ORANGE INDEX 2013 / 2014 WINNER

gems
Government Employees Medical Scheme

Your 2014

Member Guide

Your health. Our passion.

Working towards a healthier you

ALERT!

Your 2014 option-specific Benefit Guide, which details the benefits of your chosen option, is on the back page of this guide.

ALERT!

2014 Trustee election

Your Scheme!
Your vote!
Your Trustees!

As the tenure of some member-elected Trustees comes to an end in 2014, be on the lookout for more information on the 2014 GEMS Trustee election. Your participation is important.

In this guide

1 Welcome

Thank you for choosing GEMS to help you meet your healthcare needs. You are part of a strong and financially sound medical scheme that was specifically created to give you, our valued member, access to quality and affordable healthcare benefits.

GEMS is the fastest growing and the largest closed medical scheme in South Africa and when you learn about our services and benefits, it is easy to understand why.

Our goal is to provide you with access to the best possible healthcare when you need it most. So rest easy, you have made the right decision by becoming a GEMS member. We offer a range of healthcare benefit options that are perfect for your family's needs.

Read through this guide to learn how to use your benefits and the many services that are available to you as a valued GEMS member. Go through it carefully and keep it in a safe place so that you can refer to it if you have any questions. For your benefit and understanding, a glossary (word list) explaining the frequently used words is included at the end of this guide.

Please note that this Member Guide is a summary of the various aspects of the Scheme's benefits and Rules. It is a reference guide and does not replace the registered Rules of the Scheme. If there is a dispute between what is in the Member Guide and the Rules, then the registered Rules will apply. The Scheme Rules are registered with the Council for Medical Schemes (CMS) and are available on our website at **www.gems.gov.za** under 'About Us', or from the Scheme upon written request (for example, by sending an email to **enquiries@gems.gov.za**).

About GEMS

Our mission

To provide all Public Service employees with equitable access to affordable and comprehensive healthcare benefits. Equitable access means that all our members enjoy fair and equal access to the benefits paid out by the Scheme.

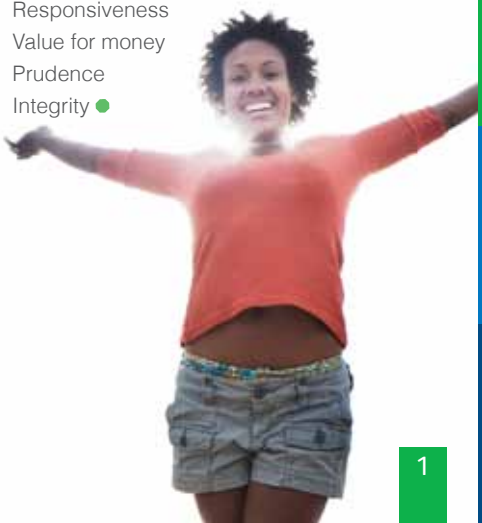
Our vision

To be an excellent, sustainable and effective medical scheme for all Public Service employees.

Our values

These values guide every representative of GEMS every step of the way. We pursue:

- Excellence
- Simplicity
- Clear communication
- Member centricity
- Consistent application
- Flexibility
- Innovation
- Responsiveness
- Value for money
- Prudence
- Integrity



2 Your rights and responsibilities

As a GEMS member, you have the right to:

- **Get the information you need** about your benefit option, including information about services that are covered, those that are not covered, and costs that you will be responsible for paying.
- **Have your medical information kept confidential** by GEMS and your healthcare provider. Confidentiality laws and professional rules of behaviour allow GEMS to release medical information only when required in the best interest of your medical care, as required by law or necessary for the administration of your chosen option.
- **Be heard.** Our complaint-handling process is designed to hear and act on your complaints or concerns about the quality of healthcare you receive. Rest assured that you will receive a courteous and prompt response.

As a GEMS member, you are in charge of your own health. It is your responsibility to:

- **Review** and understand the information you receive about our benefit options.
- **Understand** how to use our services.
- **Show your GEMS membership card** before you receive care.
- **Understand your health condition** and work with your healthcare provider to develop treatment goals that you both agree on.
- **Provide honest and complete information** to the healthcare provider caring for you.
- **Know what medicine you take**, why and how to take it.
- **Settle all co-payments** that you are responsible for.
- **Voice your opinions, concerns, or complaints** to GEMS and/or your healthcare provider.
- **Notify GEMS** as soon as possible about any changes in family size, contact details, address or membership status.
- **Respect** the personal and professional integrity of healthcare providers by not abusing their services or making unreasonable demands on their professional time.
- **Check that your contributions are paid** monthly and are up to date. It is important to remember that your annual contribution increases are effected in January and may be increased with your annual salary increase.
- **Make responsible use of your medical benefits** to prevent unnecessary costs.
- **Safeguard your medical benefits** by keeping your GEMS membership cards safe and reporting fraudulent activities.

3 Managing your membership

Why is it important to manage your membership?

As a member, you have many benefits and services available to you. However, there are guidelines and rules that come with being a member of GEMS. To get the most out of your membership, you need to make sure that you know and follow the Scheme Rules and procedures.

Following the terms and conditions of your GEMS membership

It is important to follow the Scheme Rules and not abuse the benefits of the Scheme as this will negatively affect contributions for all members.

Who can join GEMS?

Rule 6 of the Scheme Rules, which you can read on our website at **www.gems.gov.za** under 'About Us', fully explains who can become a GEMS member.

You can join GEMS if you are employed in or are a pensioner of:

- A National Department and Offices of Premier listed in Schedule 1 of the Public Service Act
- A Provincial Department listed in Schedule 2 of the Public Service Act
- Government components listed in Schedule 3 of the Public Service Act
- Any employer group participating in the Scheme (a list of these employers is available in Annexure A of the Scheme Rules).

The Public Service Act is available on the Department of Public Service and Administration website at **www.dpsa.gov.za**.

Remember: You are not allowed to be a member or a registered dependant of more than one medical scheme at the same time.

Membership cards and membership certificates

- We send a membership card to every main member when they join the Scheme and whenever they change their benefit option. If a main member has registered dependants, a card is also issued to each adult dependant.
- We will send extra cards for dependants if you ask for them.
- Only you and your registered dependants may use your membership card(s). It is illegal to give your membership card to someone who is not your registered dependant. This is considered to be fraud.
- Neither you nor your dependants are allowed to use your membership card if you leave the Scheme or are no longer eligible to be a GEMS member. We will not pay for any healthcare services claims that you or a dependant received after the date that you left the Scheme. This means that you will have to pay for these expenses out of your own pocket.
- If you cancel your membership, GEMS will send you a membership certificate.
- If you remove or add a dependant, GEMS will send a new membership card to you.
- Please use your membership number as a reference on all correspondence with the Scheme so that we can help you quickly and correctly.
- You must show your membership card to healthcare providers (for example, doctors, dentists, pharmacists, specialists and hospitals) when you visit them. This way they will know that you are a registered member of GEMS.

Remember to destroy your membership card when you leave the Scheme or are no longer eligible to be a member of the Scheme.

Rule 10 of the Scheme Rules, which you can read on our website at **www.gems.gov.za** under 'About Us' gives you more information about membership cards and membership certificates.

Stay in the loop

We value our members and would like to ensure that you stay informed of critical healthcare and membership information. Please remember to send your latest contact details to us to make sure that we can reach you when it matters most.

Let us know as soon as any of the following details change:

- Address, telephone number or other contact details
- Banking details
- Marital status
- Monthly income
- If you want to add or remove dependants
- If the main member or any of the registered dependants pass away
- If the main member resigns from the Public Service or a GEMS participating employer.

Please note that for GEMS to change or update your banking details, you need to send the following documents to us:

- A certified copy of your identity document (ID)
- A bank account statement, crossed cheque or letter from the bank either signed or stamped (not older than three months)
- Proof of your residential address, which can be in the form of a utility bill such as your municipal account (not older than three months).

Updating your details is quick and easy

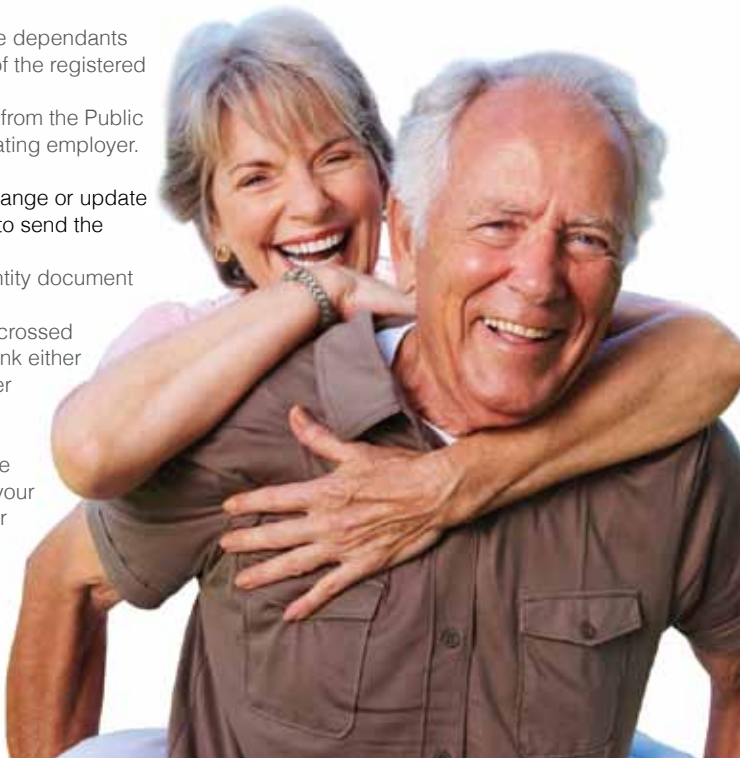
To update your details with GEMS, all you need to do is complete and return a Contact Details Update form, which can be found on our website at **www.gems.gov.za** under 'Member' followed by 'Forms' or at any of the GEMS Walk-in Centres.

You can also update your details by:

- Calling us on **0860 00 4367**
- Sending an email to **enquiries@gems.gov.za**
- Sending a fax to **0861 00 4367**
- Updating them online via Member Online at **www.gems.gov.za**
- Visiting your nearest GEMS Walk-in Centre.

If we have your most up-to-date member information, you will have an easier experience when you need to use your benefits or access Scheme services.

Keep us updated so that we can keep you in the loop with important healthcare and Scheme information!



4 About Your Dependants

GEMS understands that your family is important. That is why so many family members can qualify as dependants on GEMS.

The following people may qualify as your dependants:

- Husband, wife or partner involved with the main member in any same-sex or heterosexual union.
- Ex-husband or ex-wife if required by a divorce settlement.
- Children (biological, adopted, step or foster). To be registered as a child dependant, a person must either be
  - under the age of 21 and not receive a yearly income that is more than the annual maximum Government Social Pension amount;
  - under the age of 28 if registered as a student at an educational institution recognised by the Board, and does not receive a yearly income that is more than the annual maximum Government Social Pension amount; or
  - mentally or physically disabled and therefore financially dependent on the main member.

  Please remember: You cannot register your step-children if either their biological mother or father is not registered as a dependant with GEMS.
- Parents, parents-in-law, grandparents and grandparents-in-law if they are financially dependent on the main member.
- Grandchildren and great-grandchildren if they are financially dependent on the main member.
- Siblings (brothers and sisters), half-siblings, step-siblings and in-law siblings if they are financially dependent on the main member.
- Nephews and nieces if they are financially dependent on the main member.
- Dependants to whom the member is liable for family care and support, as long as the dependant is financially dependent on the main member.

Please see page 6 of this member guide for a list of requirements for qualifying as a registered dependant and the documents needed for registering dependants.

Very important: It is illegal for a member and their dependants to belong to more than one medical scheme at the same time. This is considered to be fraud.

All dependants who are 21 years and older (excluding current or former spouses and partners) must not earn more than the annual maximum Government Social Pension amount. To find out the current Government Social Pension amount, please visit the South African Social Security Agency website at **www.sassa.gov.za** or contact them on **0800 60 10 11**.

For most of the dependant categories outlined above, an affidavit that proves financial dependency should be submitted with the application form. An affidavit is a written declaration made under oath in front of someone legally authorised to administer an oath (for example, a Commissioner of oaths, a police officer or at a GEMS Walk-in Centre).

How to register your dependants

To register a dependant, we need:

1. The application form with the dependant section completed.
2. Certified copies of IDs or birth certificates of the dependants and marriage certificates of the spouse if your surnames are different.

3. Any documents that apply according to the list below. In most cases, before we will register the dependant, we will need an affidavit that proves financial dependency.

The affidavits are available at **www.gems.gov.za** (under 'Members' click on 'Forms'), the GEMS Walk-in Centres or you can ask for them by calling us on **0860 00 4367**.

Detailed list of requirements and documents needed to register a dependant

Husband or wife

- For a customary marriage, we need an affidavit from the main member confirming the obligation towards the husband or wife.
- We need a copy of the marriage certificate if married and the surname of the husband or wife is different from the main member's surname.

Ex-husband or ex-wife

- We need a copy of the court order to provide medical support as required by the divorce settlement.

Partner

- We need an affidavit (completed by the main member, partner and a witness) confirming that the dependant is the main member's life partner.

Children (biological, adopted, step or foster) under the age of 21

- If the child's surname is different to that of the main member, the main member must complete an affidavit stating the reason for the difference and confirming the obligation towards the child.

Children (biological, adopted, step or foster) over the age of 21

- If the child is a student and not yet 28 years old, we need:
  - Proof of registration at a recognised tertiary institution
  - Affidavit from the main member confirming financial dependency.
- If the child is totally dependent due to mental or physical disability, we need:
  - Proof of disability from a medical practitioner (medical assessment report to be completed by a medical practitioner)
  - An affidavit from the main member confirming financial dependency and that the child is not in a state institution.
- If the child is neither a student nor disabled, we need:
  - An affidavit from the main member confirming financial dependency. Please note that in this instance, you will pay adult contribution rates for this dependant.

Parents, parents-in-law, grandparents and grandparents-in-law

- We need an affidavit from the main member confirming financial dependency of the dependants.
- Parents-in-law and grandparents-in-law may only be registered if the husband, wife or partner is also registered as a dependant.

Grandchildren and great-grandchildren

- They may be registered as dependants if the main member or the husband or wife submits documentary proof that a child support grant is received OR if the main member or husband or wife gives us a sworn affidavit that he or she takes primary responsibility for meeting the daily needs of the child.
- We need an affidavit to be completed by the main member and biological parent, where applicable confirming financial dependency of the grandchild on the main member.
- If the parent of the child is also registered as a dependant, an affidavit is only needed from the main member for the grandchild or great grandchild.

Siblings (brothers or sisters), half-siblings, step-siblings and siblings in-law

- We need an affidavit (to be completed by the main member) confirming financial dependency of the sibling on the main member.

Nephews and nieces (including in-laws)

- We need an affidavit confirming financial dependency of nephews and nieces on the main member. The affidavit must be completed by the member and the sibling, where applicable.

- If the parent of the child is also registered as a dependant, an affidavit is only needed from the main member for the niece or nephew.

Special dependants (where the member is liable for family care and support)

- We need an affidavit from the main member confirming financial dependency of the special dependant.
- Proof of financial dependency will be subject to review and Scheme approval.

Registering your newborn or newly-adopted child

You must send a completed newborn registration form and a certified copy of the birth certificate to the Scheme within 60 days from the birth of your child. If your newborn's surname is different from yours, you must provide the Scheme with an affidavit confirming that the child is yours. You can get the Newborn Registration form by clicking on 'Forms' under 'Members' on our website, **www.gems.gov.za**.

Contributions for your child will be due from the first day of the month after the month in which he/she was born or adopted if you register your child within 60 days from the birth date.

Alert!

Register your newborn or newly-adopted child on time

If you do not register your newborn or newly-adopted child in time, we will not be able to register your child as a dependant on the Scheme from the date of their birth. This means that we will not cover any medical expenses related to your newborn's birth and you will have to pay these costs out of your own pocket.

Yearly review of dependants

Every year, the Scheme reviews whether dependants still qualify to receive benefits according to the Scheme Rules.

This means that each year, main members must give us proof of financial dependency for all dependants over the age of 21.

Disabled dependants and dependants (parents, parents in-law, partners) who are over 65 years (pensioners) only need to give supporting documents to the Scheme once.

The table below gives more details about students qualifying to be dependants:

Student's age	Rates to be paid	Review period
Under 21 years old	You pay child rates as long as you have handed in proof that they are financially dependent on the main member.	Two months before the birth month of the dependant every year.
21 years and older, but under 28 years	You pay child rates as long as you have handed in proof that shows that the student is studying at a recognised educational institution. *Note: If the dependant is not a student, but is financially dependent on the main member, they may continue as a dependant at adult contribution rates provided all relevant documents are submitted.*	Documents must be provided before the end of March every year. The period under review will be April to March of the following year.

Why it is important to send your documents to us in time

- If all the required documents (as specified on the eligibility review letters sent to members) are not received before the end of the birth month, we may unfortunately have to remove the dependant from the Scheme. We could also change the rates you pay for your dependant from child to adult rates.
- If documents for a newborn are provided late, the dependant will not be covered by the Scheme from the date of birth. This means you will have to pay the hospital costs of the newborn out of your own pocket.

5 Prescribed Minimum Benefits

Prescribed Minimum Benefits (PMBs) are the basic benefits that GEMS provides for certain medical conditions, such as asthma, hypertension and so forth, no matter which benefit option you chose. According to the Medical Schemes Act, GEMS must offer benefits for the diagnosis, treatment and care of:

- Any emergency medical condition
- 26 chronic conditions (which can be found in the Chronic Disease List (CDL) on pages 14-15)
- A list of 270 medical conditions provided in the Regulations to the Medical Schemes Act.

GEMS has a thorough process in place to manage PMBs and related claims.

Practical information to help you better understand your rights and responsibilities in respect of PMBs

- Qualifying for PMBs is not only based on the condition or diagnosis, but also on the treatment provided by the healthcare provider. The treatment must be in line with what is prescribed in the Medical Schemes Act Regulations. If the treatment provided is not what is written in the Regulations, it cannot be claimed as a PMB.
- PMBs will be covered from your available benefits, and when your benefits are depleted, the Scheme will continue to pay for PMBs above the benefits.
- PMBs may not be covered from your Personal Medical Savings Account (PMSA) if you are on the Ruby option.
- Codes used by healthcare providers to identify the condition (ICD-10 code) and the treatment given (Tariff code or NAPPI code) are required for us to identify and pay PMBs correctly. Please remind your doctor to provide the relevant codes to you or to include them on the claim to ensure that your claim is processed correctly. Read all about submitting claims to the Scheme on pages 21-23.
- Healthcare providers who treat you for a PMB condition while you are in hospital should include the hospital pre-authorisation number when they claim.
- It is not always possible for the Scheme or your healthcare provider to know the diagnosis or treatment at the time when authorisation is obtained. In such situations, a letter of motivation (or more information) may be required from your healthcare provider (this may be after the claim has been submitted) for GEMS to process the claim correctly as a PMB.

GEMS is allowed to use tools such as pre-authorisation and Designated Service Providers (DSPs) to manage the costs of PMB care. If a member or healthcare provider does not follow the processes in respect of these tools, claims may not be paid as PMBs.

What is a Designated Service Provider (DSP)?

A DSP is a healthcare provider or group of providers who have been selected by GEMS to provide members with the diagnosis, treatment and care in respect of medical conditions, including PMB conditions. GEMS has selected the following DSPs for PMB care:

- **State hospitals:** The State is GEMS's DSP for the treatment of in-hospital PMBs.
- **Chronic medicine DSPs:** Only the chronic medicine Courier Pharmacy (Medipost) and contracted pharmacies in the chronic medicine Pharmacy Network can be used to obtain all chronic medicine (including medicine for HIV).
- **GEMS Network of healthcare providers:** For members (especially those on the Sapphire and Beryl options) to have access to comprehensive benefits through a network of healthcare providers.
- **GEMS Emergency Medical Services (EMS) Network:** For unlimited EMS assistance to all members.
- **Specialist Network:** Work is also underway to set up a DSP Specialist Network. Please watch out for more information during 2014.

To learn more about PMBs, please visit our website at **www.gems.gov.za**, click on the Scheme Rules under 'About Us' and read Annexure G.

6 What does GEMS not pay for?

All medical schemes have a list of medicines, treatments and procedures that they do not pay for. This is because funds that are available for healthcare are not unlimited. Items that are not medically necessary or fall outside of accepted medical practice are a risk to the funds available to members who need essential, proven healthcare services. Therefore, to ensure that all members have fair and equitable rationing in healthcare cover, GEMS has set limits to the items and treatments that are covered. Items or procedures that are not covered at all are called Scheme exclusions.

All Scheme exclusions are listed in detail in Rule 16 and Annexure E of the Scheme Rules. You must make sure that the procedures, treatments or medicine you receive will be paid for before obtaining them, as excluded services or items will not be paid for by GEMS. You will then be responsible for paying those costs.

Examples of exclusions (items that GEMS does not pay for)

- All costs for operations, medicines, treatments and procedures for cosmetic purposes (cosmetic refers to treatments or procedures that do not treat an illness), such as liposuction.
- Visits to specialists outside of the GEMS Network for Sapphire and Beryl beneficiaries.
- Holidays taken for recuperation.
- Medicines not registered with the South African Health Products Regulatory Authority.
- Toiletries, beauty products, slimming products, homemade remedies and alternative medicines.
- Household products such as disinfectants, soaps, food and nutritional supplements.
- Treatments by a healthcare provider who is not registered with a recognised professional body or any healthcare facility that is not registered in terms of the law.
- Any medicine, procedure or treatment that is not in line with evidence-based medicine principles and not supported by the Scheme's Rules and managed care guidelines.
- Penalties that members incur and must pay to a healthcare provider because they did not keep an appointment.

Remember that even if treatment is not a Scheme exclusion and is approved or authorised, if it exceeds the Scheme Rate/Tariff and benefit limits it will still not be paid or not be paid in full.

The above examples are **not** a complete list of Scheme exclusions. To read the full list of exclusions and limitations, please go to Rule 16 and Annexure E of the Scheme Rules. The Scheme Rules can be found at **www.gems.gov.za** under 'About Us', or you can ask for a copy of the Rules by calling us on **0860 00 4367**.

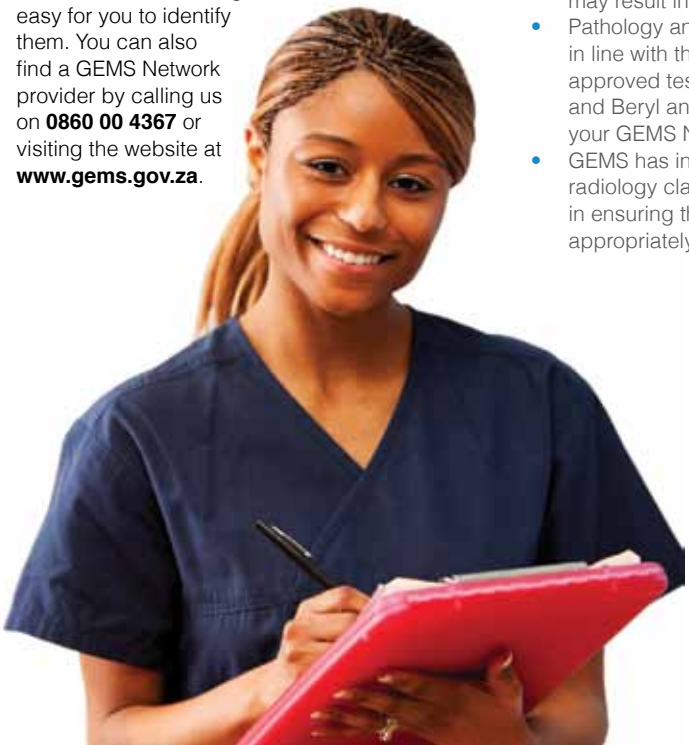
Exclusions versus PMBs

Exclusions may not apply to PMBs. For example, if a member contracts septicaemia after cosmetic surgery (which is a Scheme exclusion), GEMS will still provide healthcare cover for the septicaemia because it is a PMB. PMBs concern the diagnosis and it does not matter how you got the condition.

7 The GEMS Network of healthcare providers

GEMS has a network of healthcare providers consisting of general practitioners (GPs), specialists, pharmacies, dentists and optometrists who have promised to deliver quality healthcare to GEMS members. Healthcare providers on the GEMS Network have agreed to provide healthcare to GEMS members at Scheme Rates. This means you will not have to pay any amounts above the set amount we have agreed with the healthcare providers.

GEMS Network healthcare providers will display a GEMS Network logo/sticker on their window or door, making it easy for you to identify them. You can also find a GEMS Network provider by calling us on **0860 00 4367** or visiting the website at **www.gems.gov.za**.



Members on the **Sapphire** and **Beryl** options need to keep the following in mind:

- Ensure that your GP, specialist, pharmacy, optometrist or dentist is on the GEMS Network before you visit them. This will ensure that you do not have to pay out of your pocket for the appointment or treatment.
- Visits to a specialist or allied healthcare provider (such as a physiotherapist or speech therapist) need to be referred by your GEMS Network GP, who will obtain authorisation from the GEMS Call Centre.
- You need pre-authorisation to see your GP on the Sapphire and Beryl Network after the first five consultations.
- When consulting with your GP enquire whether he/she can dispense medicine or not. If they can dispense, you should not obtain medicine from a pharmacy as this may result in co-payments.
- Pathology and radiology tests must be in line with the GEMS Formulary (list of approved tests or services) for Sapphire and Beryl and also require referral from your GEMS Network GP.
- GEMS has introduced a pathology and radiology claims validation service to assist in ensuring that these claims are managed appropriately when you claim.

gems network

8 Disease Management Programmes

Chronic medicine

What is chronic medicine?
Chronic medicine is medicine used on an ongoing basis to treat disabling and/or potentially life-threatening chronic (long-lasting) illnesses, like diabetes, that have a negative effect on your health and quality of life.

Chronic medicine must be pre-authorised by the Medicine Management Department to ensure appropriateness and cost effectiveness. Some medicines are not paid in full if they are not on the Scheme's GEMS Formulary or Medicine Price List (MPL). Always check with your doctor to see if the most cost-effective medicine is prescribed according to the MPL and the GEMS Formulary so that you do not need to pay out of your own pocket.

How do I apply for authorisation of my chronic medicine?

- Call GEMS on **0860 00 4367** and ask for a Chronic Medicine Application form or download one from the GEMS website at **www.gems.gov.za** (click on 'Members' and then 'Forms').
- Your treating doctor must complete the form.
- A separate form must be completed for each member or dependant who needs chronic medicine. You only need to complete this application form once.
- Ensure that your application form is completed in full.
- Ensure that both you and your doctor have signed the application form.
- Fax or email the completed form to **0861 00 4367** or **chronicdsp@gems.gov.za**.
- We will then review your application. We will check it against the Scheme Rules to see if we can cover the medicine under the chronic medicine benefit.
- If we approve your application, you will receive a Medicine Access Card listing the medicine that we have agreed to pay for from your chronic medicine benefit.
- If the medicine that we have agreed to pay for differs from the medicine your doctor has prescribed, we will attach a letter to your Medicine Access Card that will explain the reasons for this. We will also send a copy of the letter to the doctor who prescribed the medicine.
- If we do not approve your application for chronic medicine, you and your doctor will both receive a letter explaining this decision.

What if my chronic medicine authorisation request has been declined?
If your chronic medicine authorisation 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 00 4367** for assistance.

Can I appeal a medicine authorisation?
Yes, you can appeal the decision to either reject your application for chronic medicine or to provide you with alternative medicine to the medicine your doctor prescribed. To appeal you must ask your doctor to write a clinical motivation and email it to **chronicauths@gems.gov.za**. Your doctor can also call us on **0860 00 4367**.

The clinical motivation will be considered carefully by the medical advisor; however, this does not mean your appeal will be successful.

How do I obtain my approved chronic medicine?
You have a choice of receiving your medicine either through our Courier Pharmacy or your nearest GEMS Network pharmacy. Once you

have indicated your choice, you will either collect your medicines at your nearest GEMS Network pharmacy or the Courier Pharmacy will contact you to make medicine delivery arrangements.

If you choose to obtain your approved chronic medicine from a supplier that is not the GEMS Courier Pharmacy or a GEMS Network pharmacy, 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.

Can I change my registered chronic medicine pharmacy at any time I want to?
No. After a member has been contacted by the Chronic Medicine Manager and registered with either the Courier Pharmacy or a specific GEMS Network pharmacy, they will be expected to remain with that pharmacy for at least six months before they are allowed to change. However, if a chronic member changes their home or work address, they may contact the Chronic Medicine Manager to change their registered pharmacy accordingly. Chronic members will be contacted by the Chronic Medicine Manager twice a year to confirm or reconsider whether they want their medicine delivered by the courier or collected at the GEMS Network pharmacy.

Am I required to only use my registered GEMS Network pharmacy or can I use any GEMS Network pharmacy for my chronic medicine?
Once registered with either a specific GEMS Network pharmacy or the Courier Pharmacy, chronic members will be expected to use only that pharmacy to obtain their authorised chronic medicines, failing which they will be liable for a 30% co-payment.

How often do I need to supply the GEMS Courier or GEMS Network pharmacy with a repeatable prescription?

- You need to supply the Courier Pharmacy or your GEMS Network pharmacy with a valid doctor's prescription before they can supply you with your chronic medicine. Prescriptions have to be renewed every six months, which is a legal requirement.
- A repeat prescription is valid for not more than the repeats specified on the Medicine Access Card and will be effective from the date written on the prescription. A prescription cannot be repeated for more than six months. The Chronic Medicine Manager will send you an SMS to remind you to obtain a new prescription before your old one runs out.

Whether you are obtaining your medicine from the Courier Pharmacy or a GEMS Network pharmacy, you will need to send a new prescription when this is due. Your chosen pharmacy will not send or provide you with medicine if your prescription has expired and you have not submitted a new one.

What if my authorised medicine changes?

- If your chronic medicine changes in any way, you need to tell GEMS about it immediately. The quickest way is for the prescribing doctor or dispensing pharmacist to contact the clinical staff on the Service Provider Line (**0860 00 4367**). The change is processed within five working days.
- An updated Medicine Access Card will be mailed to you for your records. You will need to provide the Courier Pharmacy or the GEMS Network pharmacy (where you are registered) with the new prescription so that the medicine can be dispensed.
- 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.

Conditions covered on all the options as part of the CDL

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary
- Chronic renal disease
- Coronary artery disease
- Crohn's disease
- Dysrhythmias

- Diabetes insipidus
- Diabetes mellitus type 1
- Diabetes mellitus type 2
- Epilepsy
- Glaucoma
- Haemophilia
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosis
- Ulcerative colitis

Extra conditions covered only for Ruby, Emerald and Onyx options under the Additional Chronic Disease List (ACDL)

The following three disease lists show the chronic conditions that are covered in addition to the legislated CDLs for each of the following options:

List 1 (Ruby)

- Benign prostatic hyperplasia
- Osteoarthritis
- Meniere's disease
- Thrombo-embolic disease
- Psoriasis

List 2 (Emerald)

- Acne
- Allergic rhinitis
- Alzheimer's disease
- Ankylosing spondylitis
- Anorexia nervosa
- Anxiety
- Attention deficit and hyperactivity disorder
- Benign prostatic hyperplasia
- Bulimia nervosa
- Delusional disorder
- Depression
- Eczema/Dermatitis
- Gastro oesophageal reflux disease
- Generalised anxiety disorder
- Gout
- Meniere's disease
- Menopause
- Narcolepsy
- Obsessive compulsive disorder
- Osteoarthritis
- Post-traumatic stress disorder
- Psoriasis
- Thrombo-embolic disease
- Tourette's syndrome

List 3 (Onyx)

- Acne
- Allergic rhinitis
- Alzheimer's disease
- Ankylosing spondylitis
- Anorexia nervosa
- Anxiety
- Attention deficit and hyperactivity disorder
- Barrett's oesophagus
- Benign prostatic hyperplasia
- Bulimia nervosa
- Delusional disorder
- Depression
- Dermatitis
- Eczema
- Gastro oesophageal reflux disease
- Generalised anxiety disorder
- Gout
- Huntington's disease
- Hypoparathyroidism
- Hypothyroidism
- Interstitial lung disease
- Menopause
- Meniere's disease
- Myasthenia Gravis
- Narcolepsy
- Neuropathies
- Obsessive compulsive disorder
- Osteoarthritis
- Osteopaenia
- Osteoporosis
- Paget's disease
- Post-traumatic stress syndrome
- Psoriasis
- Stroke
- Systemic sclerosis
- Thrombocytopaenic purpura
- Thrombo-embolic disease
- Tourette's syndrome
- Valvular heart disease
- Zollinger-Ellison syndrome

HIV/AIDS Disease Management Programme

GEMS has an effective HIV/AIDS Disease Management Programme (DMP) for its members. If you or one of your dependants is living with HIV/AIDS, registering on the HIV/AIDS DMP can give you the support you need to lead a healthy and productive life.

Confidentiality guaranteed
If you or your dependants are HIV positive and decide to join the programme, special care is taken to maintain your confidentiality. This programme is managed by a team of healthcare professionals separately from other Scheme programmes and the employer. The HIV/AIDS DMP has its own confidential contact channels, which are:

- Telephone: **0860 4367 36**
- Send a 'please call me' to: **083 843 6764**
- Fax: **0800 4367 329**
- Email: **hiv@gems.gov.za**.

What benefits are available?
If you register on the HIV/AIDS DMP, you will have access to the following benefits:

- Medicine to treat HIV/AIDS (antiretroviral therapy)
- Medicine to treat and prevent opportunistic infections related to HIV/AIDS, including multi-vitamins where appropriate (a doctor's prescription and pre-authorisation is required for all medicines, including multi-vitamins)
- All pathology tests related to monitoring the disease
- Regular monitoring of your condition to ensure you start treatment at the right time and that it is effective
- Clinical support and guidelines for treating doctors
- Access to a specially trained medical team who will review your details and consult with your doctor to ensure that you receive the most appropriate treatment for your condition
- Reminders for you and your doctor to do regular check-ups and tests to monitor the state of your health and update your treatment where necessary
- 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).

Please call 0860 436 736 if you have had accidental exposure to HIV so that appropriate treatment (called Post-exposure Prophylaxis) can be arranged.

How do you register on the HIV/AIDS DMP?

Step 1
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 2
If you are HIV positive, obtain an application form by calling **0860 4367 36** or use our "please call me number" **083 843 6764** from Monday to Friday between 8am and 5pm and Saturday from 8am to 12pm; sending an email to **hiv@gems.gov.za** or download one from the GEMS website at **www.gems.gov.za**.

Step 3
Visit your treating doctor who must examine you and complete your application form. You will need to sign the application form and submit it to GEMS.

Step 4
Fax your completed form to the confidential toll free fax number **0800 4367 329** or email your completed form to **hiv@gems.gov.za**.

Step 5
We will contact you to discuss the outcome of your application.

How do you get your HIV/AIDS medicine?
The HIV/AIDS DMP registers, manages and cares for members while the Scheme's Chronic Medicine DSP – the Courier Pharmacy and the GEMS Network pharmacies – provide all chronic medicine (including HIV medicine) to members. If you get your anti-retrovirals (ARVs or medicine to treat HIV) from any other pharmacy, you will have to pay 30% of the cost of medicine and dispensing fees.

When you use the Scheme's allocated GEMS Network pharmacy or Courier Pharmacy, discussions about your medicine are confidential. If you choose to use the Courier Pharmacy your medicine is delivered to your chosen address without anyone seeing what is inside. Beneficiaries who choose to make use of a GEMS Network pharmacy will also be guaranteed confidentiality when collecting their medicine. If you need medicine for other chronic conditions (for example, high blood pressure), it can be delivered together with your HIV medicine.

Your chosen Chronic Medicine DSP will also remind you to get a new repeat prescription 21 days before your current prescription is due to expire. All prescriptions expire after six months according to the law.

Oncology (cancer) Management Programme

If you or any of your dependants are diagnosed with cancer, it is important to register on the Oncology Management Programme as soon as possible, as all oncology treatment require pre-authorisation and case management.

How to register on the Oncology Management Programme

1. Your doctor must fax your treatment plan to the Oncology Management Programme on **0861 00 4367** or email **enquiries@gems.gov.za**. You can also contact the GEMS Call Centre on **0860 00 4367**.
2. Once the Oncology Management team has received the treatment plan from your doctor, we will record your details, disease information and proposed treatment.
3. Your treatment plan will be reviewed and, if necessary, a member of the clinical team will contact your doctor to discuss more appropriate or cost-effective treatment alternatives.
4. After the treatment plan has been assessed and approved, authorisation will be sent to your treating doctor. You will also receive an authorisation letter. The letter will show the treatment that GEMS has authorised, the approved quantities and how long the authorisation is valid for.

Please make sure that your doctor informs the Oncology Management team of any change in your treatment, as your authorisation will need to be re-assessed and updated. If your doctor does not inform the Oncology Management team about a change in your treatment, GEMS may reject your claims or pay them from an incorrect benefit.

You need pre-authorisation

You will need pre-authorisation for any hospitalisation, specialised radiology (for example, MRI scans, CT scans and angiography), stoma requirements or private nursing or hospice services. Pre-authorisation means that you must get the Scheme's permission to use certain medicine or undergo a certain procedure at least 48 hours before it happens. In the case of an emergency, you need to get authorisation on the first working day after the incident. If you do not get pre-authorisation, you may have to pay a penalty of R1 000 out of your own pocket.

You can contact the Oncology Management team on **0860 00 4367**.

Optometry Management Programme

The Optometry Management Programme provides you with clinically essential optometry benefits. This means that GEMS only covers expenses for optometry that are necessary for your health and your sight.

Not all items prescribed by your provider may be covered. Some of the items not covered include:

- Plano (zero power) and low power lenses for both eyes
- Sunglasses and spectacles with lens tints exceeding 35%, except in cases of albinism
- We cover either spectacles or contact lenses in the two-yearly benefit cycle, not both
- Bifocal or multifocal lenses for persons of a younger age, unless properly motivated by your optometrist
- Clinically non-essential additions, such as coatings.

When you read the benefit schedule in the option-specific Benefit Guide that came with this guide, you will notice that there is a limit for your family, as well as a sub-limit for each beneficiary (members or dependants registered on the Scheme). Each beneficiary can claim only up to the maximum of the sub-limit, and the total that the family can claim for is limited to the 'family limit'.

Example: If you are on Emerald, there is a family limit of R3 730 and a beneficiary limit of R1 866 for every second year. If two members of the family need glasses to the value of R3 100 in total, it means that there is only R630 left of the benefit for the rest of the family. GEMS will only pay R630 of the next beneficiary's account. The rest will be for your own account.

Dental Management Programme

GEMS designed the Dental Benefit to ensure that members have access to cost-effective, quality dental healthcare. It is important for you to have regular dental check-ups.

What if you need dental treatment under general anaesthetic?

General anaesthesia is a treatment with certain medicines that puts you into a deep sleep so you do not feel pain during a procedure. When you receive these medicines, you will not be aware of what is happening around you. Conscious sedation is a combination of medicines to help you relax and to block pain during a medical or dental procedure during which you will probably stay awake, but may not be able to speak.

Members or dependants older than eight years need pre-authorisation for all procedures that require general anaesthetic or conscious sedation. Your treating dentist or dental specialist must provide GEMS with the medical reason as to why general anaesthetic or conscious sedation is required for the dental treatment before the procedure is performed.

Please ensure you contact us to get pre-authorisation for hospitalisation at least 48 hours before treatment, unless it is an emergency.

Pre-authorisation means that you must get the Scheme's permission to use certain medicine or undergo a certain procedure at least 48 hours before it happens. If you do not do this, you will have to pay a penalty of R1 000 out of your own pocket.

Please read your Dental Benefit details on your option-specific Benefit Guide to ensure that you obtain pre-authorisation for certain dental procedures, for example orthodontic treatment.

Maternity Programme

Pregnant members and dependants of GEMS have access to the Maternity Programme. This programme is specifically designed to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) period.

To access your maternity benefits, pregnant members or dependants must register on the programme as soon as their pregnancy is confirmed.

The Maternity Programme is headed by case managers who are experienced, registered nursing sisters with additional qualifications in midwifery. These case managers will help you to register on the Maternity Programme and you can contact them on **0860 00 4367** for advice and information.

Benefits of joining the Maternity Programme

- We will give you a GEMS pregnancy, birth and early parenting book when you register.
- We will send you a free maternity bag during your third trimester. This is a gift from us to you and your baby.
- You will enjoy free access to all services offered by the programme.
- You will receive information about the benefits offered by GEMS during your pregnancy and after the birth of your child.
- You will receive a Care Plan to guide your doctor in the appropriate treatment necessary for the duration of your pregnancy.
- Access to healthcare information that will make it possible for you to make informed decisions with your midwife or doctor about your health and birth choices.
- Telephone advice and support if you experience problems during the first six weeks of parenthood.

To view a comprehensive brochure about the Materinty Programme, visit **www.gems.gov.za** and click on 'Maternity Programme'.

Registering on the programme

You need to complete an enrolment form, which you can download from the GEMS website at **www.gems.gov.za**. You can also call us on **0860 00 4367** to obtain a copy of the form. Please fax the completed enrolment form to **0861 00 4367**, email it to **enquiries@gems.gov.za** or post it to the **GEMS Maternity Programme, Private Bag X782, Cape Town, 8000**.

Hospital Management Programme

The Hospital Management Programme ensures that you receive appropriate, quality healthcare while you are in hospital. The pre-authorisation process ensures that the planned procedure is both necessary and appropriate before you are admitted to hospital.

Get your pre-authorisation number first

Pre-authorisation means that you must get the Scheme's permission to use certain medicine or undergo a certain procedure at least 48 hours before it happens. You can apply for a hospital pre-authorisation number from GEMS by calling us on **0860 00 4367**.

You must get a pre-authorisation number in the following cases:

- All admissions to hospital
- Out-patient visits to a hospital (i.e. when you do not stay overnight at the hospital)
- MRI scans, CT scans or radio-isotope studies
- In-hospital physiotherapy
- For all non-emergency ambulance transportation (if it is an emergency ambulance transportation, authorisation must be obtained within one day of hospitalisation or treatment - see page 20 for more information on emergency services)
- Specialised dentistry
- GP visits on the **Sapphire** and **Beryl** Network after the first five consultations.

There are some admissions to hospital where we will not agree to pay for a drug or procedure. An example is when we believe that the drug or procedure is a new technology and that long-term results and positive outcomes have not been demonstrated by research. These cases will be discussed with you before the procedure is done or a drug is used or prescribed. GEMS might ask your healthcare

provider for additional information and motivation in some instances, but may still not agree to pay for the drug or procedure. Please discuss all your treatment options with the treating doctor and make informed decisions regarding your and your loved ones' healthcare before you receive any treatment, drugs or undergo any procedure.

When must you apply for a pre-authorisation number?
Please apply at least 48 hours before a planned hospitalisation or procedure.

What happens in the case of an emergency if you cannot apply for a pre-authorisation number?
If you need to receive emergency treatment or be admitted to hospital over a weekend, public holiday or at night, you or a family member must call and obtain authorisation on the first working day after the incident.

What happens if you do not apply for a pre-authorisation number?
If you do not get a pre-authorisation number for a planned event or authorisation on the first working day after an emergency event, you will have to pay a penalty of R1 000.

Make sure you have the following information when you apply for a pre-authorisation number:

- Your GEMS membership number
- The name and date of birth of the patient
- The date of admission and the proposed date for the operation (if applicable)
- The name of the doctor and their telephone and practice numbers (if available)
- Name of the hospital with their telephone and practice numbers (if available)
- For CT scans, MRI procedures or radiological procedures, the name and practice number of the radiological practice
- Ask your doctor for a full description of:
  - The reason for admission to hospital or reason for the scan
  - The associated medical diagnosis
  - The planned procedure
  - All the codes (Tariff codes and the ICD-10 codes) that the doctor intends to use.

Only procedures that are covered in terms of the Scheme Rules will be paid for.

Please note

- If your doctor or hospital obtains the pre-authorisation for you, the doctor and the hospital will receive the Scheme's official notice. You will receive the same notice.
- Please read the terms and conditions on this notice carefully.
- For PMB conditions, you need to make use of the DSP in order for the Scheme to pay 100% of the cost for the treatment. However, if you decide not to go to the DSP hospital, you may have to pay part of the cost.
- By keeping the Scheme updated with your contact details (cell phone numbers, post and email addresses) you will also be updated with important information, such as pre-authorisation numbers and, in the case of email or post addresses, full information regarding benefits on each authorisation.

9 Emergency Medical Services

The Scheme has an Emergency Medical Services (EMS) Network that provides unlimited emergency medical assistance to GEMS members.

How the GEMS EMS Network works

The GEMS EMS Network is open to all EMS providers (ambulance services) that meet basic requirements. When you call the emergency telephone number - **0800 44 4367** - the Emergency Medical Evacuation Dispatch (EMED) Centre will receive the call and assign an EMS provider to the incident. The EMED Centre can be contacted 24 hours a day, seven days a week.

Emergency medical services include:

- Help given over the phone if there is an emergency
- Emergency medical response (ambulance and emergency personnel) by road or air to the scene of a medical emergency
- Transfer by road or air to the closest, most appropriate medical facility
- Transfer of a patient from one hospital facility to another where medical intervention is required.

Follow these steps when you are faced with an emergency:

1. Dial **0800 44 4367** to contact the EMED Centre.
2. Give your name and the telephone number that you are calling from.
3. Give the address or location of the incident to help paramedics to get there.
4. Provide a brief description of what has happened and how serious the situation is, for example:
   - Age of the patient
   - Is the patient male or female?
   - Is the patient breathing?
   - Is the patient conscious?
   - Brief details on the current condition of the patient.
5. Confirm the patient's membership number and the patient's details.
6. Do not put down the phone until the person on the other side has disconnected.

Alert!
Tell your dependants about this service
Please ensure that all your registered dependants are aware of this service. Inform your child's school that he/she is a member of GEMS and make sure your child and the school knows the emergency medical service number. Should you need to be transferred from one hospital facility to another, please inform the hospital you are admitted to that you are a GEMS member and that any hospital transfers must be authorised by calling the EMED Centre on **0800 44 4367**.

10 Claims simplified

Who can claim?

The member or the healthcare provider (for example, a doctor, pharmacy or hospital) can make a claim.

How is the claim processed?

The Claims Department receives the claim and assesses it according to the Scheme Rules. If the Scheme Rules allow, the claim will then be paid.

Sometimes additional information is required from you or your healthcare provider when assessing claims. If this information is not available, some claims may not be paid in part or in full.

When are claims paid?

Claims are paid twice a month.

Are medicine claims processed immediately?

Your pharmacy can send medicine claims to us electronically at the point of sale. The Scheme Rules will be applied immediately, so you will know right away if GEMS will pay for the medicine. You will get your medicine immediately and if you have available benefits, GEMS will pay for the medicine without you having to pay for it in cash.

What information must be on your claims?

- Your membership number
- The Scheme's name (i.e. GEMS)
- Your benefit option (for example, Sapphire, Beryl, Emerald, Onyx, or Ruby)
- Your surname and initials
- The patient's date of birth and dependant code as it appears on your membership card
- The name of the healthcare provider
- The valid practice code of the healthcare provider
- The date of service
- The type and cost of treatment
- The pre-authorisation number, if applicable
- The Tariff code
- The relevant ICD-10 code
- Your signature to confirm that the account is valid
- If you paid for the service, attach proof of payment and highlight it clearly. Proof of payment can be either a valid receipt from the healthcare provider, an electronic fund transfer (EFT) slip or a bank deposit slip.

Submit your claims correctly

- By post: **GEMS, Private Bag X782, Cape Town, 8000**
- By fax: **0861 00 4367**
- By email: **enquiries@gems.gov.za**
- At a GEMS Walk-in Centre: Hand your claims in at any of our walk-in centres (see page 40 for the list of addresses).

Claims refunds

When you have paid a healthcare provider for a service, you may claim a refund from the Scheme. Your available benefits, the applicable Scheme Rules and the Scheme Rate will determine whether a refund will be paid and how much will be paid. When submitting a claim, you need to ensure that all supporting documents are attached to the claim, including a valid receipt.

Refunds are paid to members electronically, so you need to make sure that we have your updated, correct banking details. We need the following banking information:

- Account holder's name
- Account number
- Bank name

- Branch code
- Account type (cheque, current or savings).

You can either fax this information to **0861 00 4367** or email it to **enquiries@gems.gov.za**, using your membership number as a reference. You can also deliver the information to one of the GEMS Walk-in Centres (addresses are on page 40) or post it to **GEMS, Private Bag X782, Cape Town, 8000**.

Should you wish to change or update your banking details, you are required to submit the following documents:

- A certified copy of your ID
- A bank account statement, crossed cheque or letter from the bank either signed or stamped (not older than three months)
- Proof of your residential address, which can be in the form of a utility bill such as your municipal account (not older than three months).

Claims alert SMS

You have the option to receive a claims alert SMS each time GEMS processes your claims. These SMSs acknowledge the receipt of claims, but it is not a guarantee of payment. To receive a claims alert SMS, please call **0860 00 4367** and make sure that we have your current cellphone number.

Remember: If you receive a claim alert SMS for a claim you are not aware of, please report it to the Scheme as soon as possible by calling us on **0860 00 4367**.

Your claims statement

You will receive a claims statement regularly. Please read your claims statement to see if your claims were paid or not. If a claim was not paid, your claims statement will show the reason why it was not paid.

Paying a healthcare provider directly

To protect your benefits from irregular claims being submitted to the Scheme, GEMS has processes in place that allows us to better validate the submission and payment of claims. One of these processes is the termination of direct payments to certain healthcare providers who had fraud sanctions placed against them by the Scheme. These healthcare providers' claims will be rejected and you will be responsible for submitting the claim for the services rendered directly to the Scheme. This means you will have to pay healthcare costs for services from this healthcare provider directly to them.

Your claim submission must include corresponding details and valid proof of payment, signed by the main member, in the form of:

- A valid stamped receipt from the provider;
- An electronic funds transfer (EFT) slip; or
- A bank deposit slip.

Top 10 reasons why claims are rejected (not paid)

- Incorrect member or dependant information.
  - It is important that the Scheme receives up-to-date member information to process your claims. We need this information to make sure we pay claims correctly and that our member records are always complete and current.
  - When making claims for dependants, ensure that they are registered and their details appear on the claim.

- No pre-authorisation number for treatment such as oncology and hospitalisation.
  - Even after your treatment is authorised, your doctor needs to inform GEMS of any change in your treatment so that we can evaluate the treatment plan and update the authorisation. If your doctor does not inform us of the changes, GEMS may reject your claims or pay them from the incorrect benefit.
  - Physiotherapy treatment in hospital must also be authorised.

- No benefits are available.
  - When your benefits have reached the benefit limits or sub-limits, GEMS will not pay any more claims.

- When a member or dependant does not keep a doctor's appointment, GEMS will not pay penalties for that doctor's visit.

- GEMS will not pay for claims for services given by a healthcare provider who is not registered in terms of a relevant law (for example, if a doctor is not registered to practice medicine in South Africa). Speak to your doctor to ensure that your claims meet the necessary requirements before you send them to the Scheme.

- Claims sent to us too late.
  - Claims must reach the Scheme by the last day of the fourth month following the month in which the service was rendered. For example, if the service is rendered on 15 February 2014, the claim must reach us by 30 June 2014 (i.e. 120 days). GEMS will not pay claims received after this timeframe. This is according to the Regulations of the Medical Schemes Act. You will have to pay for claims that you have not sent to us within four months of the treatment date. To avoid claims from becoming stale, double check with your healthcare provider if a claim will be submitted directly to the Scheme or whether you should submit the claim yourself.

- Claims we receive for treatment after a member has resigned from the Public Service or from GEMS.
  - GEMS is a restricted medical scheme designed for Public Service employees or participating employers approved by the Board of Trustees. Anyone who is not an employee or retired employee of the Public Service or a GEMS participating employer cannot belong to GEMS. If you resign, you cannot use your GEMS membership card for healthcare services. If you or a healthcare provider claims for services after the date that you resigned from the Public Service or from GEMS, you will have to pay this money back to GEMS.

- Scheme exclusions.
  - For all GEMS options there are specific conditions and treatment facilities that are not paid for, in line with the Medical Schemes Act. The items or procedures that are not covered by the Scheme are called Scheme exclusions. You must make sure that the procedures, treatments or medicine you receive will be covered for, before getting them because GEMS will not pay for excluded services or items. You will be responsible for paying those costs. Scheme exclusions are listed in detail in Rule 16 and Annexure E of the Scheme Rules, which can be found on the GEMS website at **www.gems.gov.za**.

- The ICD-10 codes on the claim are not correct.
  - Ensure that the ICD-10 code provided on the claim correctly identifies the condition the patient is being treated for.

- Duplicate claim.
  - A claim will be rejected if the same claim was already submitted to and paid by the Scheme.

Please remember that claims submitted incorrectly will not be paid. You will receive a claims statement explaining the reason why your claim has not been paid. Your claim will be returned and you or your healthcare provider would need to provide the correct information and resubmit the claim within 60 days following the date on which it was returned for correction. Please contact GEMS on **0860 00 4367** if you are not sure why your claim was rejected.

Submitting your claim incorrectly will cost you time - so save yourself the trouble and get it right the first time!

Visit the website at **www.gems.gov.za** for a useful Claims Guide, which can be found under the 'Members, Claims' tab.

11 Changing to another benefit option

You can only change your benefit option once a year, during the annual Option Selection period at the end of the year. For option changes at any other time, special permission from the Scheme is needed and a notice period will be applied. Please refer to Scheme Rules 16.2.2 and 16.2.3 for more information. To help you decide if you want to change options during the annual Option Selection period, you will receive information from GEMS about new benefits, as well as an Option Selection form. We will send this to you in November each year so that you can make your decision in time for the following year. If you decide to change your option, your membership of your new option will start on 1 January of the next year.

You do not need to complete an option selection form if you choose to stay on the same option. However, if any of your personal details have changed, the option selection form is a handy way of making sure that we have your most recent contact details.

It is important that you send in your request to change your option by the deadline we give you. Any other option change requests during the course of the year have to be submitted to the Board of Trustees for approval. ●

12 Cost of membership

Contributions (how much you pay each month to be a member of GEMS)

GEMS aims to bring you the best possible healthcare benefits to suit your needs. Offering you more choices is what our commitment to you is all about.

These are the monthly contributions for 2014. Please note that they do not show how much you will pay when the employer subsidy is included. Where an employee qualifies for a subsidy, the employer will pay a part of the contribution and the employee will pay the balance. Read about how the subsidy works on page 26.

Salary column
This reflects the monthly salary before tax or other deductions.

Member column
This column shows how much the main member, who is the Public Service employee registered with GEMS, has to pay.

Adult column
This column shows how much you have to pay for your adult dependants.

Child column
This column shows how much you have to pay for a child dependant. GEMS covers children up to the age of 21, unless the child is mentally or physically disabled or is below 28 years of age and is a student registered at a recognised educational institution.

Sapphire			
Salary	Member	Adult	Child
R0 - R6 535	R652	R475	R276
R6 536 - R9 170	R683	R505	R298
R9 171 - R15 705	R726	R531	R315
R15 706+	R808	R631	R380

Beryl			
Salary	Member	Adult	Child
R0 - R6 535	R752	R691	R415
R6 536 - R9 170	R816	R747	R458
R9 171 - R15 705	R890	R821	R492
R15 706+	R1 067	R989	R596

Ruby			
Salary	Member	Adult	Child
R0 - R9 840	R1 496	R1 044	R572
R9 841 - R16 995	R1 668	R1 164	R644
R16 996+	R1 852	R1 292	R708
Please note: 25% of Ruby contributions go towards the Personal Medical Savings Account (PMSA)			

Emerald			
Salary	Member	Adult	Child
R0 - R9 840	R1 662	R1 175	R609
R9 841 - R16 995	R1 841	R1 319	R683
R16 996+	R2 063	R1 467	R762

Onyx			
Salary	Member	Adult	Child
R0 - R9 840	R2 579	R1 834	R767
R9 841 - R20 965	R2 683	R1 899	R832
R20 966+	R2 897	R2 069	R928

How the subsidy works

- GEMS does not have any authority in respect of the employer subsidy and does not determine the value of the subsidy or the subsidy rules. The subsidy is determined by the Minister of Public Service and Administration through the collective bargaining processes in the Public Service coordinating Bargaining Council (PSCBC).
- The subsidy is calculated at 75% of the total contributions, subject to the limits contained in *Resolution 1 of 2007: Revised determination on Medical Subsidy in the Department of Public Service and Administration's (DPSA) Circular 1 of 2007.*
- A 'no worse off' clause (i.e. a member will receive the greatest of the rand value of the subsidy on 30/06/2006 or the subsidy calculated as 75% subject to the applicable limits) applies if the member moves from his previous scheme to GEMS with no break in membership.
- The subsidy will not result in a credit/refund to the member, as the subsidy is always limited to the applicable maximums or the total contribution.
- The current subsidy limits (effective 1 March 2011) are as follows:
  - R720 for a single main member
  - R1 440 for a main member and one dependant (effectively R720 for the first dependant)
  - For the second dependant and each dependant thereafter R440, up to a maximum of R2 760.

If you have any questions about your subsidy, you should discuss them with your Human Resources (HR) Department. A useful contribution calculator on our website at **www.gems.gov.za** will help you to work out your monthly contributions, if you are employed in the Public Service.

Contribution statements

We send a contribution statement to members who owe money to GEMS on a monthly basis. We also send a contribution statement to all members on a quarterly basis. The contribution statement sets out your monthly contribution payments and any money that you owe to GEMS. This statement helps you to check that your contributions are always up-to-date.

Managing arrear contributions

You might be behind in your payments to GEMS if any of the following happen:

- Your employer has not deducted your monthly contribution costs from your salary. This might happen if you move between departments.
- Your salary increase was backdated and this increase moved you into a higher contribution category.
- You added a dependant and we did not take account of this change in time for the next payment.
- Your contract ended and your new contract was not active in time for the next payment.

GEMS will send you a letter confirming the amount that you owe us. You will also receive a monthly contribution statement if your payments are behind.

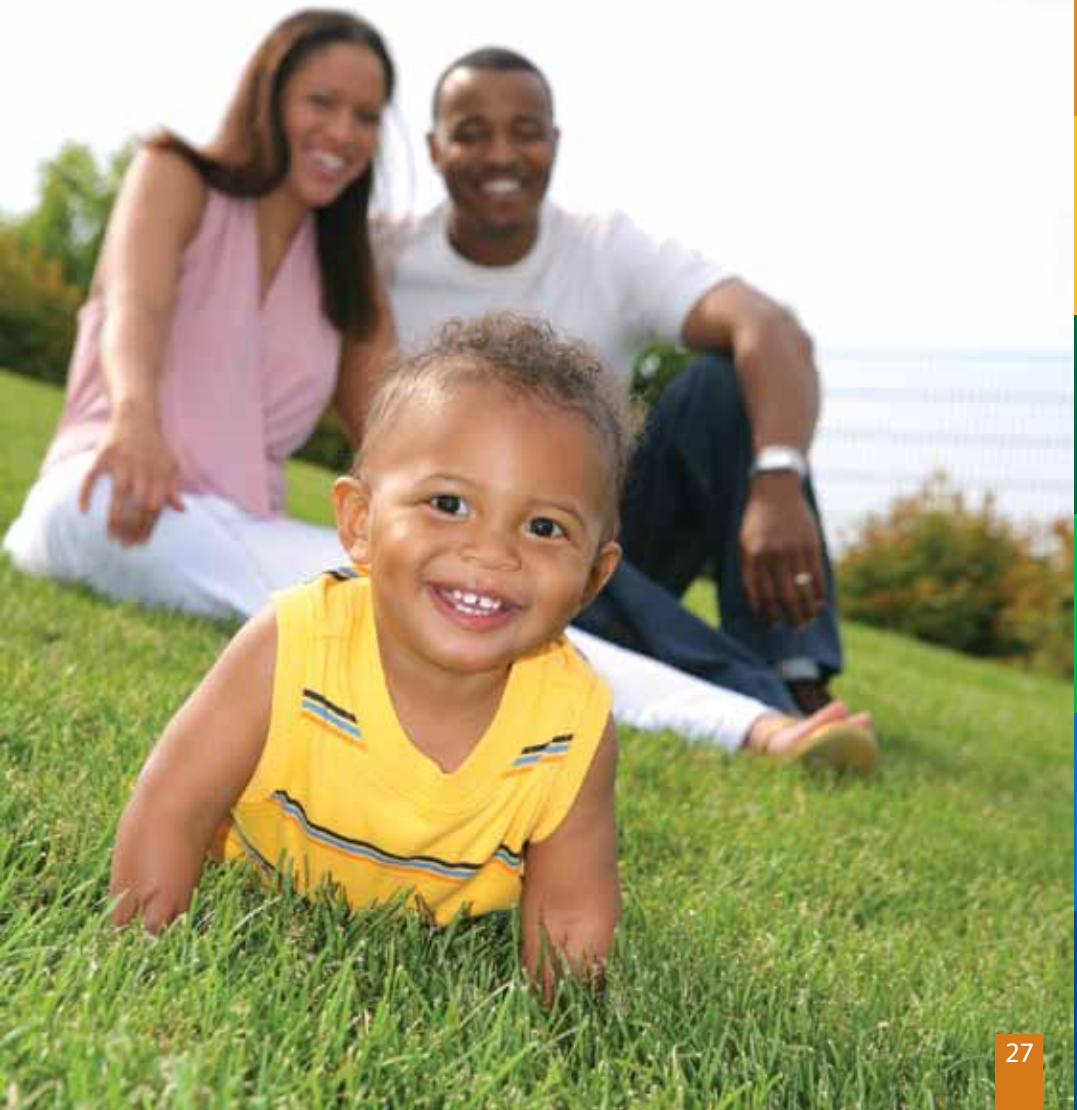
If you need help with paying the contributions you owe, please contact the Scheme or ask your HR Department to help you with the repayment terms.

Alert!
The onus is on you
It is your responsibility to ensure that your contributions are paid monthly and are up to date. Remember that your annual contribution increases are effected in January and may be increased with your annual salary increase.

Personal Medical Savings Account statements

The Council for Medical Schemes (CMS) has set out that all interest earned by the Scheme from members' Personal Medical Savings Accounts (PMSAs) must be held in a separate trust account on behalf of GEMS members. The interest will then be added to members' PMSAs by the end of each year. Members who have a positive balance in their PMSA will receive the interest as more credit which they may use to cover healthcare costs allowed in the Scheme Rules.

Ruby members will be issued with an annual PMSA statement. This statement will show you all transactions and entries made on your savings accounts, including the interest earned on actual savings balances at each month-end. Please note that this is a separate statement from the existing claims and contribution statements. This statement will be distributed to members on a yearly basis, at the time IT3 (b) statements and tax certificates are issued.



13 GEMS's convenient self-help tools

With GEMS you can access your benefit information anywhere, anytime! GEMS provides you with a number of self-help tools to help you manage your benefits. With these tools you can access your benefit information wherever you are, in the most convenient way for you.

SMS Benefit Check Service

The SMS Benefit Check Service can tell you exactly what benefits you still have available. If you need to visit a doctor or have a procedure done, you can check your available benefits by sending an SMS to **33489** (each SMS will cost you R1.50). You can only use this service with the cell phone number on our records. Please make sure we have your most current contact details so that you can use this convenient service.

How it works

Step 1 Type benefit.
Step 2 Type your GEMS membership number.
Step 3 Choose the benefit you want to check, for example, annual overall limit.
Step 4 Type in the appropriate keyword as shown in the table below.
Step 5 Type your dependant code - you can find this on the back of your membership card under "Name" (for example 00, 01 etc.). If you are the main member, type in "00".
Step 6 Press send on your cell phone.
Step 7 Wait for the reply from GEMS.

Please note: The entries should be separated by a comma. For example: **Benefit,0001414,GP,01**

Sapphire and Beryl keywords

Keyword	Benefit category
Overall limit	Annual overall limit
Acute	Acute medicine and over the counter medicine
Appliance	Appliances (medical and surgical)
Allied	Allied health services
Blood	Blood transfusion services
Chronic	Chronic medicine
PMB	Prescribed Minimum Benefits
Dental	Dentistry
GP	General practitioners (out of hospital)
Prosthesis	Internal and external prosthesis
Mental	Mental health
Advanced radiology	Advanced radiology (MRI, CT scans, etc.)
Basic radiology	Basic radiology
Specialist	Medical specialist
Optical	Optical (frames, contact lenses, etc.)
Oncology	Oncology (chemotherapy and radiotherapy)

Ruby, Emerald and Onyx keywords

Keyword	Benefit category
Save	Savings/PMSA
Day	Day-to-day Benefit
Acute	Acute medicine
Chronic	Chronic medicine
Allied	Allied health services
Basic	Basic dentistry
Special	Specialised dentistry
Optical	Optical Benefit
Hospital	Hospital
PMB	Prescribed Minimum Benefits

24-hour telephonic self-service

Our Interactive Voice Response (IVR) facility is an automated telephonic service that you can use 24 hours a day. This facility allows you to:

- Change your benefit options (only once a year, before the cut-off date)
- Change your contact telephone and fax numbers
- Request tax certificates
- Request new membership cards
- Request the following forms:
  - Member Application form
  - Chronic Medicine Application form
  - Prescribed Minimum Benefits Programme Application form
  - Affidavits confirming dependency
  - Maternity Programme Enrolment form
  - Newborn Registration form.

Simply dial **0860 00 4367**, press three (3) for members and then press one (1) for the self-service facility. Now listen to the voice prompts to obtain the information you need.

Have your membership number and ID number with you. You need these for all services, except if you're just asking for a form.

GEMS DotMobi

The mobile website, m.gems.gov.za, is an innovative service that was designed by GEMS with you in mind. We created this site to ensure that you can have access to your medical scheme wherever you are, at any time, by a few simple clicks on your cellphone. With GEMS DotMobi, you have access to information about your claims, benefits and much more - wherever you are, right in the palm of your hand.

To go to our DotMobi site:

1. Simply open your internet browser on your WAP-enabled cell phone (your phone is WAP-enabled if you can access the Internet).
2. Enter **m.gems.gov.za** in the address bar to go to the GEMS DotMobi site.
3. You can now view your claims, available benefits and authorisations etc.

Mobi statements

Traditionally your claims and contribution statements were posted or emailed to you. However, to ensure that you can access your statements easily, quickly and confidentially, you can now view your statements on your WAP-enabled cell phone.

Your step-by-step guide to getting your mobi statements

By following this step-by-step guide, accessing your personal claims and contributions statements is simply a click away.

Step 1

GEMS will send an SMS containing a WAP link to your cell phone. You will receive the WAP link on the cell phone number on our records. Please make sure we have your current contact details so that you can use this handy service.

Separate WAP links will be sent for claims and contribution statements:

- The WAP link to access your claims statement is sent via SMS after each claims run, and only if you or a healthcare provider claimed against your benefits.
- The SMS WAP link to access your contribution statement will be sent once a month if you owe money to the Scheme and quarterly if your contributions are up to date.

Step 2
By clicking on the link, it takes you directly to your own personal claims or contribution statement. The claims statement page is a summary highlighting your claims information, including transaction details and financial information. The contribution statement includes transactions like your current contribution amount, outstanding balance and total due.

Step 3
By using your cell phone's scrolling keys, scroll down the screen to view your personal claims or contribution information.

Step 4
Should you wish to see more detailed information on your claims statement, you can click on either the provider breakdown or benefit breakdown links. The provider breakdown page shows the breakdown of the transaction details per provider. The benefit breakdown page includes the benefit information based on the option you chose.

Step 5
To return to the claims home page, click on the back button. When you are finished, close your cell phone browser or end your web connection.

- Please note that you can only access the WAP link that you receive via SMS if your cell phone is WAP-enabled (if you can access the internet on your phone).
- Please remember to inform GEMS should your cell phone number change. To update your contact details, contact us on **0860 00 4367** or visit the Member Online section of the GEMS website at **www.gems.gov.za**.
- If your cell phone is not WAP-enabled, you will continue to receive your statements via post or email.

GEMS website - Member Online

You can check your personal and medical scheme information on **www.gems.gov.za**. Your claims and contribution statements are also available and you can update your contact details, language preferences and other information.

Five simple steps to access the Member Online:

Step 1 Open your internet browser (for example, Internet Explorer).

Step 2 Go to **www.gems.gov.za**.

Step 3 On the homepage of the GEMS website, in the top right hand corner, you will see an orange sign-in button.

Step 4 Click on the Sign in button to view the member sign in section that will give you the option to sign in, register or retrieve your PIN if you have forgotten it. If you want to register or retrieve your PIN, fill out the details we ask for and follow the steps.

Step 5 Once you are signed in, you will see the Member Online homepage. You can check information about your membership by clicking on the menu on the left hand side of the screen. For example, click on 'Claims' to get your latest claims information. You can also update your communication details by clicking on the relevant section.

Friends of GEMS

Countrywide, over 12 000 healthcare providers, such as GPs, specialists, dentists, pharmacists, physiotherapists, psychologists, speech therapists and optometrists, have signed up to become "Friends of GEMS". These healthcare providers have agreed not to charge GEMS members any extra charges for services, as long as this is within the Rules of the Scheme. You do not have to pay a portion of the cost of services given by healthcare providers who are "Friends of GEMS".

To find a "Friend of GEMS" in your area, simply send an SMS to **33489** (each SMS will cost you R1.50). For example, if you live in Pretoria North and you need to see a dentist, you will simply send an SMS as follows: Membership number, Dentist, Pretoria North.

GEMS will then reply by SMS with the contact information of up to three dentists in the Pretoria North area who are "Friends of GEMS". If there are no healthcare providers in the area you asked for, GEMS will look for "Friends" in the surrounding areas. This will happen without you having to send another SMS.

You can also find the "Friends of GEMS" online at **www.gems.gov.za** or on your cell phone on **m.gems.gov.za**

GEMS Wellness Days

You can also benefit from the opportunity to be professionally screened for existing and potential health risks at your workplace. Our aim is to help you to detect health risks early, so that you can prevent or reduce the impact of a disease.

What happens at a GEMS Wellness Day?
Healthcare professionals are available to discuss your health history with you, and to perform medical screening tests. The results of the tests will be discussed individually with you and you will receive advice on steps you should take to improve your health.

What wellness tests will be done?
Before testing is done you will need to fill out a medical history questionnaire, which will give the healthcare professional some information about the risks to your health.

The following voluntary tests are performed at the screening sessions:

- Blood pressure check
- Blood sugar and cholesterol (one finger prick required)
- Weight and height, with body mass index (BMI)
- Waist circumference
- HCT (HIV counselling and testing).

Counselling and information
If the questionnaire or tests show that you are at risk of health problems, the healthcare professional will give you counselling and advice on the day. They will tell you what steps you can take to prevent or reduce risks to your health. You will also receive information brochures on topics such as smoking, exercise and weight management.

Confidentiality
All information and test results are confidential and will not be given to any Public Service department or its officials.

How to book a GEMS Wellness Day
You can book a GEMS Wellness Day by calling the GEMS Call Centre on **0860 00 4367** or send an email to **events@gems.gov.za**. You can also ask one of our marketing representatives when they visit your department.

Rate our services

Service excellence and member satisfaction are important to us. We want to ensure that you are pleased with the service we offer. We ask your opinion about our performance in various ways:

- At the GEMS Walk-in Centres you will find an automated helpdesk scoring card that you can complete to tell us how we are doing.
- You can use the automated telephone service. When you call the GEMS Call Centre on **0860 00 4367**, you will have the option to participate in a survey to rate our services at the end of your call.
- GEMS conducts surveys on specific services from time to time.
- You can complete the survey in the Member Online section on our website at **www.gems.gov.za**.

Operating hours

Our call centre and walk-in centres are open from 08h00 to 17h00 on weekdays and from 08h00 to 12h00 on Saturdays.

14 Protect what is yours - fight against fraud

Fraud is a serious issue that affects your medical scheme benefits.

Fraud is an unlawful and intentional misrepresentation that results in actual or potential wrong doing to the Scheme.

Below are some examples of fraud that we have experienced:

- A member noticed that a number of items that had never been dispensed to her by her local pharmacy found their way onto her claims statement. An extensive investigation revealed that the member's local pharmacy had submitted as many as 114 fraudulent medicine claims amounting to tens of thousands of Rands to GEMS during December 2007 and February 2009. This lead to the pharmacist being prosecuted for fraudulent activities.
- A member allowed her sister to use her medical scheme card to get antenatal treatment. The member also allowed her mother to buy over-the counter medicine on her medical scheme card despite the fact that the mother is registered as a main member under another membership number.
- A member obtained HIV benefits fraudulently, including baby milk (a benefit meant for HIV positive members registered on the HIV/AIDS DMP), and gave this baby milk to a non-registered person.
- When a member's nephew was admitted to hospital, she gave her son's dependant code. She then made a claim under her son's dependant code.
- An individual who was not a registered member of GEMS used a GEMS membership card at a practice and received medical services.

If you are found to have committed fraud, we may:

- Cancel your GEMS membership
- Have you pay back any amounts we had previously paid relating to the fraudulent matter
- Open a criminal case against you
- Report you to your employer.

Protecting your benefits: the GEMS FraudLine

The GEMS Fraud Line is managed by an independent firm that ensures that members reporting fraud remain anonymous. The location of the secure call centre is not made public to ensure the protection of caller records. All callers remain anonymous, unless they choose to be known.

If you know of any fraud taking place or being planned, put an immediate stop to it. You can do this via any of the following channels:

- Call the anonymous 24-hour toll free GEMS Fraud Line on **0800 21 22 02**;
- Post the details to Fraud Service Manager: The Fraud Services Manager, PO Box 21076, Valhalla, 0137; or
- Send an email to **gems@thehotline.co.za** (keep in mind that we cannot guarantee that you will remain anonymous if you use email).

GEMS has noticed a growing trend of members who practice what is called 'anti-selective' behaviour. Anti-selective behaviour refers to the practice where members join or register themselves or their dependants on the Scheme only when they need costly medical care and thereafter deregistering when they no longer need medical scheme cover. As an example, some members only join the Scheme when they discover that they are pregnant and deregister soon after delivery.

As a member of GEMS, part of protecting what is yours is to remain a member of the Scheme even after receiving medical care. When members leave the Scheme after receiving medical care that is paid for by the Scheme, this has a very negative effect on the rest of the members who continue to pay their contributions over long periods and act responsibly by accessing benefits only when they need medical care. To protect themselves from this kind of misuse, most medical schemes apply waiting periods and late joiner penalties. Anti-selective behaviour may also cause increases to membership contribution rates.

GEMS currently does not enforce general or disease-specific waiting periods like other medical schemes. Members and their dependants can enjoy medical benefits from day one, at affordable contribution rates, once they have been registered on the Scheme.

To ensure that GEMS does not resort to these penalties and that the Scheme continues to provide affordable and comprehensive access to healthcare benefits, it is important that members do not engage in anti-selective behaviour.

If your healthcare needs should change, you should then consider changing your benefit option rather than terminating your membership. GEMS has five different benefit options, all with different contribution rates, to suit different healthcare needs. Members can change their benefit options in November of each year for the next year.

Behave **responsibly** and protect what is yours!

15 Complain constructively

The Rules of the Scheme make provision for GEMS members (as well as healthcare providers and third parties who would like to assist a member) to lodge a complaint with the Scheme. A complaint may be lodged with the Scheme via any of the following channels

- Post: **GEMS, Private Bag X782, Cape Town, 8000**
- Email: **complaints@gems.gov.za**
- GEMS Call Centre: **0860 00 4367**
- Fax: **0861 00 4367**

Using these channels to lodge a complaint will ensure that the Scheme responds to a complaint. The Scheme will respond within 48 hours from receipt; however, there are complaints that need clinical input and investigation and these would reasonably take longer to resolve. Rest assured that you will always be informed of the status of your complaint and the Scheme will work tirelessly to make sure that the complaint is resolved quickly and efficiently.

If you are not satisfied with the response, and if all efforts to resolve the issue with the Scheme fail, then the complaint can be escalated to the Scheme's Dispute Committee for a decision. The Dispute Committee is an independent committee which ensures that disputes between the Scheme and a complainant are settled. The decision by the Dispute Committee is final and binding on the Scheme.

If you are also not satisfied with the decision of the Dispute Committee, then the matter can be referred to the Registrar of the Council for Medical Schemes (CMS) for further resolution. If a complaint is submitted to the CMS before it has gone through the Scheme's Dispute Committee, then the matter cannot be brought to the Scheme's Dispute Committee. It is therefore important to note that a complaint should first be brought to the attention of the Scheme for a resolution before a complaint is submitted to the CMS.

Remember that having a complaint resolved by the Scheme and CMS is at no cost to you.

A guide to the GEMS Dispute Resolution Procedure is available on the GEMS website at **www.gems.gov.za** under the 'Members, Dispute Resolution' tab.

16 Scheme committees

In addition to the Scheme's Board of Trustees and Executive Team, there are six Committees of the Board that oversee the work done in various areas. They perform their duties with your interests in mind.

Audit Committee: Assists the Board of Trustees in carrying out its duties relating to the Scheme's accounting policies, internal control systems, financial and sustainability reporting and risk management practices.

Operations Committee: Assists the Board of Trustees in ensuring efficient operations of the Scheme, such as the collection of contributions, claim payments and managing member records. The committee also assists the Board of Trustees with overseeing marketing and communications.

Ex Gratia Committee: Assesses, decides and reports on the approval of Ex Gratia payments, such as the payment of members' claims where normal benefits are not available. Strict criteria are consistently applied when the committee meets every six weeks to consider requests for Ex Gratia payments.

Governance and Risk Committee: Ensures that sound corporate governance is applied in the Scheme's affairs by making sure the Scheme complies with all laws and rules that affect its operations. The committee also makes sure that risks to the Scheme's business are identified and properly managed and that the interests of all stakeholders in the Scheme are properly protected.

Dispute Committee: Independently considers and presides over any dispute that members may refer to them for consideration.

Remuneration Committee: The Committee's responsibilities include, amongst others, overseeing the maintenance and administration of the GEMS Remuneration Policy for employees, Trustees and independent committee members and reporting against the Policy. The committee also oversees the maintenance and administration of the GEMS Performance Management Policy for employees as well as the annual employee and Trustee salary surveys conducted on behalf of the Scheme.

17 GEMS service providers

We have contracted a network of service providers who provide various administrative and operational services to ensure that you get access to quality healthcare.

- **Europ Assistance**: Emergency Medical Evacuation Dispatch (EMED) contact centre
- **Healthi Choices**: Maternity Programme
- **Medipost Pharmacy**: Chronic medicine Courier Pharmacy
- **Medscheme**: Contributions and debt management services; Correspondence services
- **Medscheme Health Risk Solutions (MHRS)**: Managed care services
- **Metropolitan Health**: Membership and claims services
- **Metropolitan Health Risk Management**: Clearing house services
- **Opticlear**: Optometry managed care services
- **MSAT Teledirect**: Marketing and Member services
- **EOH**: Wellness services
- **Prime Cure**: HIV/AIDS disease management services; Dental management services
- **Universal Healthcare**: Chronic medicine management services; Strategic managed care services.

18 Glossary (word list)

Acute medicine: Medicine prescribed to relieve symptoms of a temporary illness or condition, for example, an infection or a sprain.

Additional Chronic Disease List (ACDL): An additional list of chronic diseases that the Scheme provides chronic medicine benefits for. GEMS covers these diseases in addition to the 26 diseases that it must cover by law (the 26 diseases are given in the Chronic Disease List).

Beneficiary: A person who can receive benefits from GEMS. A beneficiary is either the main member on GEMS or one of their registered dependants.

Benefit: The amount of money allocated by GEMS to a member or dependant to spend on medical treatment and medicine, according to the relevant option (Sapphire, Beryl, Ruby, Emerald or Onyx) of the Scheme.

Chronic: A chronic condition is any condition that needs ongoing treatment, or treatment for a period of at least three months. Examples of chronic conditions are asthma or diabetes.

Chronic Disease List (CDL): A list of the 26 specific chronic diseases all medical schemes need to provide a minimum level of cover for, as stated by law.

Conscious sedation: A combination of medicines to help you relax and to block pain during a medical or dental procedure during which you will probably stay awake, but may not be able to speak.

Consultation: A visit to your doctor, surgeon or other healthcare provider to get a diagnosis or treatment. This also includes the times when your healthcare provider visits you while you are in hospital.

CT and MRI scans: Specialised and more advanced type of x-rays.

Designated Service Provider (DSP): A healthcare provider or group of providers chosen by the Scheme to provide diagnosis, treatment and care to members for one or more PMB conditions. This includes doctors, pharmacies and hospitals. When you choose not to use a DSP, you will have to pay a 30% portion of the cost of the consultation of treatment from your own pocket.

Formulary: The list of approved medicines, tests or services.

GEMS Tariff: The rate at which healthcare providers will be paid for services rendered to GEMS members.

General anaesthesia: A treatment with certain medicines that puts you into a deep sleep so you do not feel pain during a procedure. When you receive these medicines, you will not be aware of what is happening around you.

General practitioners (GPs): Doctors who provide general healthcare services and do not only offer a specialised service.

Generic medicine: Medicine that has the same chemical ingredient, strength and form (such as a tablet or syrup) as the original brand name product. Generic medicine is as safe and effective as the original brand name product, but is usually cheaper.

ICD-10 codes: ICD-10 stands for International Classification of Diseases and Related Health Problems (10th revision). It is a coding system that translates the written description of medical and health information into standard codes. ICD-10 codes are used by the Scheme and health-care providers to identify your medical condition.

Main member: The main/principal member registered on the Scheme.

Medicine list or Formulary: A list of cost-effective medicines that guides the doctor in the treatment of specific medical conditions.

Medicine Exclusion List (MEL): A list of medicines that GEMS does not cover for various reasons.

Medicine Price List (MPL): A reference pricing system we use to work out the prices of groups of medicines. The medicines are grouped according to how similar they are in ingredients, strengths and form. If a member and healthcare provider chooses to use medicine that is higher than the reference price, the member pays the difference.

NAPPI code: The National Pharmaceutical Product Index (NAPPI) is a comprehensive database of medical products used in South Africa. The NAPPI code is a unique code for medicines, surgical or consumable products and medical procedures that allows you to claim a refund from your medical aid.

Personal Medical Savings Account (PMSA): The portion of your monthly contribution that is allocated to a savings account held in your name. The money in this account is used to pay for your out-of-hospital medical expenses on the Ruby option.

Pre-authorisation request (PAR): The process of informing GEMS of a planned procedure before the event, so that we can assess your benefit entitlement.

Prescribed Minimum Benefit (PMB): A list of conditions that every medical scheme has to cover, according to the Medical Schemes Act. Each condition is linked with a specific treatment that is meant to be covered.

Preventative care: Treatment given to prevent or reduce the risk of getting a medical condition.

Professional Dispensing Fee (PDF): A maximum fee that a pharmacist or dispensing doctor may charge for their services. This maximum is set out in South African law.

Registered dependant: A person who is dependent on the main member and is registered by the Scheme to share in the benefits provided to the main member.

Restricted medical scheme: A medical scheme that only employees from a particular organisation can belong to.

Scheme Rate: The price agreed to by the Scheme and its healthcare providers for the payment of healthcare services provided to members of the Scheme.

Scheme Rules: These rules override all other guidelines, conditions and services of GEMS. Should there be a dispute, the Scheme Rules will apply.

Shared limit: A benefit that applies to two or more benefit categories. An example is the advanced radiology benefit which is shared between the out-of-hospital and in-hospital benefits. If you use the full benefit for out-of-hospital benefits, the in-hospital benefits for this particular benefit category will also be finished.

Single Exit Price (SEP): The one price that a medicine manufacturer or importer charges for medicine to its pharmacies. This price is set out in South African law.

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

19 GEMS contact details

Member general enquiries

Call Centre: **0860 00 4367**
Fax: **0861 00 4367**
Email: **enquiries@gems.gov.za**
Compliments: **compliments@gems.gov.za**
Complaints: **complaints@gems.gov.za**
Suggestions: **suggestions@gems.gov.za**
Chronic medicine authorisations: **chronicauths@gems.gov.za**
Chronic medicine supply: **chronicdsp@gems.gov.za**
Hospital authorisations: **hospitalauths@gems.gov.za**
Postal address: **GEMS, Private Bag X782, Cape Town, 8000**

Confidential HIV/AIDS line

Tel: **0860 4367 36**
Fax: **0800 4367 329**
Email: **hiv@gems.gov.za**
Postal address: **GEMS, Private bag X782, Cape Town, 8000**

Prospective members

- SMS your Persal/employee number to **083 450 4367** and a GEMS Call Centre agent will call you at a convenient time.
- SMS "please call me" to **083 450 4367** and an agent will call you at a convenient time.
- Email: **join@gems.gov.za**

HR Practitioner enquiries

Email: **premiums@gems.gov.za**

Media enquiries

Media enquiries can be emailed to Martina Nicholson Associates: **martina@mnapr.co.za**

GEMS Walk-in Centres

The addresses and GPS co-ordinates of the 18 GEMS Walk-in Centres country-wide are as follows:

Eastern Cape
- **East London:** 13A Surrey Road, Vincent (GPS: -32.981574,27.90505)
- **Mthatha:** Savoy Complex, Unit 11 & 12A, Nelson Mandela Drive (GPS: -31.593424,28.767606)

Free State
- **Bloemfontein:** Bloem Plaza, Shop 124, Maitland Street (GPS: -29.117051,26.2190711)
- **Welkom:** Goldfields Mall, Shop 51A, c/o Stateway and Buiten Street (GPS: -27.976628,26.735333)

Gauteng
- **Johannesburg:** Traduna House, 118 Jorrisen Street, Ground Floor, c/o Jorrisen Street and Civic Boulevard (opposite Civic Centre) (GPS: -26.192559,28.039147)
- **Pretoria:** Sancardia Building, Shop 51, c/o Beatrix and Church Streets, Arcadia (GPS: -25.745322,28.203743)

KwaZulu-Natal
- **Durban:** The Berea Centre, Shop G18, Entrance 1, 249 Berea Road, Berea (GPS: S29 51.354 E31 00.239)
- **Pietermaritzburg:** Deloitte House, Suite 3, Block A, 181 Haffejee Street (Berg Street) (GPS: S29 36.110 E30 22.419)

Limpopo Province
- **Polokwane:** Shop 1, 52 Market Street (GPS: -23.911039,29.452304)
- **Thohoyandou:** Unit G3, Metropolitan Centre (GPS: S22 58.577 E30 27.531)

Mpumalanga
- **Nelspruit:** Nedbank Centre, 30 Brown Street, Nelspruit, Mpumalanga, 1200 (GPS: 25°28'14.67"S 30°58'39.92"E)
- **eMalahleni:** Safeways Crescent Centre, Shop S67, c/o President and Swartbos Streets, Die Heuwel (GPS: -25.873772,29.238566)

North West
- **Klerksdorp:** City Mall, Shop 101, c/o OR Tambo and Neser Streets (GPS: S26 52.253 E26 39.892)
- **Mafikeng:** Mmabatho Megacity Shopping Centre, Shop 39, c/o Sekame and James Moraka Streets, Mmabatho (GPS: S25 50.282 E25 36.854)

Northern Cape
- **Kimberley:** New Park Centre, Shop 14, c/o Bultfontein Way and Lawson Street (GPS: -28.744982,24.763177)
- **Upington:** 61A Mark Street (GPS: S28 27.309 E21 14.856)

Western Cape
- **Worcester:** Mountain Mill Shopping Centre, Shop 125 A & B, Mountain Mill Drive (GPS: S33 38.044 E19 25.716)
- **Cape Town:** Constitution House, 124 Adderley Street (GPS: -33.924115,18.420702)

Operating hours

Our call centre and walk-in centres are open from 08h00 to 17h00 on weekdays and from 08h00 to 12h00 on Saturdays.

The GEMS self-help tools are available 24-hours a day, seven days a week. See page 28 for a list of these tools.

Contact Details

Member Enquiries

GEMS Call Centre: 0860 00 4367

Fax: 0861 00 4367

Email: enquiries@gems.gov.za

Postal address:

GEMS, Private Bag X782,

Cape Town, 8000

www.gems.gov.za