



Your 2017

Ruby Benefit Guide

Passionate about YOUR health

We offer you

Greater choice and greater variety in 2017!

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

The Ruby option offers comprehensive in- and out-of-hospital benefits through a Personal Medical Savings Account (PMSA), hospital plan and a Block Benefit.



Important information to remember about the Ruby option

The PMSA consists of 20% of your contribution allocated to a savings account held in your name. This account pays for your out-of-hospital or day-to-day medical expenses such as self-medicine. Once the PMSA limit is reached, the out-of-hospital claims will then be paid from the limited Block Benefit. For 2017 this benefit amounts to R1 585 per family per year. You will receive an annual PMSA statement that will show you all transactions and entries made on your savings accounts, including the interest earned on actual savings balances at the end of each month. This statement will be distributed at the time IT3(b) statements and tax certificates are issued.

We offer you

Greater choice and greater variety in 2017 cont.

01

There is a specific Ruby, Emerald and Onyx (REO) Network that is made up of general practitioners or GPs, dental providers, specialists, and pharmacies who have agreed to charge the Scheme rate and follow the managed care rules applicable to the GEMS Network relevant for these options. To find a GEMS Network provider in your area, visit the GEMS website at **www.gems.gov.za** and click on the GEMS Network logo or call the GEMS Call Centre on 0860 00 4367.

02

You are encouraged to only consult a specialist through a referral from your GP. Remember to ask for a specialist on the GEMS Specialist Network if you need to consult a Paediatrician, Psychiatrist, Obstetrician, Gynaecologist and a Physician (which also includes Pulmonologists [lung specialist], Gastroenterologists, Neurologists, Cardiologists and Rheumatologists). Network GPs and specialists have agreed to bill a contracted rate so that you will not have to pay any out-of-pocket expenses for your consultations. Your day-to-day benefits will also last longer if you use healthcare providers that are on the network.

03

Your nominated GP needs to refer you to a specialist. Remember to ask for a specialist on the GEMS Specialist Network (only applicable to the Paediatricians, Obstetricians and Gynaecologists). Network GPs and specialists have agreed to bill a contracted rate so that you will not have to pay any out-of-pocket expenses for your consultations.

04

You need to get pre-authorisation for all hospital visits, out-patient visits to a hospital, MRI scans, CT scans or radio-isotope studies, in-hospital physiotherapy, ambulance transportation and specialised dentistry.

Your health and wellness



Electronic Health Record (EHR)

Electronic access to your medical history, in one secure location ensuring that you have a reasonably complete record of your health. You can provide your healthcare provider access to your record by signing in to Member Online.



GEMS Fitness

An exercise and health programme uniquely suited to your needs as a valued GEMS member. GEMS Fitness will facilitate a stimulating and supportive environment in which you may work towards healthy behaviour change, to realise improved clinical measures and quality of life.

GEMS Fitness can be accessed via GEMS Member Online on www.gems.gov.za and will assist you to make better lifestyle choices, revolving around physical activity as the main driver of healthier living, while including other key health behaviours such as nutrition choices, sleeping habits, stress levels and smoking cessation with all the support you will need to stay motivated.

Lifestyle support, which is now just a click away, can help you:

- Improve weight control
- Make better lifestyle choices
- Achieve greater cardiovascular fitness
- Change behaviour for overall better health
- Reduce clinical cardiovascular risk factors

To benefit from the GEMS Fitness exercise and health programme, your department needs to agree to participate. GEMS will then host an activation event for your department. This is the first step to become part of an experience like no other.

3 steps to joining

1. You need to be a main GEMS member or a dependant employed by government.
2. You need to be validated, which means your department needs to agree to participate. GEMS will then come to your department and host an activation event.
3. You need to attend an activation event and complete a form to activate your GEMS Fitness membership.

Your health

and wellness cont.



GEMS Fitness cont.

Benefits of joining

- ✓ You will receive a fitness welcome pack that includes a skipping rope, set of earphones, water bottle, drawstring bag, gym towel and fitness tracking device.
- ✓ An annual fitness assessment.
- ✓ Access to a GEMS Contact Centre that provides health coaches and support agents for wearable device and fitness-related queries.
- ✓ Access to onsite exercise sessions.
- ✓ You will be able to track your personal journey on the GEMS Fitness Journey portal via My Health with features such as challenge my friends, view my wellness/fitness reports, view my overall health and many more.
- ✓ You will receive various brochures and plans with information on exercise, nutrition and different ways to adopt a healthier behaviour.

Start your journey to better health today. Check the GEMS website > Member online > Fitness Journey, to see which departments have joined. You can also call us on 0860 00 4367 where we will explain the process or email enquiries@gems.gov.za with the subject line “GEMS Fitness Programme” for more information.

Self-help tools

Quick and easy access to your benefit information, 24/7

SMS Benefit Check Service

Check your benefits by sending an SMS to 33489 with the keyword 'Benefit', your membership number, the benefit category and the dependant code (you find this on the back of your membership card). For example: Benefit, 0001414,GP,01 (each SMS will cost you R1.50).

GEMS DotMobi

Open your internet browser on your WAP-enabled cell phone and type in m.gems.gov.za to view your claims, available benefits and other benefits. Once on the site choose 'Member Online' and log in using your membership number and PIN.

Interactive Voice Response (IVR)

Dial 0860 00 4367 and listen to the voice prompts to obtain the information you need.

Member Online

Visit www.gems.gov.za, click on the 'Sign in' tab at the top of the page and log in. If you are not registered to Member Online, you will need your member number, identity number and a unique password to register.

Find a GEMS Network provider

Visit www.gems.gov.za, click on the 'Find a Network Provider' banner on the homepage. Once on the GEMS Network page, click 'Find a Network Provider' on the left-hand menu. Now simply fill in the fields provided. Alternatively, you can contact the GEMS Call Centre on 0860 00 4367 or send an email to enquiries@gems.gov.za.

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.

P

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.

S

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.

T

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

RUBY




In-Hospital Benefits

Prescribed minimum benefits (PMBs) • Unlimited, 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) • Unlimited • Services rendered by DSP • 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 • Accommodation in private ward subject to motivation by attending practitioner • Non-PMB 1-day admissions limited to R15 936 per beneficiary per year • Co-payment of R1 000 per admission if pre-authorisation not obtained  



Alcohol and drug dependencies • Subject to pre-authorisation and managed care   

Allied health services • Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, orthoptists, acupuncturists and Chinese medicine practitioners • Limited to PMSA and block benefit 

Alternatives to hospitalisation (sub-acute hospitals and private nursing) • Unlimited • Excludes frail care and recuperative holidays • Includes physical rehabilitation for approved conditions and post-surgical home nursing  
- Hospice • Unlimited, subject to PMB legislation 

Blood transfusion • Unlimited, subject to PMB legislation • Includes cost of blood, blood equivalents, blood products and transport thereof • Includes erythropoietin   

Breast reduction • No benefit, unless PMB

Dental services (conservative, restorative and specialised) • Subject to list of approved services and use of day theatres • General anaesthesia and conscious sedation subject to managed care rules • Only applicable for beneficiaries with severe trauma, impacted third molars or under the age of 8 years • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • Professional fees subject to shared limit with out-of-hospital dentistry benefit of R3 036 per beneficiary per year • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery  

Emergency services (casualty department) • Paid from out-of-hospital GP services for non-PMB and unauthorised events   




GP services • Consultations and visits • Reimbursement according to Scheme-approved tariff file, applicable to both caesarean delivery and non-caesarean delivery 

Maternity (hospital, home birth and accredited birthing unit) • Subject to registration on the Maternity Programme prior to admission • Unlimited, subject to PMB legislation • Elective caesarean may be subject to second opinion • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained • Elective caesarean without a medical reason, hospital funded up to normal vaginal delivery   

Medical technologists • Unlimited  




Mental health • Accommodation, theatre fees, medicine, hospital equipment, professional fees of GPs, psychiatrists and psychologists • Limited to R16 735 per family per year for non-PMBs • Maximum of 3 days hospitalisation by GP • Limited to 1 individual psychologist consultation or 1 group psychologist consultation per day • Educational and industrial psychologists excluded   



Oncology (chemo and radiotherapy) • In and out of hospital • Includes medicine and materials • Limit of R301 254 per family per year • Sub-limit of R227 708 per family per year for biological and similar specialised medicines • Includes cost of pathology, related radiology benefit, medical technologists and oncology medicines • Subject to MPL • Erythropoietin included in blood transfusion benefit • Excludes new chemo-therapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advance and metastatic solid organ malignant tumours unless pre-authorised   

Organ and tissue transplants • Subject to clinical guidelines used in public facilities • Includes materials • Limited to R557 871 per beneficiary per year • Limit includes all costs associated with transplant, including immuno-suppressants • Authorised erythropoietin included in blood transfusion benefit • Organ harvesting limited to South Africa, except in the case of corneal grafts • Sub-limit of R18 937 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care rules)   




Pathology • Unlimited • Subject to pathology tests being related to admission diagnosis • Managed care rules apply 

Physiotherapy • Limited to R4 513 per beneficiary per year    **- 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

Prostheses • Covers prostheses and surgically implanted internal devices, including all temporary prostheses, or/and all temporary or permanent devices used to assist with the guidance, alignment or delivery of internal prostheses and devices • Shared with medical and surgical appliances as well as external prostheses benefit of R37 960 per family per year • Scheme may obtain competitive quotes or arrange supply of prostheses • Bone cement paid from in-hospital benefit • 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   

Radiology (advanced) • Shared with out-of-hospital advanced radiology limit of R20 082 per family per year • Specific authorisation (in addition to hospital pre-authorisation) required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies   

Radiology (basic) • Unlimited • Managed care rules apply 

Renal dialysis • Subject to clinical guidelines used in public facilities • In and out of hospital • Includes materials • Includes related pathology tests if done by network provider • Limited to R239 083 per beneficiary per year for chronic dialysis • Acute dialysis included in the in-hospital benefit • Includes cost of pathology, radiology, medical technologists and immuno-suppressants • Erythropoietin included in blood transfusion benefit   

Specialist services • 100% of Scheme rate for non-network specialists • 130% of Scheme rate for established network specialists • Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff file

Surgical procedures (including maxillo-facial surgery) • Unlimited • Excludes osseo-integrated implants, all implant related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms  

Key:

 Pre-authorisation is needed  100% of Scheme rate  100% of cost, subject to PMB legislation  Subject to managed care rules  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) • Excludes PMB claims • 20% of annual gross contributions • Benefits pro-rated from join date %
Allied health services • Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, orthoptists, acupuncturists, and Chinese medicine practitioners • Limited to PMSA and block benefit % PMB
Audiology, occupational therapy and speech therapy • Limited to PMSA and block benefit %
Block benefit (day-to-day benefit) • Claims paid against this benefit once PMSA limit is reached • Limited to R1 585 per family per year • Benefit is pro-rated from join date %
Circumcision • Global fee of R1 348 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out of hospital only P % MC
Contraceptives (oral, insertables, injectables and dermal) • Subject to PMSA % MC
Dental services (conservative and restorative dentistry (includes plastic dentures) and special dentistry (includes metal base partial dentures)) • Shared with in-hospital dentistry limit of R3 036 per beneficiary per year • No pre-authorisation for metal base partial dentures • General anaesthesia and conscious sedation require pre-authorisation and are subject to managed care rules (only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8 years) • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery • 200% of Scheme rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms • Panoramic x-rays limited to 1 x-ray every 3 years per beneficiary P % MC
Emergency assistance (road and air) • Subject to use of emergency services DSP • Unlimited, subject to PMB legislation P MC
Network GP services • Consultations, visits and all other services • Limited to PMSA and block benefit • Benefit is pro-rated from join date • Reimbursement at 200% of Scheme rate for diagnostic procedures performed in doctors' rooms instead of in hospital % MC
GP network extender benefit • For beneficiaries with chronic conditions registered on the disease management programme • 1 additional consultation at network GP once PMSA and block benefit is exhausted % MC
HIV infection, AIDS and related illness • Includes 1 consultation for diagnosis and initial counselling • Subject to PMBs and managed care • Pre-exposure prophylaxis included for high risk beneficiaries P PMB MC
Infertility • Subject to use of DSP P P PMB MC
Maternity (ante- and post-natal care) • Subject to registration on the Maternity Programme • Subject to PMSA • Includes 2 x 2D ultrasound scans per pregnancy % 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 • In and out of hospital • Shared limit with in-hospital internal prostheses of R37 960 per family per year • Sub-limit of R14 811 per family per year for medical and surgical appliances • Shared sub-limit with in-hospital prosthetics 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 • Diabetic accessories and appliances, except for glucometers, to be claimed from the chronic medicine benefit • Scheme may obtain competitive quotes • Foot orthotics and prosthetics subject to formulary % MC PMB
Mental health (consultations, assessments, treatment and/or counselling by GP, Psychiatrist and Psychologist) • Consultations, assessments, treatments and/or counselling by GPs, psychiatrists and psychologists • Limited to PMSA and 1 individual psychologist consultation or 1 group psychologist consultation per day • Educational and industrial psychologists excluded • If offered as alternative to hospitalisation, then hospital benefits will apply P MC PMB
Optical services (eye examinations, frames, lenses and contact lenses (permanent and disposable), refractive eye surgery) • Subject to optical managed care programme • Limited to PMSA and block benefit • Either spectacles or contact lenses (not both) can be claimed in a benefit year • Limited to 1 eye examination per beneficiary per year • Excludes variable tint and photochromic lenses • Benefit not pro-rated • Post-cataract surgery, optical PMB entitlement limited to the cost of bifocal lens not more than R1 000 for both lens and frame, with a sub-limit of R202 for frame • Frame sub-limit of R848 from the block benefit per beneficiary once PMSA is exhausted • Includes tinted lenses for albinism and proven photophobia P %
Pathology • Limited to PMSA and block benefit • Includes liquid-based cytology pap smear % MC
Physiotherapy • Limited to PMSA and block benefit - Post-hip, knee and shoulder replacement or revision surgery 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 P % MC PMB
Prescribed medicine and injection material • Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL % MC - Acute medical conditions • Subject to PMSA and a limit of R500 per family per year for homeopathic medicine • Subject to formulary • 30% co-payment on out-of-formulary medicine • Includes prescribed maternity vitamin supplements - Chronic medical conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Unlimited for CDL and DTP PMB conditions • All other non-PMB conditions subject to PMSA • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP P - Prescribed medicine from hospital stay (TTO) • Subject to PMSA • TTO limited to 7 days and must be related to admission diagnosis and procedure - Self-medicine (OTC) • Subject to formulary • Schedule 0, 1 and 2 medicine covered • Subject to PMSA and limited to R169 per beneficiary per event
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 for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Includes Influenza vaccinations, HPV vaccinations for female beneficiaries and Pneumococcal vaccinations • Pneumococcal vaccinations every 5 years for members with asthma and chronic obstructive pulmonary disease • Neonatal Hypothyroidism screening test TSH (Thyrotropin) tariff 4507 % MC
Radiology (advanced) • Shared with in-hospital advanced radiology limit of R20 082 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies P % MC PMB
Radiology (basic) • X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit • Subject to PMSA %
Specialist services • Consultations, visits and all other services • 100% of Scheme rate for non-network providers • 130% of Scheme rate for network specialists • Specialist consultations subject to referral by GP • Limited to PMSA and block benefit • Benefit is pro-rated from join date • 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

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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.