gems
Government Employees Medical Scheme

Your 2017 Sapphire Benefit Guide

Passionate about YOUR health

Working towards a healthier you

We **offer** you

Greater choice **and greater variety** in 2017!

This guide shows you what benefits you have access to on the Sapphire option. Keep this guide on hand for quick access to your benefit information.

The Sapphire option is an entry-level network benefit option that provides:

Important information to remember about the Sapphire option

01 Always access a healthcare provider who belongs to the GEMS SB (Sapphire and Beryl) Network. This will prevent you from having to pay for treatment or an appointment out of your own pocket. To find a GEMS Network doctor in your area, call the GEMS Call Centre on 0860 00 4367 or visit the GEMS website at **www.gems.gov.za** and click on the GEMS Network logo.

02 You are encouraged to nominate a General Practitioner or GP, on the GEMS Sapphire and Beryl Network, who you will consult for all your doctor visits. Nomination is at beneficiary level.

03 If you visit a non-network GP, your consultation will be paid from your non-nominated benefit. This benefit allows three visits per family per year to a GP who is a non-network GP. Funding will be 80% of the Scheme rate and you will have to pay a co-payment of 20% from your own pocket. Reimbursement of the claim must be paid by the member and proof of payment must accompany the claim. If your non-nominated benefit is depleted, and you consult a non-nominated GP, your claim will not be paid by the Scheme.

04 All visits to a specialist or allied healthcare provider (such as a physiotherapist or speech therapist) must be referred by your nominated GP. Your nominated GP must also phone the GEMS Call Centre and obtain pre-authorisation before you can visit a specialist or allied healthcare provider.

05 Pathology and radiology tests (blood tests and x-rays) must be referred by your nominated GP. These tests must be in line with the GEMS formulary (list of approved tests or services) for Sapphire.

All you need to know about the **GEMS network**

The GEMS Network is made up of GPs, specialists, optometrists, dental providers and pharmacies who have agreed to provide excellent quality healthcare to GEMS members at Scheme rates.

You will not be charged any co-payments or additional costs by healthcare providers that are on the network. A network provider will only charge a co-payment if your benefits are exhausted for the service or benefit you want to access, or if you did not follow certain Scheme rules. For example, if you did not get pre-authorisation for a hospital admission as required by the rules, you will have to pay a penalty fee even if that hospital is on the network. All GEMS Network providers will display a GEMS Network logo/sticker in their practice window or door, making it easy for you to identify them.

Make sure that your GEMS Network providers are always your first port of call. They are there to be the co-ordinator of your healthcare, providing you with the best quality healthcare and value for money.

How do I find a GEMS Network provider?

Find a GEMS Network provider in your area by:

- Visiting the GEMS website at **www.gems.gov.za** and clicking on the GEMS Network logo
- Calling the GEMS Call Centre on 0860 00 4367

What do I need to do before seeing my GP, specialist, dental provider, optometrist or pharmacist?

Call GEMS on 0860 00 4367 or visit our website at **www.gems.gov.za** to find out if your healthcare provider is on the GEMS Network. If your healthcare provider is not on the GEMS Network, you will be given the address and contact number of the closest GEMS Network provider in your area. For every visit, you must take your GEMS membership card and ID along.

What if my network doctors ask me to pay costs from my own pocket?

Healthcare providers on the GEMS Network have committed to providing excellent quality care to you at Scheme rates and will not charge you any co-payments or additional costs. If a healthcare provider on the GEMS Network wants you to pay upfront or requests you to pay from your pocket, contact GEMS immediately on 0860 00 4367. You should report any irregularities relating to healthcare providers on the GEMS Network to GEMS.

All you need to know about the **GEMS network** cont.

What happens in case of an emergency?

If you need to see a doctor after hours and your GEMS Network doctor is not available, you can visit the nearest medical facility. In emergency situations, any facility may be used; there is no limit or co-payment required for the necessary services. To avoid unnecessary out-of-pocket expenses, please make sure that this is only in the case of emergencies.

Can I visit any dental provider and what are the benefits?

You can only visit a dentist or dental therapist on the GEMS Sapphire and Beryl Network. Claims from a non-network dental provider will not be paid. Benefits cover basic dental work as explained in the benefit schedule. This includes fillings, pain and sepsis treatment, infection control and extractions under local anaesthetic where clinically needed.

What if I need to see a dental provider after hours?

In an emergency, you are allowed one visit per year to your nearest dentist or dental therapist if a GEMS Network dental provider is not available (for example, after hours or for a condition serious enough that you need immediate dental attention).

This benefit covers emergency extractions, pain and sepsis treatment only.

Can I visit any optometrist and what are the benefits?

You can visit any optometrist on the GEMS Network. Please refer to the guide for information about your optical benefits.

Can I go directly to a specialist without being referred by my GP?

You must first visit a GP on the GEMS Network and then be referred to a GEMS Network specialist by the GEMS Network GP. The GP must call GEMS on 0860 436 777 to get a pre-authorisation number before you can visit a specialist. If you do not follow the correct procedure, you will have to pay the specialist's account yourself.

What kind of medicine does GEMS pay for?

The Scheme pays for acute, chronic and self-medicine. Acute medicine is prescribed for a temporary illness, condition or to relieve symptoms.

All you need to know about the **GEMS network** cont.

Chronic medicines are medicines used long-term to treat chronic illnesses such as asthma and diabetes. You must apply to get your chronic medicine authorised by asking your GEMS Network doctor to complete a Chronic Medicine Application Form.

Medicine that you can get from the pharmacy without a doctor's prescription is known as self-medicine or over-the-counter (OTC) medicine. You have a self-medicine benefit to get medicines for ailments such as a headache, cold or an upset stomach. You can get these medicines from a GEMS Network pharmacy.

Can I get any medicine and where can I get it from?

Only medicine on the approved medicine list (GEMS formulary) is covered at 100% of the Single Exit Price (SEP) plus the Professional Dispensing Fee (PDF). Medicine not on the GEMS formulary as well as going to a non-network pharmacy will attract a co-payment of 30%. You can get acute and OTC medicine from a GEMS Network dispensing doctor (a doctor who is allowed to supply medicine) or from a GEMS Network pharmacy. You can get your chronic medicine either from the GEMS Courier Pharmacy or from your nearest GEMS Network pharmacy.

What should I do when a specialist gives me a prescription for medicine?

You must first make sure that your GEMS Network GP obtained a specialist referral from the GEMS Call Centre. You can then get the medicines from a GEMS Network pharmacy, provided that the medicine is listed on the GEMS formulary. The specialist can access the GEMS formulary at **www.gems.gov.za** or contact GEMS on 0860 436 777. Alternatively, the specialist may contact your GEMS Network GP to confirm the GEMS formulary. Please remember that your specialist visit must be authorised by the GEMS Network GP first.

Glossary

A

ACDL:
Additional Chronic Disease List. A list of chronic diseases the Scheme covers in addition to the CDL conditions.

B

Benefit option:
Each of the six GEMS benefit options - Sapphire, Beryl, Ruby, Emerald Value, Emerald and Onyx - has a different range of healthcare benefits.

Benefit schedule:
A listing of the benefits provided for by each benefit option.

C

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

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

D

DMP:
Disease Management Programme. Specific care programmes to help members manage various chronic diseases and conditions.

DSP:
Designated Service Provider. A healthcare provider the Scheme has an agreement with to provide Prescribed Minimum Benefits (PMBs) to members at specific prices.

DTP:
Diagnosis and Treatment Pairs are a list of the 270 PMB conditions in the Medical Schemes Act linked to the broad treatment definition. A list of these is available on **www.gems.gov.za** under the Member tab on the Prescribed Minimum Benefits page.

G

GP:
General practitioner. A doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital.

I

ICD-10 code:
ICD-10 code 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. These codes are used by the Scheme and healthcare providers to identify your condition.

M

MEL:
Medicine Exclusion List. A list of medicines that GEMS does not cover.

MPL:
Medicine Price List. A reference list we use to work out the prices of groups of medicines.

Glossary cont.

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

PMBs:
Prescribed Minimum Benefits. Basic benefits that all medical schemes in South Africa must cover according to the law.

Pre-authorisation request (PAR):
The process of informing GEMS of a planned procedure before the event so that we can assess your benefit entitlement. Pre-authorisation must be obtained at least 48 hours before the event. In emergency cases, authorisation must be obtained within one working day after the event. Failing to get authorisation will incur a co-payment of R1 000 per admission to hospital.

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

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

TTO:
Treatment Taken Out. The medicine you receive when you are discharged from hospital. Usually lasts for 7 days.

Stay **informed**

Please keep us updated with your latest contact details to make sure that we can keep you informed at all times.

Check that we have your current information by sending an email to enquiries@gems.gov.za or signing in and updating your details via Member Online at **www.gems.gov.za**

SAPPHIRE

In-Hospital Benefits

Prescribed minimum benefits (PMBs) • R186 385 per family per annum, subject to PMB legislation • Service provided by DSP • PMBs override all benefit limitations ©

Yearly hospital benefit (public hospitals, GEMS-approved private hospitals, registered unattached theatres, day clinics and psychiatric facilities) • Includes accommodation in a general ward, high care ward and intensive care unit (ICU), theatre fees, medicines, materials and hospital equipment (including bone cement for prostheses) and neonatal care • Service provided by DSP • Chronic medicine provided by chronic DSP • Subject to yearly hospital limit of R197 568 per family per year • TTO limited to 7 days • No limit per maternity confinement event, but subject to yearly hospital limit and registration on Scheme's maternity programme • Co-payment of R1000 per admission if pre-authorisation not obtained Ⓟ % PMB MC

Alcohol and drug dependencies • Subject to PMBs, pre-authorisation, managed care protocols and the use of a DSP Ⓟ © PMB MC

Allied health services • Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, orthoptists, acupuncturists and Chinese medicine practitioners • Limited to PMBs • Subject to referral by network GP and services being related to admission diagnosis Ⓟ % PMB

Alternatives to hospitalisation (sub-acute hospitals and private nursing) • Subject to yearly hospital limit and sub-limit of R19 756 per family per year • Excludes frail care • Includes post-surgical home nursing Ⓟ % MC **- Hospice** • 100% of cost, subject to PMB legislation

Blood transfusion • Includes cost of blood, blood equivalents, blood products and transport thereof Ⓟ © PMB

Breast reduction • No benefit

Dental services (conservative, restorative and specialised) • Only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8 years • Subject to yearly hospital limit and out-of-hospital dentistry limit • Excludes osseo-integrated implants, all implant related procedures, orthognathic surgery and specialised dentistry • Subject to list of approved services and use of day theatres and DSP hospitals Ⓟ % PMB

Emergency services (casualty department) Ⓟ © PMB MC

GP services • Consultations and visits • Subject to yearly hospital limit • Reimbursement according to Scheme-approved tariff file for maternity confinement, applicable to both caesarean and non-caesarean delivery Ⓟ %

Maternity (hospital, home birth and accredited birthing unit (public hospitals and designated private hospitals)) • Subject to registration on the maternity programme • Elective caesarean without a medical reason, hospital funded up to normal vaginal delivery • Hospitalisation in designated private hospitals for post-discharge complications for newborns limited to 6 weeks • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained Ⓟ © PMB MC

Medical technologists • Includes materials • Limited to PMBs • Subject to event pre-authorisation Ⓟ © PMB

Mental health • Subject to PMB, pre-authorisation and managed care protocols • Limited to one individual psychologist consultation or one group psychologist consultation per day • Educational and industrial psychologists excluded Ⓟ © PMB MC

Oncology (chemo and radiotherapy) • In and out of hospital • Includes medicine and materials • Subject to clinical guidelines used in public facilities and MPL • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorised Ⓟ © PMB MC

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Subject to a sub-limit of R18 937 per beneficiary per year for corneal grafts • Includes materials Ⓟ % PMB

Pathology • Subject to yearly hospital limit % MC

Physiotherapy - Post-hip, knee and shoulder replacement or revision surgery physiotherapy • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R4 764 per beneficiary per event used within 60 days of surgery Ⓟ © PMB MC

Prostheses • Covers prostheses and surgically implanted internal devices, including all temporary prostheses and all accompanying temporary or permanent devices used to assist with the guidance, alignment and delivery of internal prostheses • Subject to the yearly hospital limit and a sub-limit of R22 571 per family per year • Bone cement paid from in-hospital benefits • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 169 for foot orthotics and prosthetics with a sub-limit of R1 191 for orthotic shoes, foot inserts and levellers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • Subject to internal and external devices being related to admission diagnosis and procedure Ⓟ % PMB MC

Radiology (advanced) • Subject to list of approved services Ⓟ © PMB MC

Radiology (basic) • Subject to yearly hospital limit • Includes 2 x 2D ultrasound scans per pregnancy % MC

Renal dialysis • In and out of hospital • Includes materials • Subject to clinical guidelines used in public facilities Ⓟ © PMB MC

Specialist services • Consultations and visits • 100% of Scheme rate for non-network providers • 130% of Scheme rate for established network specialists • Subject to yearly hospital limit • Reimbursement according to Scheme-approved tariff file Ⓟ

Surgical procedures (including maxillo-facial surgery) • Subject to yearly hospital limit • Subject to case management • Maxillo-facial surgery subject to yearly sub-limit of R19 756 per family • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery Ⓟ %

Key:

Ⓟ Pre-authorisation is needed % 100% of Scheme rate © 100% of cost, subject to PMB legislation MC Subject to managed care rules PMB Limited to PMBs

Please refer to the glossary (overleaf) for an explanation of various terms and abbreviations.

Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA) • No PMSA

Allied health services • Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, orthoptists, acupuncturists and Chinese medicine practitioners • Subject to referral by network GP ℗ PMB

Audiology, occupational therapy and speech therapy • Subject to referral by network GP ℗ PMB MC

Block benefit (day-to-day benefit) • No block benefit

Circumcision • Subject to use of network GP • Global fee of R1 348 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only ℗ % MC

Contraceptives (oral, insertables, injectables and dermal) • No benefit, unless PMB

Dental services (conservative and restorative dentistry including acute medicine) • Subject to list of approved services and use of DSP % MC **- Conditions with pain and sepsis, fillings, clinically indicated dental services including extractions and emergency root canal procedure, intra-oral radiography** • Panoramic x-rays limited to one x-ray every three years per beneficiary • Emergency out-of-network visits limited to 1 event per beneficiary per year PMB **- Dentures (plastic)** • Subject to approved Scheme tariff **- Examinations and preventative treatment** • 2 treatment episodes per beneficiary per year **- Specialised dentistry and other dentures** • In accordance with the Scheme-approved tariff PMB

Emergency assistance (road and air) • Subject to use of emergency services DSP • Unlimited, subject to PMB legislation ℗ MC

Network GP services • Reimbursement at 200% of Scheme Rate for procedures performed in doctors' rooms instead of in hospital MC **- Network GP** • Consultations and approved minor procedures • Unlimited % MC **- Voluntary use of non-network providers** • Any out-of-hospital visit to a non-network GP • 80% of Scheme Rate (20% member co-payment) • Limited to 3 visits per family per year and R976 per event **- Emergency medical conditions and involuntary use of non-network provider** • Unlimited for PMBs • Treatment at DSP or registered emergency medical facility %

GP network extender benefit • No benefit

HIV infection, AIDS and related illness • Pre-exposure prophylaxis included for high risk beneficiaries subject to Scheme's managed care protocols and registration on the HIV Disease Management Programme ℗ PMB MC

Infertility • Subject to use of DSP • Subject to PMBs and managed care protocols • Pre-exposure prophylaxis Included for high risk beneficiaries ℗ ℗ PMB MC

Maternity (ante- and post-natal care) • Subject to registration on the Maternity Programme and referral from network GP • Includes 2 x 2D ultrasound scans per pregnancy • Subject to registration on Maternity Programme % PMB MC

Maternity Benefit Programme (ante- and post-natal care) • No benefit

Medical and surgical appliances and prostheses • Includes hearing aids, wheelchairs, mobility scooters, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • Applicable in and out of hospital • Subject to prescription by network GP • Limited to R5 925 per family • Shared sub-limit with in-hospital prosthetics and appliances of R4 169 for foot orthotics and prosthetics with a sub-limit of R1 191 for orthotic shoes, foot inserts and levellers per beneficiary per year • Bilateral hearing aids every 36 months • Foot orthotics and prosthetics subject to formulary ℗ % MC

Mental health (consultations, assessments, treatment and/or counselling by GP, Psychiatrist and Psychologist) • Subject to the use of network GP and specialist network and PMBs • Limited to one individual psychologist consultation or one group psychologist consultation per day • Educational and industrial psychologist services excluded ℗ PMB MC

Optical services (eye examinations, frames, lenses and acute medicine) • Subject to use of optometry network and approved list of frames • Limit of R3 843 per family every second year • Limited to 1 eye examination, 1 frame and 1 pair of lenses OR 4 boxes of disposable contact lenses OR 1 set of permanent contact lenses per beneficiary every second year • Acute medicine prescribed by a network GP and subject to formulary • Benefit not pro-rated • Post-cataract surgery, PMB benefit limited to the cost of a bifocal lens not more than R1 004 for both lens and frame, with a sub-limit of R199 for the frame • Either spectacles or contact lenses will be funded in a benefit cycle, not both • Includes tinted lenses for albinism and proven photophobia, subject to pre-authorisation %

Pathology • Subject to referral by network GP or other accredited service provider and list of approved tests • Tests requested by specialist are covered subject to the list of approved services, if referred by network GP and the specialist visit was pre-authorised • Pre-authorisation is required for certain tests as stipulated on the Managed Care Pathology Request Form • Unlimited %

Physiotherapy • Subject to referral by network GP **- Post-hip, knee and shoulder replacement or revision physiotherapy** • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R4 764 per beneficiary per event used within 60 days of surgery ℗ ℗ PMB MC

Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL **- Acute medical conditions** • Subject to formulary and prescription by network GP • Unlimited, except for a R500 family limit per family per year for homeopathic medicine • Obtainable from network dispensing GP or network pharmacy • Medicine prescribed by a specialist only covered if patient referred to the specialist by a network GP and visit is pre-authorised • 30% co-payment on out-of-formulary medicine or voluntary use of non-network pharmacy or non-network GP **- Chronic medical conditions** • Limited to CDL and DTP PMB chronic conditions • Subject to prior application and approval, the formulary, MPL and prescribed by a network GP • Unlimited, subject to PMB legislation • Medicine prescribed by a specialist only covered if patient referred by a network GP and visit is pre-authorised • 30% co-payment on out-of-formulary medicine or voluntary use of non-DSP pharmacy ℗ **- Self-medicine (OTC)** • To be obtained for minor ailments • Subject to managed care, formulary and DSP• Limited to R58 per event, 5 events and R296 per family per year • Only schedule 0, 1 and 2 medicines covered • Prescribed maternity vitamin supplements included

Preventative care services • Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood test, Thyrotropin (TSH) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year • Includes Influenza, HPV vaccinations for female beneficiaries and Pneumococcal vaccinations • Pneumococcal vaccines every 5 years for members with asthma and chronic obstructive pulmonary disease • Neonatal Hypothyroidism screening test - TSH (Thyrotropin) tariff 4507 only % MC

Radiology (advanced) ℗ ℗ PMB MC

Radiology (basic) • Subject to referral by network GP and list of approved services • Includes 2 x 2D ultrasound scans per pregnancy provided for by maternity programme • Examinations requested by specialist are covered subject to list of approved services, if referred by the network GP and the specialist visit is pre-authorised • Unlimited ℗ %

Specialist services • 100% of Scheme rate for non-network providers • 130% of Scheme rate for established network specialists • Subject to network GP referral • Antenatal visits subject to maternity programme protocols • Includes 2 x 2D ultrasound scans per pregnancy, subject to out-of-hospital basic radiology benefit • Reimbursement at 200% of Scheme rate for procedures specified by managed care done in doctors' rooms instead of in hospital • Reimbursement at 200% of Scheme rate for cataract procedures performed by ophthalmologists in their rooms ℗ % MC

Contact **GEMS**

Call: **0860 00 4367**
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Complaints: **complaints@gems.gov.za**
Compliments: **compliments@gems.gov.za**

Disclaimer

This brochure contains a summary of medical benefits and contribution costs offered by GEMS for 2017. Should a dispute arise, the registered Rules of the Scheme will apply. The registered Rules of the Scheme are available on the GEMS website at **www.gems.gov.za**, under About Us. You may also contact us directly to request a copy.