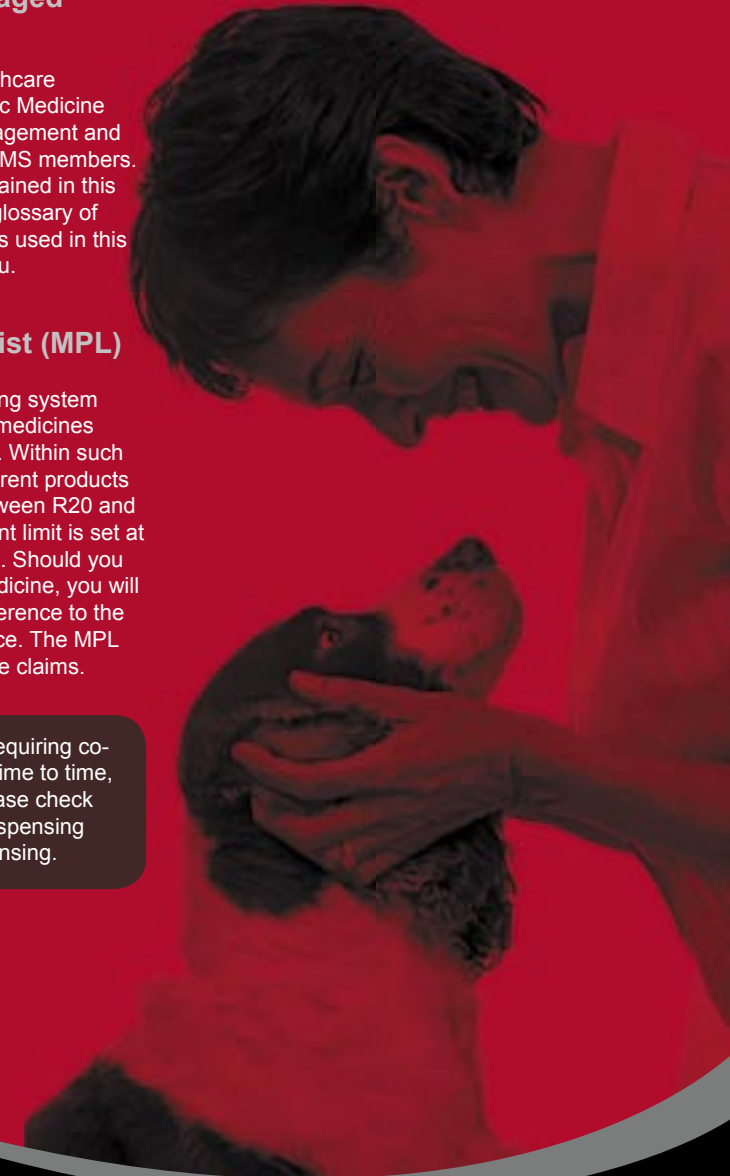
## Introduction to Managed Healthcare

GEMS offers managed healthcare programmes such as Chronic Medicine Management, Hospital Management and Disease Management to GEMS members. These programmes are explained in this section. Please consult the glossary of terms on page 32 if the terms used in this section are not familiar to you.

### 1. Medicine Price List (MPL)

The MPL is a reference pricing system applied to certain groups of medicines which are generically similar. Within such groups the prices of the different products could, for example, vary between R20 and R80. The MPL reimbursement limit is set at a best-value-for-money level. Should you prefer a more expensive medicine, you will be required to pay in the difference to the provider at the point of service. The MPL pricing applies to all medicine claims.

**Please note:** Medicines requiring co-payments may vary from time to time, due to price changes. Please check with your pharmacist or dispensing doctor at the time of dispensing.





## 2. Medicine Exclusion List (MEL)

Acute medication claims are reimbursed according to the GEMS MEL, which excludes payments such as:

- ▶ Medicines which are not proven to have relevant clinical value;
- ▶ Medicines which are more expensive compared to equally effective and safe, cheaper alternatives;
- ▶ Medicines prone to abuse;
- ▶ Expensive chronic medicines that can only be considered on the Chronic Medicine Management Programme; and
- ▶ Some combination products, where it is more appropriate to use single ingredient products.

A panel, which includes independent experts, reviews and approves any new medicines for payment. These medicines may appear on the MEL until a decision is taken.

## 3. Chronic Medicine Management

Chronic medicines are prescribed to treat ongoing conditions such as high blood pressure or asthma and conditions for which medicines are taken continuously. It is very important that these medicines are prescribed and taken appropriately. To ensure this, chronic medicines must be approved by the scheme.

Chronic medicines include:

- ▶ Medicine for life-threatening illnesses, like diabetes.
- ▶ Medicine used on an ongoing basis to treat disabling chronic illnesses that significantly affect productivity and quality of life.
- ▶ Very expensive short-term medicine that will prevent other expensive treatment, like hospitalisation.

### How do I have my chronic medication approved?

- ▶ Phone GEMS on 0860 00 4367 and ask for a chronic medication application form, or download one from [www.gems.gov.za](http://www.gems.gov.za).
- ▶ Each member of your family who needs chronic medicine must complete a separate application form. You only need to complete this application form once.
- ▶ Your doctor must examine you and complete the form.
- ▶ Ensure that your application has been filled out in its entirety and signed by you and your doctor.
- ▶ Fax the completed form and repeatable doctor's prescription to 0866 51 8009 for approval. Keep a copy of your completed form for your own records.
- ▶ Kindly also attach supporting tests/special investigations and motivations to prevent delays in the processing of your application.

- ▶ A clinical team will review your details and, where necessary, will contact your doctor (telephonically or in writing) to select more appropriate and/or less costly medication.
- ▶ You will receive a Medicine Access Card, listing the medicines which have been approved for payment from your Chronic Medication Benefit.
- ▶ If the approved medication differs from the medication requested, a letter will be attached to your Medicine Access Card and a copy will also be sent to your prescribing doctor.

### How do I obtain my approved chronic medication?

- ▶ The handwritten repeatable prescription from your doctor for the medicines listed on the Medicine Access Card, should be faxed to the Designated Service Provider (DSP) for chronic medicines at 0866 51 8009. Remember to provide your medical scheme number and contact details.
- ▶ The DSP will then contact you to finalise the date of delivery and the delivery address. The DSP will also ensure that you receive your chronic medication on a monthly basis, without you having to contact them.
- ▶ Should there be a change to your standard requirement, kindly provide the DSP with adequate notice (one week or more) prior to your next delivery date.
- ▶ Should you choose to obtain your approved chronic medication from a pharmacy or dispensing doctor you will be liable for a 30% co-payment, which must be paid directly to the pharmacy or dispensing doctor.
- ▶ Please note that the duration of authorisation varies from medicine to

medicine – some medicines may be authorised on an ongoing basis, whilst others may only be authorised for a limited period. The Medicine Access Card will indicate the duration for which the medicine has been approved.

### What if my chronic medicine request has been declined?

- ▶ If your medicine request has been declined, a letter will be sent to you and a copy will be sent to your prescribing doctor.
- ▶ If further clinical information is required, your request will be reconsidered once all the relevant information has been received from your doctor.
- ▶ Your doctor may call 0860 100 608 for assistance.

### What if my authorised chronic medication changes?

- ▶ If your chronic medication changes in any way, GEMS needs to be advised.
- ▶ The quickest way is for the prescribing doctor to contact the clinical staff on the Service Provider Line (0860 100 608). The change is processed within 24 hours and if approved, a temporary Medicine Access Card can be faxed to the DSP, enabling them to dispense the medicine without delay.
- ▶ Remember that a repeatable doctor's prescription for the new medication must be faxed to the DSP at 0866 51 8009, as they may not dispense without a valid script.
- ▶ An updated Medicine Access Card will be mailed to you for your records.
- ▶ It is not necessary to request a new Medicine Access Card if the authorised product is replaced by a generic equivalent within the same MPL group.

## Chronic benefits per GEMS option

Please note that the Medicine Price List (MPL) (see page 7) applies to all three options.



### Ruby

- ▶ Conditions on the Chronic Disease List (CDL) are covered (see **List A** on page 11)
- ▶ Clinical protocols and guidelines apply
- ▶ A restrictive medicine formulary applies
- ▶ Approved medicines on the medicine formulary obtained from a state facility or the DSP are covered at 100% (subject to the MPL)
- ▶ A co-payment of 30% will be imposed on approved medicines which are not on the medicine formulary
- ▶ A co-payment of 30% will be imposed on approved medicines which are not obtained from a state facility or the DSP
- ▶ The co-payment is payable at the time of purchase, and may not be paid from your PMSA
- ▶ There is no overall chronic medication limit on this option



### Emerald

- ▶ Conditions on the CDL (**List A**) as well as **List B** (page 11) are covered
- ▶ Clinical protocols and guidelines apply
- ▶ Approved medicines on the medicine formulary obtained from the DSP are covered at 100% (subject to the MPL)
- ▶ A co-payment of 30% will be imposed on approved medicines which are not on the medicine formulary
- ▶ A co-payment of 30% will be imposed on approved medicines which are not obtained from a state facility or the DSP
- ▶ The co-payment is payable at the time of purchase
- ▶ The chronic medication limit is R6 000

per beneficiary, limited to R12 000 per family per year

Once you have **exceeded the chronic medication benefit limit:**

- ▶ Only CDL conditions will be covered, and medication should be obtained from the DSP or a state facility
- ▶ Approved medication that is not on the medicine formulary will incur a 30% co-payment
- ▶ Approved medication not obtained from a state facility or the DSP will incur a 30% co-payment, which is payable at the time of purchase



### Onyx

- ▶ Conditions on the CDL (**List A**) as well as **List C** (page 11) are covered
- ▶ Clinical protocols and guidelines apply
- ▶ Approved medicines on the medicine formulary obtained from the DSP are covered at 100% (subject to the MPL)
- ▶ A co-payment of 30% will be imposed on approved medicines which are not on the medicine formulary, which is payable at the time of purchase
- ▶ The chronic medication limit is R10 500 per beneficiary, limited to R21 000 per family per year.

Once you have **exceeded the chronic medication benefit limit:**

- ▶ Only CDL conditions will be covered, and medication should be obtained from the DSP or state facility
- ▶ Approved medication that are not on the medicine formulary will incur a 30% co-payment
- ▶ Approved medication not obtained from a state facility or the DSP will incur a 30% co-payment, which is payable at the time of purchase

## Chronic conditions covered

The Medical Schemes Act specifies a list of Prescribed Minimum Benefits (PMBs) that have to be offered by all medical schemes for an extensive list of conditions. Within the list of PMBs, there are 27 chronic conditions which must be covered without any benefit limit by all schemes. The list, referred to as the Chronic Disease List (CDL), can be viewed below (List A). Medicine formularies and specific treatment protocols are used by GEMS to treat CDL conditions, in accordance with legislation.

### List A (Ruby, Emerald and Onyx)

Addison's Disease
Asthma
Bipolar Mood Disorder
Bronchiectasis
Cardiac Failure
Cardiomyopathy
Chronic Obstructive Pulmonary Disease
Chronic Renal Disease
Coronary Artery Disease
Crohn's Disease
Diabetes Insipidus
Diabetes Mellitus type 1
Diabetes Mellitus type 2
Dysrhythmias
Epilepsy
Glaucoma
Haemophilia
HIV/AIDS
Hyperlipidaemia
Hypertension
Hypothyroidism
Multiple Sclerosis
Parkinson's Disease
Rheumatoid Arthritis
Schizophrenia
Systemic Lupus Erythematosus
Ulcerative Colitis

The following two lists indicate the additional chronic conditions offered on Emerald and Onyx.

### List B (Emerald)

Acne
Allergic Rhinitis
Ankylosing Spondylitis
Anorexia Nervosa
Attention Deficit Disorder
Barrett's Oesophagus
Bulimia Nervosa
Delusional Disorder
Depression
Eczema/Dermatitis
Gastro Oesophageal Reflux Disease
Generalised Anxiety Disorder
Gout
Menopause
Narcolepsy
Obsessive Compulsive Disorder
Panic Disorder
Post Traumatic Stress Disorder
Tourette's Syndrome
Valvular Heart Disease
Zollinger-Ellison Syndrome

### List C (Onyx)

Acne
Allergic Rhinitis
Ankylosing Spondylitis
Anorexia Nervosa
Attention Deficit Disorder
Barrett's Oesophagus
Bulimia Nervosa



## List C (continued)

Delusional Disorder
Depression
Eczema/Dermatitis
Gastro Oesophageal Reflux Disease
Generalised Anxiety Disorder
Gout
Huntington's Disease
Hyperthyroidism
Hypoparathyroidism
Menopause
Myaesthesia Gravis
Narcolepsy
Neuropathies
Obsessive Compulsive Disorder
Osteo arthritis
Osteopaenia
Osteoporosis
Page't's Disease
Panic Disorder
Paraplegia/Quadriplegia
Post-Traumatic Stress Syndrome
Pulmonary Interstitial Fibrosis
Stroke
Systemic Sclerosis
Thrombocytopaenic Purpura
Tourette's Syndrome
Valvular Heart Disease
Zollinger-Ellison Syndrome

### Chronic Medicine Management Contact Details:

Call Centre: 0860 00 4367

Fax: 0866 51 8009

Email: [chronicauths@gems.gov.za](mailto:chronicauths@gems.gov.za)

## 4. Hospital Management

The Hospital Management Programme ensures that you receive value for your benefits and appropriate, quality care while in hospital. Before you are admitted to hospital, or make an out-patient visit to a hospital, or have a CT scan, MRI scan or Radio-Isotope study, you need to get a Pre-Authorisation Reference (PAR) from GEMS by contacting 0860 00 4367.

### When must I apply for pre-authorisation?

- ▶ If a visit or admission to a hospital (out-patient or in-patient) or any scan is planned, please let us know before you go to hospital.
- ▶ In the event of emergency treatment or admission to hospital over a weekend, public holiday or at night you **must** call on the first working day after the incident.
- ▶ If you fail to get pre-authorisation for a planned event or authorisation on the first working day after an emergency event you will be liable to pay a R1 000 penalty.

### What information must I have ready when I apply for a PAR on 0860 00 4367?

1. Your GEMS Membership number;
2. The name and date of birth of the patient;
3. The date of admission and the proposed date for the operation (if applicable);
4. The name of the doctor and his/her telephone and practice numbers, if available;
5. Name of the hospital with their telephone and practice numbers, if available;

6. In the event of a CT scan, MRI procedure, or radiological procedure, the name of the radiological practice is also required;
7. Ask your doctor for a full description of:
  - ▶ the reason for admission to hospital or reason for scan;
  - ▶ the associated medical diagnosis; and
  - ▶ the planned procedure, as well as the tariff codes that the doctor intends to use.
8. Only procedures which are covered in terms of the rules of your Scheme will be covered.

### What must I ensure that I get when I apply for a PAR?

- ▶ The unique PAR number;
- ▶ The approved length of stay and level of care in hospital; and
- ▶ The approved codes.

### What if I stay in hospital longer than the approved length of stay?

- ▶ Please ensure that your doctor, the hospital case manager or a family member informs GEMS of the extended length of stay on 0860 00 4367.
- ▶ If there is a valid clinical reason for the stay, GEMS will approve the extra days.

### Hospital Management Contact Details:

Call Centre: 0860 00 4367

Fax: 0861 00 4367

### IMPORTANT

On request of an authorisation, every effort is made to establish member eligibility and availability of funds. However, authorisation is subject to active membership at date of service. Any authorisation is subject to the medical scheme's rules and is therefore not a guarantee of payment.

## 5. Disease Management

GEMS offers its members specific care programmes to support the management of asthma, diabetes and coronary heart disease.

Benefits of these programmes include education, advice and support by trained nurses, review of the medicine currently being used and support of the doctor/patient relationship. Members registered on the programmes are better informed about their conditions, are more confident and can better manage their illnesses. This leads to an improved quality of life.

### Am I a candidate for a care programme?

If you have asthma, diabetes or coronary heart disease, you will benefit from the programme if:

- ▶ your condition is very severe, or
- ▶ you have difficulty controlling your condition, or
- ▶ you have been hospitalised due to your condition.

### How do I know if I am eligible to join a care programme?

If you have been identified or if you believe you may qualify as a potential candidate, you will be sent an educational pamphlet and questionnaire inviting you to join the programme. Please complete the questionnaire and send it back to GEMS in the postage paid envelope, which will be provided.

A qualified Nurse Care Manager will contact you telephonically to enrol you, following which you will be sent information booklets and letters. The next step will be a visit to your doctor to complete a short form. The visit will be paid from your day-to-day benefits as a normal doctor's consultation.





### What if you are not invited to join a care programme?

If you have asthma, diabetes or coronary heart disease which is well controlled, your chronic medication will be managed by the Chronic Medicine Management Programme to ensure that you receive the best, most affordable and most effective medicine needed. You will not need to join the Disease Management Programme.

#### AsthmaCare

Most people with asthma should be able to enjoy a normal lifestyle, including getting a good night's sleep and being able to participate in sport and other normal daily activities.

AsthmaCare enables you to achieve this by focusing on the appropriate use of medicine, and provides education and counselling on issues that will help you to clearly understand and manage the disease. You will receive information on:

- ▶ self management;
- ▶ use of inhalers and peak-flow meters;
- ▶ how to reduce asthma symptoms without affecting your lifestyle; and
- ▶ how to reduce the number of hospital and emergency room visits.

#### DiabeticCare

This programme helps you to control your blood sugar. It also addresses other valuable issues such as the importance

of screening tests and the necessity of lifestyle adjustments, which can vastly improve the well-being of diabetic patients.

The DiabeticCare programme also educates you on correct medicine management and monitoring, as well as:

- ▶ achieving good glucose control;
- ▶ addressing risk factors for cardiovascular disease; and
- ▶ discussing screening tests that help prevent long-term complications.

#### CardioCare

Anyone who has had angina or a heart attack is well aware of how important good medicine management is and how critical it is to address any lifestyle risks you may have. CardioCare knows that it is not always easy to do this without extra support and guidance.

CardioCare aims to prevent heart attacks and promotes a healthy lifestyle and the appropriate monitoring and treatment of risk factors for atherosclerotic disease. This includes:

- ▶ blood pressure management;
- ▶ cholesterol management; and
- ▶ weight loss, stopping smoking, regular exercise.

#### Disease Management

##### Contact details:

**Telephone Number:** 0860 00 4367

**Email address:**

[careprograms@gems.gov.za](mailto:careprograms@gems.gov.za)

## 6. HIV Management

GEMS has appointed Aid for AIDS (AfA) to manage the HIV/AIDS programme for GEMS members. If you or one of your family members is living with HIV/AIDS, joining AfA can provide you with the support you need to lead a healthy and productive life.

### Will my information be kept confidential?

The programme is administered by a team of healthcare professionals, completely separate from your medical scheme and employer. AfA has its own confidential telephone, fax and private mail bag facilities. Should you be HIV-positive and decide to join the programme, every care is taken to maintain confidentiality.

### What benefits are available?

If you join AfA you will have access to benefits for the following:

- ▶ Medicines to treat HIV/AIDS (antiretroviral therapy)
- ▶ Medicines to treat and prevent opportunistic infections associated with HIV/AIDS, including multivitamins where appropriate
- ▶ Pathology tests
- ▶ Ongoing emotional support via a Nurse-Line
- ▶ Regular monitoring of disease progression to ensure you start treatment at the right time and that it is effective
- ▶ Clinical support and guidelines for

treating doctors

- ▶ Assistance in finding a registered counsellor
- ▶ Treatment to prevent the transmission of the virus from mother to child (including treatment for the baby)
- ▶ Treatment to prevent the transmission of the virus from accidental exposure to infected bodily fluids (sexual assault, needle stick injury)
- ▶ AfA has a specially trained medical team who will review your details and, in consultation with your doctor, ensure that you receive the most appropriate treatment for your condition

AfA will also remind you and your doctor to do regular check-ups and tests to monitor the state of your health and update your treatment where necessary.

### Is there ongoing support?

Besides managing your medical costs, AfA offers you individualised support and care through our Nurse-Line. Trained nurses and counsellors are able to assist you with any questions regarding your HIV status.

Once diagnosed, the programme can help you take responsible action to avoid the condition affecting your partner or children.

AfA's clinical staff will also work alongside your doctor, continually monitoring your condition and updating your treatment whenever necessary.



## How do I join the AfA programme?

### Step One

If you do not know your HIV status, ask your doctor or clinic to test you. GEMS will pay for this test and your doctor will be informed of the results.

### Step Two

If the result shows that you are HIV-positive, call AfA on 0860 100 646 and ask for an application form or download one from [www.gems.gov.za](http://www.gems.gov.za).

### Step Three

Your doctor will examine you and help complete the form. Your doctor will be paid for completing the form.

### Step Four

Fax your completed form to AfA on the confidential tollfree number: 0800 600 773.

### Step Five

The AfA medical team is specially trained to review your medical details. They will contact your doctor if necessary, and agree on the most appropriate treatment for you.

### Step Six

You will need to visit your doctor for regular examinations and tests.

### Step Seven

Your doctor will contact AfA to keep us informed about your condition. If necessary, your treatment plan will be updated.

### Step Eight

The AfA counsellors will contact you regularly to provide emotional support and advice.

### Step Nine

You can obtain your medication from any service provider but you could also obtain it from the chronic DSP.

## 7. Oncology Management

If you are diagnosed with cancer, it is very important that you register on the Oncology Management Programme, as all oncology treatment requires pre-authorization and case management.

Once the Oncology Management team has received your treatment plan your details, disease information and proposed treatment will be captured. Your treatment plan is reviewed and, if necessary, a member of the clinical team will contact your doctor to discuss more appropriate or cost-effective treatment alternatives. After the treatment plan has been assessed and approved, an authorisation will be sent to your treating doctor. You will also be sent an authorisation letter. The letter will indicate the treatment authorised, the approved quantities and the period of validity of the authorisation.

Please make sure that your doctor advises the Oncology Management team of any change in your treatment, as your authorisation will need to be re-assessed and updated. If you fail to do so, your claims may be rejected or paid from the incorrect benefit as there will not be a matching oncology authorisation.

### PLEASE NOTE:

You will also need pre-authorization for any hospitalisation, specialised radiology (e.g. MRI scans, CT scans, angiography), stoma requirements or private nursing/hospice services. (See page 12.)

### Who should register on the programme?

Only patients who have already been diagnosed with cancer and are actively receiving treatment should register.

### How do I register on the programme?

On diagnosis, your treating doctor should fax a copy of your treatment plan to

(021) 514 2303. An oncology case manager will then take the process forward. You may also contact the Oncology Management team by calling 0860 00 4367.

## 8. Dental Management

### Preventive dentistry

GEMS has designed the dental benefit to ensure cost-effective, quality dentistry for members who care for their teeth. It is important to have regular dental check-ups!

### What if I need dental treatment under general anaesthetic?

You need pre-authorization for all procedures that require general anaesthetic or conscious sedation. Before undergoing this type of treatment, your dentist must provide a motivation explaining the medical necessity for general anaesthetic or sedation. Please obtain authorisation for hospitalisation at least 48 hours before treatment, unless it is an emergency.

### What if I need special dentistry?

Contact GEMS on 0860 00 4367 before undergoing any special dentistry, to confirm that you have benefits available and that the procedure will be covered. A written treatment plan and cost estimate from your dentist will assist in determining your available benefit.

This is especially important before you have implants placed or undergo any associated treatment. All orthodontic treatment must be pre-authorized. There may be some dental procedures which cannot be covered because of academic, cosmetic, financial or other reasons.

### Dental Accounts Management

GEMS Dental Management audits your dental claims according to treatment specifications laid down by the South African Dental Association (SADA) and dentists must use the correct treatment codes according to these rules.

Claims will be not be paid for treatment which was done outside the SADA rules, or if the GEMS Dental Management Rules do not allow certain procedures. In a case such as this, your dentist will be asked for a motivation, an amended account, or will be given a reason for the non-payment of the claim.

## 9. Optometry Management

Optometry Management is a programme that provides you with clinically essential optometric benefits.

### What benefits are available?

Optometry Management will provide:

- ▶ Benefits for eye examinations, and Glaucoma tests for members over 40 years of age.
- ▶ Benefits per beneficiary for single vision, bi-focal and multi-focal (varifocal distance to near vision and intermediate to near vision) spectacle lenses in glass and plastic subject to your day-to-day benefit limit for optical.
- ▶ Hard contact lenses, conventional soft contact lenses and disposable contact lenses, according to the benefits available.

Your optometrist may provide a motivation for clinically essential items such as spectacle lenses and clinically appropriate add-ons that are not normally covered by the optometric benefit. A decision will be made whether to pay claims of this nature based on the clinical necessity of these items.

### PLEASE NOTE:

Plano (zero power) lenses for both eyes will NOT be covered by the Scheme.

# How to submit your claims

Your claims must be received by GEMS within four months after the date that you visited your doctor, dentist etc. Failure to do so will result in the non-payment of the account. The reason given on your statement will be 'claim rejected – stale'.

**Get a detailed account/  
statement from your service  
provider (doctor, dentist etc.)**



**Make sure it has the correct  
member and service provider  
information:**



**SERVICE PROVIDER**

**Medical Service Provider information**  
Full details, e.g. practice number,  
telephone number and address

**Group practices** (Consist of more than  
one doctor)

Ensure that the consulting doctor's  
details appear on the account when  
submitting it for payment

**MEMBER/PATIENT**

**1 Patient information (if not the principal member)**  
Registered name and surname, dependant code (where applicable) and date of birth as it appears on the membership card

**2 Member information**  
Principal member's initials and surname, address, telephone number and membership number

**3 The account must have the following information:**

#### SERVICES RENDERED:

- ▶ Date of service
- ▶ Tariff codes for procedures and materials
- ▶ Modifiers and units
- ▶ Fees charged
- ▶ ICD-10 codes

#### MEDICINE DISPENSED

- ▶ Medicine NAPPI code: acute, chronic or major medical (hospital) expenses
- ▶ Total amount claimed
- ▶ All levies including professional fees and administration fees if applicable

**4 SCHEME INFORMATION**  
▶ Account/reference number  
▶ Authorisation numbers: Pre-Authorisation Reference (PAR) number, chronic authorisation number

### Remember to:

- ▶ Sign your account before submitting it for payment
- ▶ Signed faxed and e-mailed claims can be submitted to 0861 00 4367
- ▶ Refer to your GEMS statements for reasons of rejection/non-payment of accounts
- ▶ Send in the relevant claim together with the receipt if you have paid the account (please keep a copy of your receipt)
- ▶ Make sure we have your banking details for any refunds due to you
- ▶ If you do not have a bank account, send us your correct postal address for cheque refunds



### **When will a claim be paid to the service provider?**

Claims are settled twice a month. Service providers who charge the scheme rate will be paid directly.

### **How do I submit a claim that I have already settled myself?**

When you pay a service provider up-front for treatment or medication received, you have to attach a copy of the receipt or proof of payment to the claim. This will ensure that you are reimbursed. Please sign the claim and ensure that your medical scheme number is on the claim.

### **Where do I send my claim?**

Post your claim to GEMS, Private Bag X782, Cape Town, 8000 or fax it to 0861 00 4367.

### **Do I have to complete a claim form?**

You do not need a claim form when submitting claims. However, you must complete a claim form for international claims. Please visit [www.gems.gov.za](http://www.gems.gov.za) for a copy of the form.

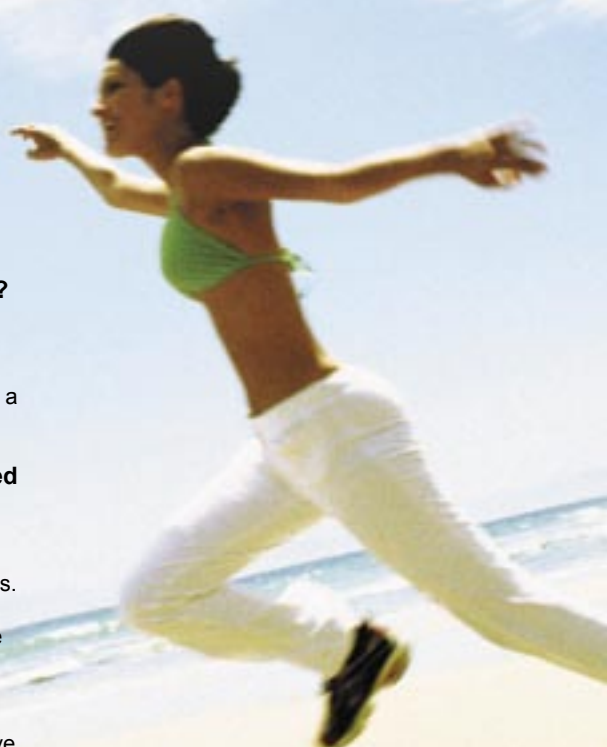
### **Where do I appeal if I am dissatisfied with a decision taken by GEMS or with the quality of the service?**

GEMS has a dedicated Call Centre to handle everyday complaints and enquiries. All schemes are also required to have independent Disputes Committees where members' disputes may be settled. Members may be present at disputes committee meetings to present their arguments. Should all efforts fail to resolve an issue with GEMS, you can submit your complaint to the Council for Medical

Schemes' Complaints Unit by posting, faxing, emailing or submitting online at [www.medicalschemes.com](http://www.medicalschemes.com)

### **Within what period of time will GEMS pay my claim?**

If the account or claim is correct and acceptable for payment, it should be paid within 30 days of receipt of the claim.



## **Emergency medical assistance**

GEMS goes beyond great medical cover at a great price. We aim to be there for you and your loved ones when you need it most. This includes unlimited emergency medical assistance to GEMS members.

- ▶ Give the address or location of the incident to assist paramedics to get there
- ▶ Do not put down the phone until the person on the other side has disconnected.

**In the event of a medical emergency, dial 0800 44 4367.**

### **Emergency medical assistance includes:**

- ▶ Emergency telephonic medical advice and information
- ▶ Emergency medical response by road or air to the scene of the medical emergency
- ▶ Transfer by road or air to the closest, most appropriate medical facility
- ▶ Repatriation of a patient where medical intervention is required.

### **The procedure you should follow:**

- ▶ Only dial 0800 44 4367
- ▶ Give your name and the telephone number that you are calling from
- ▶ Provide a brief description of what has happened and how serious the situation is

### **Important points to remember:**

1. Please ensure that all of your registered dependants are aware of this service.
2. Inform your child's school that he/she is a member of GEMS. Make sure your child and the school know the emergency medical assistance number.

### **Ambulance transportation:**

Members must phone 0800 44 4367 in all medical emergencies. In instances where a member is transported by another service provider involuntarily (other than Netcare 911, Melomed Ambulance Service and Clinix EMS), the member must ensure that the service provider submits an invoice to Netcare 911 within 10 days of the service date to facilitate payment of this account.

### **Procedure for inter-hospital transfers:**

You must inform the hospital that you are a GEMS member and that any hospital transfers must be authorised by calling (011) 254 1393.

# Contributions for 2007

These are the total monthly contributions and do not reflect the employer subsidy. Where an employee is eligible for a subsidy, the employer will pay a portion of the contribution and the employee the balance.

<b>RUBY</b>				
SALARY BAND		MEMBER	ADULT	CHILD
R0 – R4 000	<b>TOTAL</b>	<b>R740</b>	<b>R516</b>	<b>R280</b>
	PMSA*	R185	R129	R70
R4 001 – R6 000	<b>TOTAL</b>	<b>R796</b>	<b>R556</b>	<b>R304</b>
	PMSA*	R199	R139	R76
R6 001 – R8 000	<b>TOTAL</b>	<b>R876</b>	<b>R612</b>	<b>R332</b>
	PMSA*	R219	R153	R83
R8 001+	<b>TOTAL</b>	<b>R964</b>	<b>R672</b>	<b>R364</b>
	PMSA*	R241	R168	R91

\*25% of total monthly contribution is allocated towards a Personal Medical Savings Account (PMSA)

<b>EMERALD</b>	<b>TOTAL</b>		
SALARY BAND	MEMBER	ADULT	CHILD
R0 – R6 000	<b>R820</b>	<b>R580</b>	<b>R304</b>
R6 001 – R8 000	<b>R896</b>	<b>R640</b>	<b>R336</b>
R8 001+	<b>R996</b>	<b>R704</b>	<b>R372</b>

<b>ONYX</b>	<b>TOTAL</b>		
SALARY BAND	MEMBER	ADULT	CHILD
R0 – R6 000	<b>R1 128</b>	<b>R800</b>	<b>R368</b>
R6 001 – R10 000	<b>R1 212</b>	<b>R856</b>	<b>R396</b>
R10 001 +	<b>R1 296</b>	<b>R924</b>	<b>R432</b>

Please note:

- A 'Member' is: An eligible Public Service Employee or a retired Public Service Employee who joins GEMS
- A 'Adult' is: A spouse, a partner or any other eligible beneficiary for whom the principal member is liable for family care and support who is over the age of 21
- A 'Child' is: A member's natural child, or stepchild or legally adopted child, or any other eligible child placed in the custody of the member and his/her spouse or partner, including grandchildren and the children of siblings, who is under the age of 21, or a mentally or physically handicapped child of any age, or is between the ages of 21 and 27 years old and a registered full-time student (proof of registration to be provided on application)



## Schedule of benefits

## Ruby schedule of benefits

OPTION	RUBY
<b>Benefit Design</b>	Personal Medical Savings Account Service provider of choice
IN-HOSPITAL BENEFITS	
<b>Hospitalisation</b> <i>Subject to pre-authorisation</i>	100% of scheme rate Unlimited in private hospitals
<b>General Practitioners</b>	100% of scheme rate Unlimited
<b>Specialists</b>	100% of scheme rate Unlimited
<b>Maxillo-Facial</b> <i>Subject to pre-authorisation</i> <i>Excludes implants</i>	100% of scheme rate Unlimited
<b>Basic and Specialised Dentistry</b>	100% of scheme rate Subject to PMSA
<b>Maternity Benefits</b>	100% of scheme rate Unlimited
<b>Mental Health</b> <i>Subject to pre-authorisation and registration on the Disease Management Programme</i>	100% of scheme rate Limited to R10 000 per family
<b>Basic Radiology</b>	100% of scheme rate Unlimited
<b>Advanced Radiology</b> <i>Subject to pre-authorisation</i>	100% of scheme rate Limited to R12 000 per family
<b>Pathology</b>	100% of scheme rate Unlimited
<b>Physiotherapy</b>	100% of scheme rate Unlimited
<b>Oncology</b> <i>Subject to pre-authorisation and registration on the Disease Management Programme</i>	100% of scheme rate Limited to R180 000 per family
<b>Internal and External Prosthesis</b> <i>Internal prosthesis subject to pre- authorisation</i>	100% of scheme rate Limited to R20 000 per family
<b>Private Nursing</b> <i>Subject to case management and pre- authorisation</i>	100% of scheme rate Unlimited
<b>HIV/AIDS</b> <i>Subject to registration on the HIV Management Programme</i>	100% of scheme rate Case managed
<b>Organ Transplants and Kidney Dialysis</b> <i>Subject to pre-authorisation and registration on Disease Management Programme</i>	100% of scheme rate Limited to R150 000 per family
<b>Emergency Medical Assistance</b> <i>Call 0800 44 4367</i>	100% of scheme rate through Designated Service Provider

OPTION	RUBY
OUT-OF-HOSPITAL BENEFITS	
<b>Specialists</b>	100% of scheme rate Subject to PMSA
<b>General Practitioners</b>	100% of scheme rate Subject to PMSA
<b>Physiotherapy, Occupational and Speech Therapy</b>	100% of scheme rate Subject to PMSA
<b>Allied Health Services</b> <i>Includes Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Reflexologists, Social Workers, Traditional Healers</i>	100% of scheme rate Subject to PMSA
<b>Pathology and Basic Radiology</b>	100% of scheme rate Subject to PMSA
<b>Advanced Radiology</b> <i>Subject to pre-authorisation</i>	100% of scheme rate Shared limit with in-hospital Advanced Radiology
<b>Ultrasound scans per pregnancy</b>	Limited to two scans per pregnancy
<b>Basic Dentistry</b>	100% of scheme rate Subject to PMSA
<b>Specialised Dentistry</b>	100% of scheme rate Subject to PMSA
<b>Acute Medication</b>	100% of SEP plus the PDF (Subject to the MPL and MEL)
<b>Self-medication Benefit</b>	Subject to PMSA
<b>Chronic Medication</b> <i>Subject to application and approval</i>	100% of SEP plus the PDF (Subject to the MPL) Unlimited, subject to medicine formulary CDL conditions only DSP or state facility only
<b>Optical</b> <i>Includes frames, lenses, contact lenses, eye examinations and refractive surgery</i> <i>One eye examination per beneficiary per year</i> <i>Benefits not subjected to pro-ration</i>	100% of scheme rate Subject to PMSA
<b>Appliances</b> <i>Oxygen subject to pre-authorisation</i>	100% of scheme rate Limited to R7 500 per family
<b>HIV/AIDS</b> <i>Subject to registration on the HIV Management Programme</i>	100% of cost Case managed

Please see the glossary of terms at the end of this booklet for an explanation of the terminology used in the table above.



## Emerald schedule of benefits

OPTION	EMERALD
<b>Benefit Design</b>	Traditional option Service provider of choice
IN-HOSPITAL BENEFITS	
<b>Hospitalisation</b> <i>Subject to pre-authorization</i>	100% of scheme rate Unlimited in private hospitals
<b>General Practitioners</b>	100% of scheme rate Unlimited
<b>Specialists</b>	100% of scheme rate Unlimited
<b>Maxillo-Facial</b> <i>Subject to pre-authorization</i> <i>Excludes implants</i>	100% of scheme rate Unlimited
<b>Basic Dentistry</b>	100% of scheme rate Subject to overall Block Benefit
<b>Specialised Dentistry</b>	100% of scheme rate R3 000 per beneficiary limited to R6 000 per family
<b>Maternity Benefits</b>	100% of scheme rate Unlimited
<b>Mental Health</b> <i>Subject to pre-authorization and registration on the Disease Management Programme</i>	100% of scheme rate Limited to R10 000 per family
<b>Basic Radiology</b>	100% of scheme rate Unlimited
<b>Advanced Radiology</b> <i>Subject to pre-authorization</i>	100% of scheme rate Limited to R12 000 per family
<b>Pathology</b>	100% of scheme rate Unlimited
<b>Physiotherapy</b>	100% of scheme rate Unlimited
<b>Oncology</b> <i>Subject to pre-authorization and registration on the Disease Management Programme</i>	100% of scheme rate Limited to R200 000 per family
<b>Internal and External Prosthesis</b> <i>Internal prosthesis subject to pre-authorization</i>	100% of scheme rate Limited to R20 000 per family
<b>Private Nursing</b> <i>Subject to case management and pre-authorization</i>	100% of scheme rate Unlimited
<b>HIV/AIDS</b> <i>Subject to registration on the HIV Management Programme</i>	100% of scheme rate Case managed
<b>Organ Transplants and Kidney Dialysis</b> <i>Subject to pre-authorization and registration on Disease Management Programme</i>	100% of scheme rate Limited to R150 000 per family
<b>Emergency Medical Assistance</b> <i>Call 0800 44 4367</i>	100% of scheme rate through Designated Service Provider

OPTION	EMERALD
OUT-OF-HOSPITAL BENEFITS	
<b>Block Benefit</b>	R2 500 per beneficiary limited to R5 000 per family
<b>Specialists</b>	100% of scheme rate Subject to overall Block Benefit
<b>General Practitioners</b>	100% of scheme rate Subject to overall Block Benefit
<b>Physiotherapy, Occupational and Speech Therapy</b>	100% of scheme rate Subject to overall Block Benefit
<b>Allied Health Services</b> <i>Includes Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Reflexologists, Social Workers, Traditional Healers</i>	100% of scheme rate Limited to R500 per family
<b>Pathology and Basic Radiology</b>	100% of scheme rate R2 000 per beneficiary limited to R4 000 per family
<b>Advanced Radiology</b> <i>Subject to pre-authorization</i>	100% of scheme rate Shared limit with in-hospital Advanced Radiology
<b>Ultrasound scans per pregnancy</b>	Limited to two scans per pregnancy
<b>Basic Dentistry</b>	100% of scheme rate Subject to overall Block Benefit
<b>Specialised Dentistry</b>	100% of scheme rate Shared limit with Specialised in-hospital Dentistry
<b>Acute Medication</b>	100% of SEP plus the PDF (Subject to the MPL and MEL)
<b>Self-medication Benefit</b>	R2 000 per beneficiary limited to R6 000 per family
<b>Chronic Medication</b> <i>Subject to application and approval</i>	100% of SEP plus the PDF (Subject to the MPL) Subject to medicine formulary R6 000 per beneficiary limited to R12 000 per family CDL plus extended list of conditions DSP or state facility only
<b>Optical</b> <i>Includes frames, lenses, contact lenses, eye examinations and refractive surgery</i> <i>Benefits not subjected to pro-rata</i>	100% of scheme rate R1 300 per beneficiary limited to R2 600 per family Sub-limit of R800 for frames per beneficiary Benefit every 24 months One eye examination per beneficiary per year
<b>Appliances</b> <i>Oxygen subject to pre-authorization</i>	100% of scheme rate Limited to R7 500 per family
<b>HIV/AIDS</b> <i>Subject to registration on the HIV Management Programme</i>	100% of cost Case managed

Please see the glossary of terms at the end of this booklet for an explanation of the terminology used in the table above.

## Onyx schedule of benefits

OPTION	ONYX
<b>Benefit Design</b>	Traditional option Service provider of choice
<b>IN-HOSPITAL BENEFITS</b>	
<b>Hospitalisation</b> <i>Subject to pre-authorisation</i>	100% of scheme rate Unlimited in private hospitals
<b>General Practitioners</b>	100% of scheme rate Unlimited
<b>Specialists</b>	100% of scheme rate Unlimited
<b>Maxillo-Facial</b> <i>Subject to pre-authorisation</i> <b>Excludes implants</b>	100% of scheme rate Unlimited
<b>Basic and Specialised Dentistry</b>	100% of scheme rate R3 150 per beneficiary limited to R9 450 per family
<b>Maternity Benefits</b>	100% of scheme rate Unlimited
<b>Mental Health</b> <i>Subject to pre-authorisation and registration on the Disease Management Programme</i>	100% of scheme rate Limited to R21 000 per family
<b>Basic Radiology</b>	100% of scheme rate Unlimited
<b>Advanced Radiology</b> <i>Subject to pre-authorisation</i>	100% of scheme rate Limited to R15 000 per family
<b>Pathology</b>	100% of scheme rate Unlimited
<b>Physiotherapy</b>	100% of scheme rate Unlimited
<b>Oncology</b> <i>Subject to pre-authorisation and registration on the Disease Management Programme</i>	100% of scheme rate Limited to R262 500 per family
<b>Internal and External Prosthesis</b> <i>Internal prosthesis subject to pre-authorisation</i>	100% of scheme rate Limited to R26 250 per family
<b>Private Nursing</b> <i>Subject to case management and pre-authorisation</i>	100% of scheme rate Unlimited
<b>HIV/AIDS</b> <i>Subject to registration on the HIV Management Programme</i>	100% of scheme rate Case managed
<b>Organ Transplants and Kidney Dialysis</b> <i>Subject to pre-authorisation and registration on Disease Management Programme</i>	100% of scheme rate Limited to R250 000 per family
<b>Emergency Medical Assistance</b> <i>Call 0800 44 4367</i>	100% of scheme rate through Designated Service Provider

OPTION	ONYX
<b>OUT-OF-HOSPITAL BENEFITS</b>	
<b>Block Benefit</b>	R5 250 per beneficiary limited to R10 500 per family
<b>Specialists</b>	100% of scheme rate Subject to overall Block Benefit
<b>General Practitioners</b>	100% of scheme rate R1 050 per beneficiary limited to R3 150 per family
<b>Physiotherapy, Occupational and Speech Therapy</b>	100% of scheme rate Subject to overall Block Benefit
<b>Allied Health Services</b> <i>Includes Chiropractors, Dieticians, Homeopaths, Podiatrists, Phytotherapists, Reflexologists, Social Workers, Traditional Healers</i>	100% of scheme rate Subject to overall Block Benefit
<b>Pathology and Basic Radiology</b>	100% of scheme rate Subject to overall Block Benefit
<b>Advanced Radiology</b> <i>Subject to pre-authorisation</i>	100% of scheme rate Shared limit with in-hospital Advanced Radiology
<b>Ultrasound scans per pregnancy</b>	Limited to two scans per pregnancy
<b>Basic Dentistry</b>	100% of scheme rate
<b>Specialised Dentistry</b>	Shared limit with in-hospital Dentistry
<b>Acute Medication</b>	100% of SEP plus the PDF (Subject to the MPL and MEL)
<b>Self-medication Benefit</b>	R3 150 per beneficiary limited to R9 450 per family
<b>Chronic Medication</b> <i>Subject to application and approval</i>	100% of SEP plus the PDF (Subject to the MPL) Subject to medicine formulary R10 500 per beneficiary limited to R21 000 per family CDL plus extended list of conditions DSP or state facility only
<b>Optical</b> <i>Includes frames, lenses, contact lenses, eye examinations and refractive surgery</i> <i>Benefits not subjected to pro-ration</i>	100% of scheme rate R1 575 per beneficiary limited to R3 150 per family Sub-limit of R945 for frames per beneficiary Benefit every 24 months One eye examination per beneficiary per year
<b>Appliances</b> <i>Oxygen subject to pre-authorisation</i>	100% of scheme rate Limited to R10 500 per family
<b>HIV/AIDS</b> <i>Subject to registration on the HIV Management Programme</i>	100% of cost Case managed

Please see the glossary of terms at the end of this booklet for an explanation of the terminology used in the table above.

# Exclusions and limitations

## Exclusions

With due regard to the Prescribed Minimum Benefits and unless otherwise provided for by the Ruby, Emerald and Onyx options or decided by the Board for these options, expenses incurred in connection with any of the following will not be paid by the Scheme:

1. All costs of whatsoever nature incurred for treatment of sickness, conditions or injuries sustained by a member or a dependant and for which any other party may be liable. The member is entitled to such benefits as would have applied under normal conditions, provided that on receipt of payment in respect of Medical Expenses the member will reimburse the Scheme any money paid out in respect of this benefit by the Scheme.
2. All costs for operations, medicines, treatment and procedures for cosmetic purposes which shall, without limitation, be deemed to include healthcare services related to obesity, otoplasty for bat ears, hair removal and nasal tip surgery.
3. Healthcare services relating to portwine stains and blepharoplasties (eyelid surgery).
4. Holidays for recuperative purposes.
5. Purchase of:
  - 5.1 applicators, toiletries and beauty preparations;
  - 5.2 contraceptive drugs and appliances;
  - 5.3 cotton wool and other consumable items;
  - 5.4 patented foods, including baby foods;
  - 5.5 tonics and slimming preparations;
  - 5.6 multivitamins and mineral preparations and combinations;
  - 5.7 household and biochemical remedies;
  - 5.8 anabolic steroids;
  - 5.9 preparations to treat the smoking habit;
  - 5.10 sunscreen agents.
6. All costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules of the Scheme.
7. Charges for appointments which a member or dependant of a member fails to keep.
8. Charges for interest billed by a healthcare provider, unless the Scheme is in default.
9. Costs for services rendered by:
  - 9.1 persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or
  - 9.2 any institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law.
10. Healthcare services relating to wilfully self-inflicted illness or injury.
11. Healthcare services relating to acute and/or long term alcohol, drug or

solvent abuse except for Prescribed Minimum Benefits.

12. Healthcare services relating to injuries sustained resulting from participation in a wilful and material violation of the law except for Prescribed Minimum Benefits.
13. Healthcare services related to participation in acts of war.
14. Healthcare services related to participation in terrorist activity.
15. Healthcare services related to riot, civil commotion, rebellion or insurrection.
16. Healthcare services relating to experimental, unproven or unregistered treatment or practitioners.
17. Healthcare services relating to breast reductions/enlargements and gynaecomastia.
18. Healthcare services relating to frail care treatment.
19. Healthcare services relating to any form of assisted reproductive therapy including any work-up and complications thereof except in so far as they are prescribed in the Prescribed Minimum Benefits.
20. Healthcare services and or claims received relating to injury or illness that occur beyond the borders of South Africa may be reimbursed at the discretion of the Board at the applicable Scheme rate and according

to the chosen option.

21. Healthcare services relating to any waiting periods and/or pre-existing conditions, if applicable.
22. Healthcare services relating to any complication that may arise from any exclusion listed in this annexure, unless the complication is regarded as a Prescribed Minimum Benefit (PMB).
23. Any treatment, devices or therapies that are deemed to be alternative or homeopathic for which cover is sought from the risk benefit for the treatment of cancer.
24. Healthcare services/or claims that do not meet the Scheme's clinical protocols or billing in accordance with Regulation 5 of the Medical Schemes Act 13 of 1998, provided that such protocols are in accordance with international and/or industry best practice.

## Limitation of Benefits

1. The maximum benefits to which a member and his dependants are entitled in any financial year are limited as set out in the schedule of benefits for that particular year.
2. Unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof.



# Glossary of terms

## **Acute medication**

Medicine prescribed for a temporary illness or condition; to relieve symptoms of infections, sprains, etc.; or a homeopathic medicine.

## **Beneficiary**

A beneficiary is either the principal member on GEMS or one of his/her registered dependants.

## **Chronic Disease List (CDL)**

A legislated list of 27 specific chronic conditions for which a minimum level of treatment is compulsory.

## **Consultation**

A visit to your doctor, surgeon or other provider to get a diagnosis and/or treatment.

## **CT and MRI scans**

Special X-rays taken of the inside of your body to try to find the cause of an illness.

## **Designated Service Provider (DSP)**

A DSP is a healthcare provider selected by the Scheme to provide specific services to members.

## **General Practitioners (GPs)**

Doctors who are generalists and do not offer only a specialised service.

## **Generic medicines**

Generic medicines have the same chemical ingredient, strength and formulation (i.e. tablet, syrup) as the original brand name product. The Medicines Control Council (MCC) checks the quality of every generic and brand name medicine before it is registered. Generic medicines are as safe and effective as the original brand name product, but are usually more affordable.

## **Medicine Formulary**

A medicine formulary is a list of cost-effective medicines that guides the doctor in the treatment of specific medical conditions. Medicine formularies are continuously checked and updated by medical experts to ensure that they are consistent with the latest treatment guidelines.

## **Medicine Exclusion List (MEL)**

An exclusion list specific to GEMS that excludes payment for certain medicines for various reasons.

## **Medicine Price List (MPL)**

MPL is a reference pricing system that applies to certain groups of medicines that are generically similar.

## **Negotiated rate**

The tariff negotiated between the Scheme and its service providers in respect of payment of services rendered by service providers to members of the Scheme.

## **NHRPL**

National Health Reference Price List. The recommended guide to benefits published by the Council for Medical Schemes.

## **Personal Medical Savings Account (PMSA)**

The Scheme allocates a portion of your monthly contribution to a savings account held in your name. The money in this account is used to pay for your out-of-hospital medical expenses. When the money in your account runs out, you run out of these benefits.

## **Pre-authorisation**

The process of informing GEMS of a planned procedure **before** the event, so that approval can be given.

## **Prescribed Minimum Benefits (PMBs)**

These are basic benefits which are provided for certain medical conditions, e.g. Asthma, Hypertension, etc. which by law have to be provided by all registered medical schemes.

## **Principal Member**

This is the main member registered on the Scheme.

## **Professional Dispensing Fee (PDF)**

A legislated maximum fee that a pharmacist or dispensing doctor may charge for services rendered.

## **Registered dependant**

A person or persons dependent on the principal member and registered by the Scheme to share in the benefits provided to the principal member.

## **Restricted medical scheme**

A medical scheme to which only employees from a particular organisation can belong.

## **Scheme rate**

The NHRPL rate or the Negotiated Rate, as may be applicable to the benefit option.

## **Single Exit Price (SEP)**

This is a legislated basic price charged for medication by a pharmacist or dispensing doctor.

## **Specialists**

Doctors who have specialised in a particular medical field, such as oncology, paediatrics, gynaecology.

## **Contact details:**

**Call Centre:** 0860 00 4367

**Email:** [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za)

**Website:** [www.gems.gov.za](http://www.gems.gov.za)

GEMS is a restricted medical scheme for public service employees and their eligible dependants and has been registered in accordance with the Medical Schemes Act 131 of 1998 and reports to the Registrar of the Council for Medical Schemes. GEMS is a legal entity governed by an independent Board of Trustees that is fit and proper to manage the affairs of the scheme.