Experience The GEMS Difference
Your 2018 Ruby Benefit Guide
Passionate about your health
This guide shows you what benefits you have access to on the Ruby option. Keep this guide handy for quick access to your benefit information.

The Ruby option offers members 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**

01. The Personal Medical Savings Account (PMSA) is 20% of your contribution allocated to a savings account in the main member’s name. This is the account that pays for your out-of-hospital or day-to-day medical expenses. Once you have used up all the funds in your PMSA, your out-of-hospital claims will be paid from the limited Block Benefit. For 2018 this benefit amounts to R1 585 per family per year. You will receive an annual PMSA statement which shows all transactions you made on your savings account.

   In 2017, the Constitutional Court ruled that Personal Medical Savings Accounts (PMSA) should be included as an asset of the Medical Scheme. Although members still have control over their PMSA, which they can use to cover out-of-hospital and day-to-day healthcare needs, they can no longer earn interest on their PMSA. This is effective from 1 January 2018.

02. The Ruby, Emerald and Onyx (REO) Network is made up of General Practitioners (GP), dental providers, specialists, renal dialysis providers, document-based care providers and pharmacies who have agreed to charge contracted rates and follow GEMS Network and managed care rules.

03. To find a GEMS REO Network provider in your area, visit the GEMS website at [www.gems.gov.za](http://www.gems.gov.za) and click on the GEMS Network logo or call the GEMS Call Centre on 0860 00 4367.

04. We encourage you 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 or a physician (which also includes pulmonologists, gastroenterologists, neurologists, cardiologists and rheumatologists). Network GPs and specialists have agreed to bill at contracted rates 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.

   Remember to call 0860 00 4367 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. You will receive a pre-authorisation number which indicates that the claim will be paid at Scheme rates.
Your health and wellness

Electronic Health Record (EHR)
A record of your complete medical history, in one secure location. Sign in to Member Online to give your healthcare provider access to your medical history. This ensures that you receive the best treatment for your condition.

GEMS Fitness
An exercise and health programme suited to your needs as a valued GEMS member. GEMS Fitness facilitates a stimulating and supportive environment to help you improve your health and enhance the quality of your life.

You can access GEMS Fitness via GEMS Member Online on www.gems.gov.za.

With GEMS Fitness, you can expect support to:

- make healthier lifestyle choices
- increase your physical activity
- eat healthier foods
- improve your sleeping habits
- reduce your stress level
- quit smoking
- manage your weight whether you want to lose or gain
- keep your heart healthy and reduce the risk of a heart attack
- stay motivated, and lots more

To benefit from GEMS Workplace Fitness Programme, your department needs to get on board and agree to the terms and conditions of the programme.

You don’t have to do it alone. We are all in this together!
Join GEMS Fitness in a few easy steps

1. You need to be a principal GEMS member or a dependant employed by government.

2. Your department needs to agree and sign the terms and conditions (T&Cs) of the programme.

3. Once the department signs T&Cs and is on board, GEMS will come to your department and host an activation event. This is the first step to becoming part of an experience like no other.

4. You need to attend an activation event and complete a form to activate your GEMS Workplace Fitness membership.

Benefits of joining

- Group exercise sessions at work.
- Access to on-site fitness tests, desk exercises, telephonic and on-site access to health coaches and dietitians.
- Health tips via SMSs, brochures and emails.
- Access to the GEMS Fitness Portal to record and track your activity and health progress.

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.
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).

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. Select ‘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

Understand this frequently used medical scheme terminology to know your benefits better.

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.

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.
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. 100% Scheme rate means the full amount GEMS has agreed to pay for the service.

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
Disclaimer

This brochure contains a summary of medical benefits and contribution costs offered by GEMS for 2018. 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.
### 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 • 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 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 6 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 200 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 caesarian delivery and non-caesarian delivery

**Maternity (hospital, home birth and accredited birthing unit (public hospitals and designated private hospitals))** – Subject to registration on the Maternity Programme prior to admission • Unlimited, subject to PMB legislation • Elective caesarian may be subject to second opinion • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained

**Medical technologists** – Unlimited

**Mental health** – Accommodation, theatre fees, medicine, hospital equipment, professional fees of GPs, Psychiatrists and Psychologists • Limited to R17 639 per family per year • Maximum of 3 days’ hospitalisation by GP • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded • All limits are subject to PMBs

**Oncology (chemo and radiotherapy)** – In and out of hospital • Includes medicine and materials • Limit of R317 522 per family per year • Sub-limit of R240 004 per family per year for biological and similar specialised medicines • Includes cost of pathology, related radiotherapy 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 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 R987 996 per beneficiary per year • Limit includes all costs associated with transplant, including immuno-suppressants • Authorised erythropoietin included in blood transfusion benefit • Limit includes all costs associated with transplant, including immuno-suppressants • Authorised erythropoietin included in blood transfusion benefit • Excludes all costs associated with transplant, including immuno-suppressants

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

**Physiotherapy** – Limited to R4 757 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 R5 021 per beneficiary per event used within 60 days of surgery

**Prostheses** – Covers prostheses and surgically implanted internal devices, including all temporary prostheses, or 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 R40 010 per family per year • Scheme may obtain competitive quotes or arrange supply of prostheses • Bone cement not included • Includes materials and related pathology tests • Bone cement paid from in-hospital benefit • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and leviers per beneficiary per year • R500 for crutches per beneficiary per year • R500 for wheelchairs per beneficiary per year • R8 000 for hearing aid per beneficiary per year • Foot orthotics and prosthetics subject to formulary • Subject to internal and external devices being related to admission diagnosis and procedure • Subject to PMBs

**Radiology (advanced)** – Shared with out-of-hospital advanced radiology limit of R21 166 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 radioisotope studies

**Radiology (basic)** – Unlimited • Managed care rules apply

**Renal dialysis** – Subject to clinical guidelines used in public facilities • In hospital • Includes materials and related pathology tests • Limited to R251 993 per beneficiary per year for chronic dialysis • Acute dialysis included in the in-hospital benefit • Includes cost of pathology, radiotherapy, 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
RUBY – Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA) – Excludes PMB claims • 20% of annual gross contributions made by member during the financial year • Benefits pro-rated from join date ¬

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

Audiology, occupational therapy and speech therapy – Limited to PMSA and block benefit 12

Block benefit (day-to-day benefit) – Claims paid against this benefit once PMSA limit is reached • Limited to R1 671 per family per year • Benefit is pro-rated from join date 12

Circumcision – Global fee of R 1 421 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out of hospital only 3 2 6

Contraceptives (oral, insertables, injectables and dermal) – Subject to PMSA 3 4

Dental services (conservative and restorative dentistry including acute medicine) – Shared with in-hospital dentistry limit of R3 200 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 lateral frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • excludes osso-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 • 4 biweekly X-rays per beneficiary per year • Fluoride treatment excluded for beneficiaries older than 16 years 3 9 14

Emergency assistance (road and air) – Subject to use of emergency services DSP • Unlimited, subject to PMB legislation 2 11

General Practitioner (GP) services – Consultations, visits and all other services • Limited to PMSA and block benefit • Benefit is pro-rated from join date • Reimbursement at 100% of Scheme Rate for diagnostic procedures performed in doctors’ rooms instead of in hospital 3 2 6

GP network extend 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 12

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 2 12

Infertility – Subject to use of DSP 3 2 6

Maternity (ante- and post-natal care) – 100% of Scheme Rate paid from risk, if registered on Maternity Programme • Subject to: Maternity Programme protocols and processes, Managed Care Protocols and PMBs 4 12 OR 100% of Scheme Rate paid from PMSA, if not registered on the Maternity Programme • Subject to PMBs 3 2 6 (Kindly contact GEMS to obtain more detail on the consultations and benefits that may be funded under the GEMS Maternity Programme)

Medical and surgical appliances and prostheses – Includes hearing aids, wheelchairs, motorbikes, 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 R40 010 per family per year • Sub-limit of R15 611 per family per year for medical and surgical appliances • Shared sub-limit with in-hospital prosthetics of R3 994 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and leather shoes per beneficiary per year • R550 for scratches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R 8 000 per hearing aid 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 • Schemia may obtain competitive quotes for foot orthotics and prosthetics • Subject to PMBs • Subject to clinical guidelines used in public facilities • Subject to referral by network GP and services being related to admission diagnosis 3 2 6

Mental health (Consultations, assessments, treatment and/or counseling by GP, Psychiatrist and Psychologist) – Consultations, assessments, treatments and/or counselling by GPs, psychiatrists and psychologists • Limited to PMSA and 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded • If offered as alternative to hospitalisation, then hospital benefits will apply • Limited to PMB 2 12

Optical services (eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medicine) – Subject to optical managed care programme • Limited to PMSA and block benefit • Limited to 1 eye examination per beneficiary per year • Benefit not pro-rated • Frame sub-limit of R 3 299 per beneficiary • Post-cataract surgery, optical PMB benefit limited to the cost of a bicalaf lens not more than R 6 101 for both lens and frame, with a limited sub-limit for R 9 250 for the frame • Either spectacle or contact lenses will be funded in a beneficiary year, not both • Includes tinted lenses up to 35% tint for albinism and proven photophobia, subject to pre-authorisation • Includes variable tint and photochromatic lenses 3 2 6

Orthopedic Disease Management Programme – Negotiated rate • Subject to managed care protocols and processes 3 4

Pathology – Limited to PMSA and block benefit • Includes liquid-based cytology pap smear 3 2 6

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 R 5 021 per beneficiary per event used within 60 days of surgery 3 2 6

Prescribed medication and injection material – Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL 4 12 – Acute medical conditions • Subject to PMSA and a limit of R5 273 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 CCL 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 3 2 6 – Prescribed medication from hospital stay (OTG) – Subject to PMSA • OTG limited to 7 days and must be related to admission diagnosis and procedure • Payable from risk once PMSA is depleted – Self-medicine (OTG) • Subject to formulary • Schedule 0, 1 and 2 medicine covered • Subject to PMSA and limited to R1 78 per beneficiary per event

Preventative care services – Payable from risk • Includes influenza vaccination, HPV vaccination and Pneumococcal vaccination • Influenza vaccination and HPV vaccination (for female beneficiaries) limited to 1 per year unless indicated otherwise • Pneumococcal vaccination once every 5 years for beneficiaries at risk • Subject to managed care protocols and processes • Includes screening services provided by network pharmacies 4 12

Screening services – Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glucose screening, serum glucose, occult blood test, Thyrotrin for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Neonatal hypothyroidism screening test TSH (Thyrotrin) tariff 4 12 • Includes screening services provided in network pharmacies 4 12

Radiology (advanced) – Shared with in-hospital advanced radiology limit of R2 1 666 per family per year • Specific authorisation required for angiography, CT scans, MDCCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies 3 2 6

Radiology (basic) – X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit • Subject to PMSA 3 2 6

Renal dialysis – Out of hospital • Includes materials and related pathology tests • Subject to pre-authorisation, managed care protocols and processes • Limited to PMBs • Subject to use of a Renal Dialysis Network DSP • If a non-network provider is voluntarily used, a co-payment of 15% will be applied per event in accordance with network rates 3 2 6

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 3 12

Hospice – 100% of cost, subject to PMB legislation 3 12

Hospice – 100% of cost, subject to PMB legislation 3 12

Key: 3 Pre-authorisation is needed 4 100% of Scheme rate 5 100% of cost, subject to PMB legislation 6  Subject to managed care rules 7 PMB Limited to PMBs