



Your 2017

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

The Emerald Value option offers the same rich benefits as the existing Emerald option, but at a more affordable rate.



Important information to remember about the Emerald Value option

You must nominate a General Practitioner, who must be on the GEMS Network, as your first line of call when seeking medical care and who you will consult for all your doctor visits. A 30% co-payment will apply to all GP claims received from a non-nominated GP.

You must use a hospital, of your choice, from the Emerald Value Hospital Network for your in-hospital needs. View the Emerald Value Hospital Network on the GEMS website. Specialist referral must be obtained from your nominated GP for all specialist requirements.

Provision is made in the event that you may require healthcare while travelling, or require specialised care that may not be available through your nominated healthcare providers, to ensure that your needs are taken care of. As part of this, you are allocated three visits to a non-nominated GP per family per year for emergencies only, i.e. in cases where you cannot get to your nominated GP.

Please note: Access to this benefit is not automatic. You need to contact us by calling the call centre on **0860 00 4367** or sending an email to **enquiries@gems.gov.za** to ensure that you do not incur a 30% co-payment for such a visit.



Through the principles of care coordination, members on Emerald Value use their nominated GP to coordinate their care. The GP has the best understanding of their patient's health and treatment history and will therefore be in the best position to determine whether a Specialist Referral is necessary.

This will help to ensure that:

- duplicate diagnostic tests are not being done
- medicine errors are being reduced
- access to services is enhanced and;
- hospital admissions and re-admissions are reduced.



In turn, you will receive the best possible healthcare from the right person, with the right skills, at the right time and have better control.

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.

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**



EMERALD VALUE





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 • GEMS Hospital network • 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 • Subject to use of network providers • A co-payment of R10 000 will apply if a non-network provider is used • Accommodation in private ward subject to motivation by attending practitioner • Non-PMB 1-day admissions limited to R15 936 per beneficiary per year, not pro-rated • Co-payment of R1 000 per admission if pre-authorisation not obtained   

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

Allied health services • Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapist, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • Shared with out-of-hospital limit of R1 439 per family per year • Sub-limit of R720 per family for social workers and registered counsellors • Subject to GP and Specialist referral rules • Subject to managed care protocols and services being related to admission diagnosis  



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 • Unlimited  





Dental services (conservative, restorative and specialised) • Subject to list of approved services and use of day theatres within the network • Shared with out-of-hospital dental services • Limited to R4 666 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 children under the age of 8 subject to managed healthcare programme • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery 

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 • General practitioner nomination rules apply  

Maternity (including midwife, hospital, home birth or registered birthing unit) • Subject to use of network providers, registration on the Maternity Programme and managed care elective caesarian subject to second opinion • Elective caesarean without a medical reason, hospital funded up to normal vaginal delivery    

Medical technologists • Unlimited • Subject to event pre-authorisation and case management  



Mental health • Accommodation, theatre fees, medicine, professional fees from GPs, psychiatrists, psychologists and registered counsellors • Limited to R16 735 per family per year • Limited to 1 individual psychologist consultation or 1 group psychologist consultation per day • Maximum of 3 days' hospitalisation by GP • GP nomination rules apply • Educational and industrial psychologists excluded    





Oncology (chemo and radiotherapy) • In and out of hospital • Subject to use of network • Includes medicine and materials • Limited to R334 726 per family per year • Sub-limit of R227 708 per family per year for biological and similar specialised medicine • Includes cost of pathology, radiology, medical technologist and oncology medicine • Subject to MPL • 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    

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 • Sub-limit of R18 937 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care rules) • 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 • Subject to use of network • 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 • GP referral required



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 as well as out-of-hospital external prostheses limit of R37 960 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 R20 082 per family per year • Specialist referral rules apply • 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 • Specialist referral rules apply • Subject to use of network • Managed care rules apply 

Renal dialysis • Subject to clinical guidelines used in public facilities • In and out of hospital • Includes materials • Includes cost of radiology, medical technologists, material and immuno-suppressants • Includes related 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 • Erythropoietin included in blood transfusion benefit • Pathology and radiology test subject to managed care    

Specialist services • Consultations and visits • Unlimited • Subject to GP referral and use of network provider • 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 • Subject to use of network or doctors' rooms • 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) • No PMSA
Allied health services • Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • Shared with in-hospital allied health services limit of R1 439 per family per year • Sub-limit of R720 per family for social workers and registered counsellors • Subject to PMBs P % MC
Audiology, occupational therapy and speech therapy • Subject to day-to-day block benefit • Occupational or speech therapy performed in-hospital will be paid from the in-hospital benefit • Shared limit of R2 037 per beneficiary per year and R4 082 per family per year shared with pathology and medical technology • Sub-limit of R1 638 per beneficiary and R3 273 per family per year • GP nomination and specialist referral rules apply
Block benefit (day-to-day benefit) • Out-of-hospital GP and specialist services, physiotherapy, maternity (where not covered under Maternity Benefit Programme), audiology, occupational therapy, speech therapy, pathology and medical technology • Subject to use of network • Limited to R4 175 per beneficiary and R8 353 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 • Subject to pre-authorisation P % MC
Contraceptives (oral, insertables, injectables and dermal) • Subject to formulary • Subject to acute medicine benefit limit • Sub-limit of R2 540 per beneficiary per year % MC
Dental services (conservative and restorative dentistry (includes plastic dentures) and special dentistry (including metal base dentures)) • Subject to network use • Shared with in-hospital dentistry sub-limit of R4 666 per beneficiary per year • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery • 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) • No pre-authorisation required for metal base dentures • Lingual and labial frenectomies under general anaesthesia for children under the age of 8 subject to managed healthcare programme • 200% of Scheme rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms • Panoramic x-rays limited to one x-ray every three years per beneficiary P % MC
Emergency assistance (road and air) • Unlimited, subject to PMB legislation • Subject to use of emergency services DSP G % MC
Network GP services • Member nominated GPs • Subject to day-to-day block benefit and the use of nominated GPs • A 30% co-payment will apply to any out-of-hospital visit to a GP other than the nominated GP, irrespective of the doctor being on the Network or not • Limited to R4 175 per beneficiary and R8 353 per family per year shared with specialist services, physiotherapy and maternity • Covers consultations and approved minor procedures at Member nominated network providers • Limit is pro-rated • Reimbursement at 200% of Scheme rate for procedures specified by managed care performed in doctors' rooms instead of in hospital % 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 • The additional GP consultation at a nominated DSP/Network provider is subject to pre-authorisation and managed care P % MC
HIV infection, AIDS and related illness • Subject to PMBs and managed care • Pre-exposure prophylaxis included for high risk beneficiaries G PMB MC
Infertility • Subject to use of DSP P G PMB MC
Maternity (ante- and post-natal care) • Subject to day-to-day block benefit where not accessed under the Maternity Programme % PMB MC
Maternity Benefit Programme (ante and post-natal care) • Subject to registration on the Maternity Management Programme and managed care • 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 internal prosthesis limit of R37 960 per family per year • Sub-limit of R14 811 for medical and surgical appliances per family per year • 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 • Foot orthotics and prosthetics subject to formulary • Bilateral hearing aids every 36 months • GP nomination and specialist referral rules apply 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 out-of-hospital treatment offered as alternative to hospitalisation, then hospital benefits will apply • Shared with in-hospital mental health limit of R16 735 per family per year • Sub-limit of R4 963 for out-of-hospital psychologist consultations • Limited to 1 Individual psychologist consultation and 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) • All services included in benefit subject to optical managed care programme and network use • Either spectacles or contact lenses (not both) can be claimed for in a benefit year • Sub-limit of R2 097 per beneficiary every second year and yearly limit of R4 191 per family • Frames limited to R1 223 • 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 up to the cost of bifocal lens and not more than R1 004 for both lens and frame, with a sub-limit of R199 for frame • Includes tinted lenses for albinism and proven photophobia, subject to pre-authorisation % MC
Pathology • Subject to day-to-day block benefit • Limit of R2 037 per beneficiary per year and R4 082 per family per year shared with audiology, occupational therapy and speech therapy • Includes liquid-based cytology pap smear % MC
Physiotherapy • GP nomination and specialist referral rules apply • Subject to managed care and network use • Physiotherapy performed in a network hospital or instead of hospitalisation will be paid from in-hospital benefit • Sub-limit of R2 037 per beneficiary and R4 067 per family per year shared with GP services % 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 • GP nomination and specialist referral rules apply • Subject to MPL and MEL - Acute medical conditions • Subject to formulary • Limit R3 347 per beneficiary and R10 041 per family per year, subject to a sub-limit of R500 for homeopathic medicine per family per annum • 30% co-payment on out-of-formulary medicine • Includes prescribed maternity vitamin supplement • Homeopathic and alternative medicine excluded unless prescribed by a network GP - Chronic medical conditions • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Limit of R10 041 per beneficiary and R20 218 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 • Include benefit for life threatening allergies payable from risk and subject to managed care and formulary G - 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) • Subject to formulary • Schedule 0, 1 and 2 medicines covered • Subject to acute medicine benefit limit (event limit of R225 per beneficiary) and sub-limit of R843 per beneficiary per year and a yearly family limit of R1 348
Preventative care services • Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood tests, Thyrotropin (TSH) 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 only GP nomination and specialist referral rules apply % MC
Radiology (advanced) • Shared limit with in-hospital advanced radiology 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 • GP nomination and specialist referral rules apply P % PMB MC
Radiology (basic) • X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit • Sub-limit of R3 333 per beneficiary and R6 109 per family per year • GP nomination and specialist referral rules apply %
Specialist services • Subject to day-to-day block benefit • Consultations, visits and all other services • Shared with GP services • 100% of Scheme rate for non-network providers • 130% of Scheme rate for established network specialists • 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 • Subject to GP nomination and specialist referral rules • Limit is pro-rated from join date % PMB MC

Contact GEMS

Call: **0860 00 4367**

Fax: **0861 00 4367**

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

Post: GEMS, Private Bag X782,
Cape Town 8000

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.

*Please note: The 2017 benefits summarised in this brochure are subject to approval by the Council for Medical Schemes (CMS), and may be subject to change. The final benefit information will be made available on the GEMS website at **www.gems.gov.za** once CMS approval has been obtained.*