



Your 2017

Onyx 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 Onyx option. Keep this guide on hand for quick access to your benefit information.

Onyx is a top-of-the-range benefit option that offers extensive cover. On the Onyx option you can claim certain out-of-hospital expenses – such as General Practitioner (GP) and specialist visits, contraceptives or basic radiology – from your day-to-day Block Benefit.



General Practitioner (GP)



Contraceptives



Basic radiology

Important information to remember about the Onyx option

01 There is a specific Ruby, Emerald and Onyx (REO) Network that is made up of General Practitioners or GPs – 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 nominate a GP on the GEMS REO GP network, who you will consult for all your doctor visits. However, penalties will not apply if you do not nominate a GP.

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).

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.

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.

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.

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.

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.

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

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 (includes bone cement for prostheses) and neonatal care • Accommodation in a private ward is subject to motivation by attending practitioner • Non-PMB 1-day admissions limited to R15 936 per beneficiary per year, not pro-rated  

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

Allied health services • Includes chiropractors, dieticians, homeopaths, podiatrists, physiotherapists, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • Subject to day-to-day block benefit • Services performed in hospital instead of hospitalisation will be paid from in-hospital benefit • Shared sub-limit of R1 060 per family for social workers and registered counsellors • Subject to services being related to admission diagnosis and managed care  

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

Blood transfusion • Unlimited • Includes cost of blood, blood equivalents, blood products and the transport thereof • Includes erythropoietin  

Breast reduction • Unlimited  

Dental services (conservative, restorative and specialised) • Subject to list of approved services and use of day theatres • Professional fees shared with out-of-hospital dentistry benefit limit of R8 325 per beneficiary per year • General anaesthesia and conscious sedation 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 osseointegrated implants, all implant-related procedures and orthognathic surgery • Hospital cost included in in-hospital benefit 

Emergency services (casualty department) • Subject to use of facility as per in-hospital benefits or other registered emergency facility • Paid from out-of-hospital GP services if pre-authorisation is not obtained  

GP services • Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff file  

Maternity (hospital, home birth or registered birthing unit) • Subject to registration on the Maternity Programme prior to admission • Hospital birth 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 from GPs, psychiatrists and psychologists • Limited to R35 144 per family per year • Limited to 1 individual psychologist consultation or 1 group psychologist consultation per day • Maximum of 3 days hospitalisation by GP • Educational and industrial psychologists excluded   

Oncology (chemo and radiotherapy) • In and out of hospital • Includes medicine and materials • Limit of R439 330 per family per year • Sub-limit of R296 944 per family for biological and similar specialised medicines • Includes cost of pathology, related basic radiology above advanced radiology benefit, medical technologist and oncology medicine • Erythropoietin included in blood transfusion benefit • 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 • Subject to MPL  

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

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 and all temporary or permanent devices used to assist with delivery of internal prostheses • Shared with medical and surgical appliances and prostheses benefit limit of R51 279 per family per year • Scheme may obtain competitive quotes and arrange supply of prosthesis • 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  

Radiology (advanced) • Shared with out-of-hospital advanced radiology limit of R25 105 per family per year • Specific 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 guideline used in public facilities • In and out of hospital • Includes materials and pathology tests done at 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, material and immuno-suppressants • Erythropoietin included in blood transfusion benefit  

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

Surgical procedures (including maxillo-facial surgery) • Unlimited • Excludes osseointegrated 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) • No PMSA

Allied health services • Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • If offered as alternative to hospitalisation, then hospital benefits will apply • Shared sub-limit of R1 060 per family for social workers and registered counsellors **P % MC**

Audiology, occupational therapy and speech therapy • Subject to day-to-day block benefit • If offered in hospital or instead of hospitalisation will be paid from hospital benefits

Block benefit (day-to-day benefit) • Includes GP and specialist services, basic radiology, pathology, allied health services, physiotherapy, occupational therapy and speech therapy, mental health, maternity and contraceptives • Limited to R8 782 per beneficiary and R17 565 per family per year • Benefit is pro-rated from join date **%**

Circumcision (where not covered under the Maternity Benefit Programme) • 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 **P % MC**

Contraceptives (oral, insertables, injectables and dermal) • Sub-limit of R3 184 per family per year **% MC**

Dental services (conservative and restorative dentistry (includes plastic dentures) and special dentistry (including metal base dentures)) • Shared limit with in-hospital dentistry of R8 325 per beneficiary per year • Panoramic x-rays limited to 1 x-ray every 3 years per beneficiary • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • General anaesthesia and conscious sedation subject to pre-authorisation (only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8 years) • No pre-authorisation for metal base dentures • 200% of Scheme rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme and pre-authorisation **P % MC**

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

Network GP services • Consultation, visits and all other services • Limit is pro-rated from the join date • Reimbursement at 200% of Scheme rate for procedures performed in doctors' rooms instead of in hospital • Consultations and approved minor procedures at GP **% PMB MC**

GP network extender benefit • For beneficiaries with chronic conditions registered on disease management programme • 1 additional GP consultation at a network GP once block benefit is exhausted **P % MC**

HIV infection, AIDS and related illness • Subject to PMBs and managed care • Pre-exposure prophylaxis included for high risk beneficiaries subject **C PMB MC**

Infertility • Subject to use of DSP **C % PMB MC**

Maternity (ante- and post-natal care) • Subject to PMBs • Ante-natal visits where not accessed under the Maternity Programme **% PMB MC**

Maternity Benefit Programme (ante- and post-natal care) • Subject to registration on the Scheme's Maternity Management Programme and managed care protocols and processes • 2 x 2D ultrasounds per pregnancy

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 with in-hospital prostheses limit of R51 279 per family per year • Sub-limit of R17 143 for medical and surgical appliances per family per year • Diabetic accessories and appliances, except for glucometers, to be claimed from the chronic medicine benefit • Shared sub-limit with in-hospital prosthetics and appliances of R 4 169 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 • Bilateral hearing aids every 36 months **P % MC**

Mental health (consultations, assessments, treatment and/or counselling by GP, Psychiatrist and Psychologist) • Consultations, assessments, treatments and/or counselling by GPs, psychiatrists and psychologists • If offered as alternative to hospitalisation, then hospital benefits will apply • Limited to 1 individual psychologist consultation or 1 group psychologist consultation per day • Educational and industrial psychologists excluded **% MC PMB**

Optical services (eye examinations, frames, lenses and contact lenses (hard and disposable), refractive eye surgery) • Overall limit of R2 474 per beneficiary every second year and a yearly limit of R4 961 per family • Sub-limit of R1 978 per frame • Either spectacles or contact lenses (not both) can be claimed for in a benefit year • Limited to 1 eye examination per beneficiary per year • Excludes variable tint and photochromic lenses • Benefit is not pro-rated • Post-cataract surgery, optical PMB entitlement limited to the cost of a bifocal lens and not more than R1 004 for both lens and frame, with a sub-limit of R198 for frame • Includes tinted lenses for albinism and proven photophobia, subject to pre-authorisation **% MC**

Pathology • Includes liquid-based cytology pap smears **% MC**

Physiotherapy • If offered in hospital or instead of hospitalisation will be paid from hospital benefits **% MC** - **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**

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 • Limit of R5 642 per beneficiary and R15 804 per family per year, subject to a sub-limit of R500 per family per year for homeopathic medicine • 30% co-payment on out-of-formulary medicine - **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Includes benefit for life threatening allergies payable from risk and subject to managed care and formulary • Limit of R17 146 per beneficiary and R35 144 per family per year • Unlimited for PMBs, subject to PMB legislation • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP • Once limit is depleted, CDL benefit will be limited **C - Prescribed medicine from hospital stay (TTO)** • Included in acute medicine benefit limit • TTO limited to 7 days and must be related to admission diagnosis and procedure - **Self-medicine (OTC)** • Only schedule 0, 1 and 2 covered • Subject to acute medicine benefit limit and sub-limit of R1 703 per family per year, R1 028 per beneficiary per year and R281 per beneficiary per event • 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) 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 only **% MC**

Radiology (advanced) • Shared limit with in-hospital advanced radiology of R25 105 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 % PMB MC**

Radiology (basic) • X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans per pregnancy provided for by maternity benefit **%**

Specialist services • Consultation, visits and all other services • 100% of Scheme rate for non-network providers • 130% of Scheme rate for established network specialists • Specialist consultations subject to GP referral • Limit is pro-rated from the 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 **% PMB 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.