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Government Employees
Medical Scheme

YOUR GEMS DENTAL GUIDE 2023

Table of Contents

All links can be clicked to access information.

Introduction

GEMS ensures that members have access to cost-effective, quality dental healthcare. The Scheme relies on you, as a valued dental provider, to ensure all members' expectations are realised.

This guide will assist you with the 2023 GEMS dentistry benefits and the Scheme's dental managed care rules. These include time and age rules, general principles and exclusions. The guide also stipulates how the rules are applied to various dental procedures and the specific application to the different GEMS options, namely Tanzanite One, Beryl, Ruby, Emerald Value, Emerald and Onyx.

NOTE: Should you have any queries on benefits, rules, exclusions, pre-authorisation or your patient's Scheme option, please contact 0860 436 777 or send an email to enquiries@gems.gov.za.

GEMS Dental Network

High-quality clinical and administrative services is a team effort between the Scheme and healthcare providers. If you are a dentist, dental therapist or oral hygienist, GEMS invites you to become an integral part of this team by joining the GEMS Dental Network and Friends of GEMS.

For details and assistance on joining the growing network, please contact **0860 436 777** or send an email to **enquiries@gems.gov.za**.

GEMS Hospital Network

- Members on the Tanzanite One option are subject to the use of a hospital in the GEMS Hospital Network.
- Members on the Beryl option can use private or state facilities for elective procedures.
- For PMB-related procedures members on the Beryl, Ruby, Emerald and Onyx options are subject to the use of state facilities, and in the case of Tanzanite One and Emerald Value, state or network facilities.

Pre-Authorisation, Pre-Notification and Patient Registration

Patient registration

During the patient's first visit to your practice, a once-off dental charting and full oral examination in association with code 8101 (as per normal prescribed guidelines for charging of code 8101) needs to be performed and then submitted to GEMS.

The 'Dental report' form for patient registration should be completed and sent to the Scheme. This facilitates centralised capturing of the patient's existing oral health status to ensure proper and appropriate dental managed care and risk management in accordance with internationally recognised standards. It also allows the Scheme to compile an actual and dynamic epidemiologic database of its patient population for future benefit and budgetary planning.

Pre-authorisation and/or a treatment plan

This is required for certain dental procedures as indicated in the procedure schedules in this guide pertaining to each option. They include certain specialised and surgical procedures, orthodontics, periodontal treatment, and any procedures to be performed in an operating theatre (general anaesthesia) or under conscious sedation. State facilities are exempt from having to obtain hospital authorisation from the Scheme, however, providers in private practice who utilise state facilities, still need to obtain pre-authorisation.

Where pre-authorisation is required for periodontal treatment, the 'Periodontal' form should be completed and forwarded to the Scheme.

Where pre-authorisation and/or treatment plans are required for other dental procedures, the standard 'Dental report' form should be completed. It is necessary to complete only the applicable sections – for instance, it is not necessary to complete the charting section with each request, and it can be used until the completion of a treatment plan.

NOTE: The 'Dental report' and 'Periodontal' forms are available at www.gems.gov.za. Email the completed forms to enquiries@gems.gov.za or fax to 0861 00 4367.

Tanzanite One and Beryl: General administration, benefits and procedures covered

Tanzanite One and Beryl - Summarised Benefit Specifications and Specific Rules that apply

BENEFIT SPECIFICATIONS	TANZANITE ONE	BERYL
Essential dentistry	Approved services/codes are covered at 100% of the agreed tariff subject to the availability of funds	Approved services/codes are covered at 100% of the agreed tariff subject to the availability of funds
GEMS Dental Network provider	Services must be provided by a GEMS Dental Network provider only	Services must be provided by a GEMS Dental Network provider only
Out-of-network visit	One emergency out-of-network visit per beneficiary per year	One emergency out-of-network visit per beneficiary per year
Emergency dentistry	• One emergency out-of-network visit per beneficiary per year • Emergency pain and sepsis treatment, including root canal treatment as per table of benefits • Other treatment codes covered – 8201 (extraction of tooth or exposed tooth roots), 8307 (pulp amputation, pulpotomy), and 8132 (pulp removal, pulpectomy) • Any additional treatment requires funding by patient	• One emergency out-of-network visit per beneficiary per year • Emergency pain and sepsis treatment • Treatment codes covered – 8201 (extraction of tooth or exposed tooth roots), 8307 (pulp amputation, pulpotomy), and 8132 (pulp removal, pulpectomy) • Any additional treatment requires funding by patient
Examinations and preventative treatment	Two consultation/examination and preventative treatment episodes per beneficiary per year	Two consultation/examination and preventative treatment episodes per beneficiary per year
Restorative treatment	• Limited to four restorations per beneficiary per year • Posterior resin fillings paid at the same rand value as amalgam fillings	• Limited to four restorations per beneficiary per year • Pre-authorisation needed for more than four fillings

BENEFIT SPECIFICATIONS	TANZANITE ONE	BERYL
Root canal treatment	• Root canal therapy is limited to one complete event per beneficiary in 12 months • An event relates to only one root canal treatment on one tooth per beneficiary per year • Services must be provided by a GEMS Dental Network provider only • No benefit for specialist dental disciplines • No benefit for retreatment of a previously root canal treated tooth	• Root canal therapy is limited to one complete event per beneficiary in 12 months • An event relates to only one root canal treatment on one tooth per beneficiary per year • Services must be provided by a GEMS Dental Network provider only • No benefit for specialist dental disciplines • No benefit for retreatment of a previously root canal treated tooth
Specialised dentistry benefit	No specialised dentistry benefit – limited to PMB's	No specialised dentistry benefit – limited to PMB's
Maxillofacial surgery	Subject to an annual sublimit of R26 548 per family	Subject to an annual sublimit of R26 548 per family
General anaesthesia and conscious sedation	Subject to Scheme rules, relevant managed care protocols and pre-authorisation Only available for beneficiaries under the age of six, severe trauma, and impacted third molars	Subject to Scheme rules, relevant managed care protocols and pre-authorisation Only available for beneficiaries under the age of six, severe trauma, and impacted third molars
Hospital network	Yes The GEMS Network Hospital list is available at www.gems.gov.za Hospitalisation subject to use of state or network hospital; failing which, the Scheme shall not be liable to fund the first R12 000 of the other facility's bill.	No network applicable for pre-authorised procedures. For PMB, state facilities are the Designated Service Provider.
Radiology	All services subject to an approved list of tariff codes, managed care protocols and processes	All services subject to an approved list of tariff codes, managed care protocols and processes

CHARTING: Please note that as part of code 8101, a once-off patient charting and oral examination will be required for each beneficiary visiting your practice for the first time. The charting is to be submitted to the Scheme on the 'Dental report' form.

Tanzanite One and Beryl – Specific Rules that apply to Dentures

BENEFIT SPECIFICATIONS	TANZANITE ONE	BERYL
Dentures	• Plastic dentures subject to pre-authorisation • One set* of plastic dentures allowed per beneficiary per 48-month benefit cycle • No benefit for metal frame dentures • Plastic dentures limited to the approved 2023 Scheme tariff • Only members and beneficiaries over the age of 21 qualify for this benefit	• Plastic dentures subject to pre-authorisation • One set* of plastic dentures allowed per beneficiary per 48-month benefit cycle • No benefit for metal frame dentures • Plastic dentures limited to the approved 2023 Scheme tariff • Only members and beneficiaries over the age of 21 qualify for this benefit

*A set of dentures is defined as follows:

- A complete upper and/or a complete lower denture, or
- A partial upper and/or a partial lower denture.

The following table details the reimbursement codes for dentures:

DENTURE CODES FUNDED	DENTURE CODES NOT FUNDED
8231 (complete dentures – maxillary and mandibular)	8658 (interim complete denture)
8232 (complete dentures – maxillary or mandibular)	8659 (interim partial denture)
8233 (partial – one tooth) to 8241 (partial denture – nine or more teeth)	8661 (diagnostic dentures)
8269 (repair of a denture or other intraoral appliance)	8244 (immediate upper denture)
8271 (add tooth to existing partial denture)	8245 (immediate lower denture)
8273 (impression to repair or modify a denture, or other removable intraoral appliances)	8281, 8663, and 8671 (metal base codes) and associated laboratory fees
8259 (rebase complete or partial denture – laboratory)	8099 (dental laboratory service)
8263 (reline complete or partial denture – intraoral)	
9-codes (individual laboratory codes)	

- When claiming via Electronic Data Interchange (EDI), use individual codes (i.e. 9-codes) for dental laboratories. Laboratory invoices to be retained by the practice for possible auditing.
- When submitting paper claims, use individual codes (i.e. 9-codes) for dental laboratories, and submit the dental laboratory invoice together with the paper invoice.
- No claim will be accepted without the professional fee and laboratory codes submitted together or being matched if a laboratory performs self-billing.

NOTE: No additional cover if dentures are lost due to negligence. A motivation is required for the replacement of dentures. Please direct all motivations to the GEMS call centre on 0860 436 777 or send an email to enquiries@gems.gov.za.

Tanzanite One and Beryl – Specific Rules that apply to Periodontics

BENEFIT SPECIFICATIONS	TANZANITE ONE	BERYL
Periodontics	• Benefit for periodontal treatment is subject to member's registration on the Periodontal Programme, pre-authorisation, and managed care protocols and processes apply • Limited to non-surgical periodontal treatment • No benefit for specialist dental disciplines • Services must be provided by a GEMS Dental Network provider only	• Benefit for periodontal treatment is subject to member's registration on the Periodontal Programme, pre-authorisation, and managed care protocols and processes apply • Limited to non-surgical periodontal treatment • No benefit for specialist dental disciplines • Services must be provided by a GEMS Dental Network provider only

- Periodontal treatment is subject to pre-authorisation and registration on the Periodontal Programme. The following records are required for registration:
  - Community Periodontal Index (CPI)
  - Clear X-rays of the affected areas (taken within the last 3 months)
  - Maintenance plan (8159 or 8180 with the period of follow up, e.g. three monthly or four monthly)
- Complete the 'Periodontal' form and forward to the Scheme along with the supporting records.
- The benefit is subject to adherence to the approved maintenance plan.
- Additional scaling and polishing benefit is allowed for beneficiary registered on the Periodontal Programme.

The following table details the reimbursement codes for the Periodontal Programme:

PERIODONTAL CODES FUNDED	PERIODONTAL CODES NOT FUNDED
8176 (periodontal examination/screening)	8723 (provisional splinting – intracoronal, per dental unit included in the splint)
8179 (polishing - complete dentition, periodontally compromised patient)	8725 (provisional splinting – extracoronal, wire with resin, per sextant)
8180 (scaling and polishing - complete dentition, periodontally compromised patient)	8727 (provisional splinting – extracoronal, per quadrant)
8737 (root planing – four or more teeth per quadrant)	8746 (flap operation with root planing and curettage (open curettage) – four or more teeth per quadrant)
8739 (root planing – one to three teeth per quadrant)	8747 (flap operation with root planing and curettage, including bone surgery – one to three teeth per quadrant)

PERIODONTAL CODES FUNDED	PERIODONTAL CODES NOT FUNDED
	8748 (flap operation with root planing and curettage, including bone surgery – four or more teeth per quadrant)
	8749 (flap procedure, root planing and one to three surgical services per quadrant)

NOTE: The 'Dental report' form is available at www.gems.gov.za. Email the completed form and supporting documentation to enquiries@ gems.gov.za or fax to 0861 00 4367

Tanzanite One and Beryl - Approved Service codes and table of benefits

CODE	CODE DESCRIPTION	LIMITATIONS	COVERED: TANZANITE ONE	COVERED: BERYL
8101	Consultation	Two per beneficiary per year	Yes	Yes
8104	Examination for a specific problem not requiring full mouth examination	Two per beneficiary per year	Yes	Yes
8107	Intraoral radiographs - periapical, per film	Maximum of six per beneficiary per year	Yes	Yes
8112	Bitewings	Maximum of four per beneficiary per year	Yes	Yes
8115	Panoramic X-ray	Benefit from the age of six – maximum one every three years	Yes	Yes
8155	Polishing – complete dentition	Two per beneficiary per 12 months; cannot be charged with 8159 in same year	Yes	Yes
8159	Scaling and polishing	Two per beneficiary per 12 months; only over the age of 10	Yes	Yes
8161	Topical application of fluoride (children)	From the age of three to the age of 11; once per beneficiary per 12 months	Yes	Yes
8162	Topical application of fluoride (adults)	From the age of 12 to the age of 16; once per beneficiary per 12 months	Yes	Yes
8163	Dental sealant, per tooth	Patient younger than 14; maximum of two dental fissure sealants per quadrant on posterior permanent teeth only	Yes	Yes

CODE	CODE DESCRIPTION	LIMITATIONS	COVERED: TANZANITE ONE	COVERED: BERYL
8341 8342 8343 8344	Amalgam one surface Amalgam two surfaces Amalgam three surfaces Amalgam four and more surfaces	Any four amalgam fillings per beneficiary per year; limited to four restorations overall	Yes	Yes; pre-authorisation needed for more than four fillings
8351 8354	Resin restoration, one surface anterior Resin restoration, four and more surfaces	Any four resin fillings per beneficiary per year (anterior); limited to four restorations overall	Yes	Yes; pre-authorisation needed for more than four fillings
8367 8368 8369 8370	Resin restoration, one surface posterior Resin restoration, two surfaces posterior Resin restoration, three surfaces posterior Resin restoration, four and more surfaces	Any four resin fillings per beneficiary per year (posterior); limited to four restorations overall	Yes, but to the same rand value as same surfaces amalgam filling	Yes; pre-authorisation needed for more than four fillings
Extractions and surgical extractions – gems dental network provider				
8201	Extraction of tooth	Any four non-surgical extractions per beneficiary per year; only if clinically indicated	Yes	Yes
8937	Surgical removal of erupted tooth – report per tooth	Maximum of two removals	Yes, from the age of 12	Yes, from the age of 12
8213	Surgical removal of residual tooth roots	Maximum of one procedure – more than one requires clinical motivation	Yes, from the age of 12	Yes, from the age of 12
8220	Sutures	In association with surgical extractions and/or impactions; limited to once per year per beneficiary	Yes	Yes
8935	Treatment of septic socket		Yes	Yes
8109	Infection control/barrier techniques. Code 8109 includes provision by a dental practitioner of new rubber gloves, masks etc. for each patient	Two per visit	Yes	Yes
8110	Sterilised instrumentation	One per visit	Yes	Yes
8145	Local anaesthetic	One per visit	Yes	Yes

CODE	CODE DESCRIPTION	LIMITATIONS	COVERED: TANZANITE ONE	COVERED: BERYL
Extractions and surgical extractions – non-network provider				
8201	Extraction of tooth or exposed tooth roots – first tooth per quadrant	Any four non-surgical extractions per beneficiary per year; only if clinically indicated	Yes	Yes
8202	Extraction of tooth or exposed tooth roots – each additional tooth per quadrant	Any four non-surgical extractions per beneficiary per year apply (in association with code 8201)	Yes	Yes
8937	Surgical removal of erupted tooth – report per tooth	Maximum of two removals	Yes, from the age of 12	Yes, from the age of 12
8213	Surgical removal of residual tooth roots – first tooth per quadrant	Maximum of one procedure – more than one requires clinical motivation	Yes, from the age of 12	Yes, from the age of 12
8214	Surgical removal of residual tooth roots – each additional tooth per quadrant	Maximum of one procedure – more than one requires clinical motivation	Yes, from the age of 12	Yes, from the age of 12
8941	Surgical removal of impacted tooth – first tooth	Pre-authorisation required for in-hospital	Yes	Yes
8943	Surgical removal of impacted tooth – second tooth	Pre-authorisation required for in-hospital	Yes	Yes
8945	Surgical removal of impacted tooth – third and subsequent teeth*	Pre-authorisation required for in-hospital	Yes	Yes
8220	Sutures	In association with surgical extractions and/or impactions; limited to once per year per beneficiary	Yes	Yes
8935	Treatment of septic socket		Yes	Yes
8109	Infection control/barrier techniques. Code 8109 includes provision by a dental practitioner of new rubber gloves, masks etc. for each patient	Two per visit	Yes	Yes
8110	Sterilised instrumentation	One per visit	Yes	Yes
8145	Local anaesthetic	One per visit	Yes	Yes

CODE	CODE DESCRIPTION	LIMITATIONS	COVERED: TANZANITE ONE	COVERED: BERYL
Dentures				
8231	Complete dentures – maxillary and mandibular	• One set of plastic dentures allowed per beneficiary per 48 months • Pre-authorisation necessary • Only members and beneficiaries over the age of 21	Yes	Yes
8232	Complete dentures – maxillary or mandibular		Yes	Yes
8233	Partial denture – one tooth		Yes	Yes
8234	Partial denture – two teeth		Yes	Yes
8235	Partial denture – three teeth		Yes	Yes
8236	Partial denture – four teeth		Yes	Yes
8237	Partial denture – five teeth		Yes	Yes
8238	Partial denture – six teeth		Yes	Yes
8239	Partial denture – seven teeth		Yes	Yes
8240	Partial denture – eight teeth		Yes	Yes
8241	Partial denture – nine teeth and more		Yes	Yes
8259	Rebase complete or partial dentures (lab)	Rebase only allowed once every two years	Yes	Yes
8269	Repair denture	Cannot be completed within 6 months of fitting a new denture	Yes	Yes
8263	Reline complete or partial dentures (chair side)	Reline only allowed once every two years	Yes	Yes
8271	Add tooth to existing partial dentures	Cannot be completed within 6 months of fitting a new denture	Yes	Yes
8273	Impression to repair or modify a denture, or other removable intraoral appliance	Cannot be completed within 6 months of fitting a new denture	Yes	Yes
Root canal treatment				
8307	Pulp amputation (pulpotomy)	Pulpotomy only on primary teeth	Yes	Yes
8132	Pulp removal (pulpectomy)	Once per beneficiary per 12 months; one event per beneficiary per benefit year allowed for emergency dentistry	Yes	Yes

CODE	CODE DESCRIPTION	LIMITATIONS	COVERED: TANZANITE ONE	COVERED: BERYL
8303	Pulp cap – indirect	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8317	Root canal preparation, each additional canal	Limited to five per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8318	Irrigation and medication per tooth at a separate visit	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8328	Root canal obturation – anteriors and premolars, each additional canal	Limited to two per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8329	Root canal therapy – anteriors and premolars, each additional canal	Limited to two per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8330	Removal of root canal obstruction	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8331	Repair of perforation defects	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8332	Root canal preparatory visit – single canal tooth	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes

CODE	CODE DESCRIPTION	LIMITATIONS	COVERED: TANZANITE ONE	COVERED: BERYL
8333	Root canal preparatory visit – multi canal tooth	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8335	Root canal obturation – anteriors and premolars, first canal	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8336	Root canal obturation – posteriors, first canal	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8337	Root canal obturation – posteriors, each additional canal	Limited to four per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8338	Root canal therapy – anteriors and premolars, first canal	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8339	Root canal therapy – posteriors, first canal	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8340	Root canal therapy – posteriors, each additional canal	Limited to four per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8640	Removal of fractured root canal instrument	Limited to once per tooth per lifetime and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes

CODE	CODE DESCRIPTION	LIMITATIONS	COVERED: TANZANITE ONE	COVERED: BERYL
Periodontal treatment				
8176	Periodontal examination (screening)	One per beneficiary per six months	Yes	Yes
8179 8180	Polishing – complete dentition (periodontally compromised patient) Scaling and polishing – complete dentition (periodontally compromised patient)	Subject to pre-authorisation and registration on the Periodontal Programme	Yes	Yes
8737 8739	Root planing – four or more teeth per quadrant Root planing – one to three teeth per quadrant	Subject to pre-authorisation and registration on the Periodontal Programme Only one of the following code combinations is allowed per beneficiary per year: 8737 x4 8739 x4 8737 x1 and 8739 x3 8737 x2 and 8739 x2 8737 x3 and 8739 x1	Yes	Yes

Ruby, Emerald Value, Emerald and Onyx: General administration, benefits and procedures covered

Ruby, Emerald Value, Emerald and Onyx - Shared Dental Sublimit

RUBY	EMERALD VALUE AND EMERALD	ONYX
Shared dental sublimit of R4 080 per beneficiary per year for in-hospital dentistry professional fees and all out-of-hospital dentistry	Shared dental sublimit of R6 271 per beneficiary per year for in-hospital dentistry professional fees and all out-of-hospital dentistry	Shared dental sublimit of R11 187 per beneficiary per year for in-hospital dentistry professional fees and all out-of-hospital dentistry

Ruby, Emerald Value, Emerald and Onyx - Summarised Benefits Covered

BENEFITS SPECIFICATIONS	RUBY	EMERALD VALUE AND EMERALD	ONYX
Provider limitations	Services not limited to GEMS Dental Network providers		
Conservative and restorative dentistry (including plastic dentures)	100% of Scheme rate subject to available funds		
Preventative care services benefit for dental fissure sealants	• Dental fissure sealants are funded from the Preventative Care Services benefit on the Ruby, Emerald Value, Emerald and Onyx options and not from the shared dental sublimit. • This benefit enhancement is applicable to beneficiaries younger than 18 years of age who make use of network service providers only. • Should beneficiaries receive this treatment from a non-network service provider, the treatment will be paid from the shared dental sublimit and not the Preventative Care Services benefit. • The benefit for dental fissure sealants is available to a maximum of two per quadrant and once every two years per tooth – no benefit if tooth already in mouth for more than four years and for those over 18		

BENEFITS SPECIFICATIONS	RUBY	EMERALD VALUE AND EMERALD	ONYX
Specialised dentistry (including metal base partial dentures)	• No pre-authorisation required for partial metal base dentures • Pre-authorisation required for all other specialised dentistry procedures • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery • Excludes orthodontic treatment on patients older than 21		
General anaesthesia and conscious sedation	• Subject to pre-authorisation, and managed care protocols and processes • Applicable only to beneficiaries younger than six, severe trauma, and removal of impacted teeth • Impacted third molars: 200% of Scheme rate payable for removal under conscious sedation in doctor's rooms • Anaesthetists are required to obtain a separate authorisation for dental-related conscious sedation procedures		

CHARTING: As part of code 8101, a once-off patient charting and oral examination will be required for each beneficiary visiting your practice for the first time. The charting is to be submitted to the Scheme on the 'Dental report' form.

Please ensure that pre-authorisations are performed before starting treatment where indicated, i.e. specialised dentistry, orthodontic treatment, in-hospital (theatre) and conscious sedation-associated treatment.

Ruby, Emerald Value, Emerald and Onyx – General Rules

General principles

- All dental procedures are covered by the rules applicable per specific Scheme option.
- All specialised dentistry and in-hospital dentistry are subject to pre-authorisation before start of treatment except in an emergency where retrospective authorisation should be obtained within 72 working hours after the event.
- An authorisation granted is not a guarantee of payment – payment remains strictly subject to availability of funds.
- Confirmation of benefits is not a guarantee of payment – payment remains strictly subject to availability of funds.
- Hospital authorisations are valid for one month, and all other authorisations are valid for three months.
- Where the dental treatment plan changes, authorisations must be updated before submitting the claim.

Orthodontic treatment

- Benefits applicable only to beneficiaries under 21.
- Authorisation and a treatment plan apply, and benefits subject to prior evaluation according to the Index of Complexity, Outcome and Treatment Need (ICON) criteria.
- Once approved, an initial amount will be payable and the balance in increments subject to availability of funds
- Approved treatment plans are valid for one year.
- Should a case be transferred to another provider, only the balance due as per original treatment plan is covered.
- Orthodontic exclusions: Refer to “General exclusions and restrictions”.
- When relocating or seeking second opinions, kindly request records from the first service provider to avoid overexposure to radiation.

Hospitalisation

- Covered only for patients under the age of six, removal of impacted teeth, and severe trauma as per Scheme rules.
- No other procedures apply.
- Subject to pre-authorisation.
- Children under the age of six:
  - Considered only where no other options are available.
  - All procedures necessary to be completed in one theatre-associated event.
  - Only necessary restorative and surgical (e.g. extractions) procedures may be performed. No preventative treatment (polish, fluoride treatment, dental fissure sealants) will be covered in theatre.
- Emerald Value option: A co-payment of up to R12 000 may be levied should you not use a GEMS network hospital.

Table of Benefits: Ruby, Emerald Value, Emerald and Onyx

CONSERVATIVE DENTISTRY	RUBY	EMERALD VALUE AND EMERALD	ONYX
Dental consultation yearly check-up	Two annual consultations per beneficiary, one every six months	Two annual consultations per beneficiary, one every six months	Two annual consultations per beneficiary, one every six months
Diagnostics	8107 (Intraoral radiograph-periapical): Diagnosis and treatment procedures where necessary	8107 (Intraoral radiograph-periapical): Diagnosis and treatment procedures where necessary	8107 (Intraoral radiograph-periapical): Diagnosis and treatment procedures where necessary
	8108 (Intraoral radiograph – complete series): Benefit from the age of six – one every 24 months	8108 (Intraoral radiograph – complete series): Benefit from the age of six – one every 24 months	8108 (Intraoral radiograph – complete series): Benefit from the age of six – one every 24 months
	8112 (Intraoral radiograph – bitewing): Maximum of four per 12 months	8112 (Intraoral radiograph – bitewing): Maximum of four per 12 months	8112 (Intraoral radiograph – bitewing): Maximum of four per 12 months
	8115 (Panoramic radiograph): Benefit from the age of six – maximum one every 36 months	8115 (Panoramic radiograph): Benefit from the age of six – maximum one every 36 months	8115 (Panoramic radiograph): Benefit from the age of six – maximum one every 36 months
	8116 (Cephalometric radiograph), 8114 (Extraoral radiograph): For orthodontic treatment only, benefit subject to pre-authorisation	8116 (Cephalometric radiograph), 8114 (Extraoral radiograph): For orthodontic treatment only, benefit subject to pre-authorisation	8116 (Cephalometric radiograph), 8114 (Extraoral radiograph): For orthodontic treatment only, benefit subject to pre-authorisation
Infection control	8109 (Infection control/ barrier techniques): Twice per visit	8109 (Infection control/ barrier techniques): Twice per visit	8109 (Infection control/ barrier techniques): Twice per visit
	8110 (Sterilised instrumentation): Once per visit	8110 (Sterilised instrumentation): Once per visit	8110 (Sterilised instrumentation): Once per visit

CONSERVATIVE DENTISTRY	RUBY	EMERALD VALUE AND EMERALD	ONYX
Preventative dentistry	8163 (Dental sealant – per tooth): Maximum of two dental fissure sealants per quadrant and once every two years per tooth – no benefit if tooth already in mouth for more than four years and for those over 18. Funded from the Preventative Care Services benefit if treatment received from a GEMS Dental Network Provider.	8163 (Dental sealant – per tooth): Maximum of two dental fissure sealants per quadrant and once every two years per tooth – no benefit if tooth already in mouth for more than four years and for those over 18. Funded from the Preventative Care Services benefit if treatment received from a GEMS Dental Network Provider.	8163 (Dental sealant – per tooth): Maximum of two dental fissure sealants per quadrant and once every two years per tooth – no benefit if tooth already in mouth for more than four years and for those over 18. Funded from the Preventative Care Services benefit if treatment received from a GEMS Dental Network Provider.
	8159 (Scaling and polishing): Once every six months – from the age of 10 only	8159 (Scaling and polishing): Once every six months – from the age of 10 only	8159 (Scaling and polishing): Once every six months – from the age of 10 only
	8155 (Polishing): Once every six months	8155 (Polishing): Once every six months	8155 (Polishing): Once every six months
	8161 (Topical application of fluoride - child): From the age of three to the age of 11, once every six months	8161 (Topical application of fluoride - child): From the age of three to the age of 11, once every six months	8161 (Topical application of fluoride - child): From the age of three to the age of 11, once every six months
	8162 (Topical application of fluoride – adult): From the age of 12 to the age of 16, once every six months	8162 (Topical application of fluoride – adult): From the age of 12 to the age of 16, once every six months	8162 (Topical application of fluoride – adult): From the age of 12 to the age of 16, once every six months
Restorations/ fillings	Benefits available where clinically indicated – once per tooth in 720 days	Benefits available where clinically indicated – once per tooth in 720 days	Benefits available where clinically indicated – once per tooth in 720 days
Dentures	One set of full, or full upper or full lower, or partial upper and/ or partial lower plastic dentures every four years; relines, rebase, soft base every two years; metal framework every five years	One set of full, or full upper or full lower, or partial upper and/ or partial lower plastic dentures every four years; relines, rebase, soft base every two years; metal framework every five years	One set of full, or full upper or full lower, or partial upper and/ or partial lower plastic dentures every four years; relines, rebase, soft base every two years; metal framework every five years

CONSERVATIVE DENTISTRY	RUBY	EMERALD VALUE AND EMERALD	ONYX
Endodontic (root canal) treatment	8132 (Pulp removal – pulpectomy) not allowed on same day as root treatment	8132 (Pulp removal – pulpectomy) not allowed on same day as root treatment	8132 (Pulp removal – pulpectomy) not allowed on same day as root treatment

SPECIALISED DENTISTRY	RUBY	EMERALD VALUE AND EMERALD	ONYX
Crowns and bridges	Pre-authorisation necessary; benefit available once per tooth per four years	Pre-authorisation necessary; benefit available once per tooth per four years	Pre-authorisation necessary; benefit available once per tooth per four years
Orthodontics	Treatment plan necessary; benefit limited to patients under 21 years	Treatment plan necessary; benefit limited to patients under 21 years	Treatment plan necessary; benefit limited to patients under 21 years
Periodontics	Treatment plan necessary	Treatment plan necessary	Treatment plan necessary
Maxillo-facial & oral/ dental surgery	Pre-authorisation necessary when done in theatre or under conscious sedation; impacted wisdom teeth paid at 200% of rate when performed under conscious sedation in dentist's rooms	Pre-authorisation necessary when done in theatre or under conscious sedation; impacted wisdom teeth paid at 200% of rate when performed under conscious sedation in dentist's rooms	Pre-authorisation necessary when done in theatre or under conscious sedation; impacted wisdom teeth paid at 200% of rate when performed under conscious sedation in dentist's rooms

DENTAL HOSPITALISATION	RUBY	EMERALD VALUE AND EMERALD	ONYX
Dental hospitalisation*	For patients under the age of six, bony impactions, and severe trauma (PMB). Subject to pre-authorisation, treatment protocols and PMB conditions	For patients under the age of six, bony impactions, and severe trauma (PMB). Subject to pre-authorisation, treatment protocols and PMB conditions	For patients under the age of six, bony impactions, and severe trauma (PMB). Subject to pre-authorisation, treatment protocols and PMB conditions
*Emerald Value: Non-network hospital use may attract a co-payment of up to R12 000.			

All GEMS options: General exclusions and restrictions (excludes PMB)

Exclusions

Please refer to the summary of benefits, detailed procedure benefit lists/schedules, and general exclusions detailed earlier in this guide pertaining to each Scheme option to ensure compliance with the benefits allowed, exclusions and managed care rules (e.g. pre-authorisation, number of annual events, age rules etc.).

Where treatment is performed where an exclusion exists, or the patient's benefits have been exceeded, the patient will have to self-fund – please ensure the "Patient consent" form for limits exceeded is completed by the patient and kept on file at the practice.

Diagnostic / Preventative Treatment

- Special report
- Dental testimony
- Appointment not kept
- Nutritional counselling
- Tobacco counselling
- Oral hygiene instruction and/or associated visits
- Behaviour management
- Cost of toothbrushes, toothpastes and mouthwashes
- Microbiological studies
- Caries susceptibility tests
- Diagnostic models covered only in association with orthodontic treatment
- Oral and/or facial image (digital and conventional) covered only where orthodontic treatment applies
- Removal of gross calculus
- Dental fissure sealants in patients older than 18 or where teeth have been in the mouth for more than four years
- Fluoride treatment for patients older than 16

Fillings and Restorations

- Resin bonding for restorations charged separately from the restoration
- Enamel micro-abrasion
- Elective replacement of fillings
- Gold or gold foil restorations

Dentures

- Diagnostic dentures
- Snoring apparatus
- Clasp or rest – cast gold
- Clasp or rest – wrought gold
- Inlay in denture
- Metal base to full dentures
- Metal frames for partial dentures limited to one per jaw and once every five years

Crown and Bridge

- Where an underlying periodontal condition (e.g. extensive loss of alveolar bone) compromises an acceptable term prognosis
- Where a lack of remaining tooth structure compromises an acceptable prognosis
- Where enough remaining tooth structure does not justify a crown as the restoration of choice
- On a failed root canal-treated tooth
- For cosmetic reasons
- Allowed once per tooth every four years
- Emergency crowns not placed for immediate protection of injured teeth
- Temporary and provisional crowns, including laboratory costs
- Pontics on second molars
- On primary teeth or third molars
- Cost of gold, semi-precious metal and platinum foil
- 8570 – computer generated restoration: Laboratory not allowed with this code (only 8560)

Implants

All implant related clinical and laboratory associated procedures (includes implant placement, cost of components, restorations/crowns/bridges/dentures/repairs associated with implants)

Endodontic Treatment

- On third molars
- On primary teeth
- Emergency root canal treatment charged on the same day as the completed root canal treatment
- Retreatment not covered within two years of initial treatment
- Motivation required for treatment under the age of 14

Orthodontic treatment exclusions

- Retreatment of orthodontic treatment
- Lost appliances not covered
- Lingual orthodontics not covered
- Ceramic brackets not covered
- Refixing of orthodontic brackets not covered
- Retainers limited to one per jaw
- Treatment planning for orthognathic surgery

In-Hospital (Theatre)

- For patients under the age of six, bony impactions and severe trauma as per Scheme rules – no other procedures apply
- Preventative dental procedures as part of the dental treatment performed on children under the age of six not covered

Inlays and Onlays

- Exclude tooth numbers one to three in all quadrants
- No benefit for gold or precious metal
- Allowed once every four years

Other

- Cosmetic dentistry
- The treatment of any complication related to treatment not funded by the Scheme
- Intramuscular and subcutaneous injections
- All procedures related to bleaching (except internal bleaching on previously endodontically treated teeth)
- PerioChip replacement
- Treatment plan completed (code 8120)
- Cost of mineral trioxide
- Ozone therapy
- Cost of gold, semi-precious metal and platinum foil
- Orthognathic surgery and related hospital costs
- Occlusal adjustment minor (pre-authorisation necessary for major occlusal adjustment)
- Bone regeneration procedures
- Cost of bone regenerative/repair material
- Any laboratory costs where the associated procedure is not covered
- Dental MRI or CAT scans not covered

Dental medicine formulary

The GEMS dental medicine formulary is available at www.gems.gov.za.

Medicine may be prescribed:

- According to the GEMS dental medicine formulary
- By a dentist or dental therapist (within his/her scope)

For Tanzanite One and Beryl options, medicine must be dispensed by approved courier pharmacies GEMS network courier pharmacies or dispensing dentists.

Key to quantities and limitations

“Consumables” means the medication may be administrated only by a designated service provider (DSP) at the rooms. All injectables are consumables, and claims for scripts given to patients to collect from DSP pharmacies will be rejected.

“Max Rx/7 days & 3 Rx/annum” means a script filled up to a maximum of seven days’ medicine supply and three prescriptions per year may be claimed.

Benefits for medicine are subject to reference pricing lists (MPLs) and exclusion lists (MELs). Should the cost of the item exceed MPL, the patient will be liable for payment of the difference in cost. If this is the case, please inform the patient that it is for his/her own personal account.

Dental therapists may prescribe as per the latest government gazette published by the Department of Health.

NOTE: Provider trade names are not listed on formulary, allowing for generic substitution, but applying MPLs and MELs.

Disclaimer

The formulary is reviewed regularly by clinical and pharmaceutical advisors to ensure that it complies with the latest industry norms for the treatment of these conditions. GEMS reserves the right to change medicines on the formulary when important information comes to light that requires it, e.g. new finding regarding the safety of a drug.

Pre-authorisation

In all cases where pre-authorisation is required, as specified earlier and per option in this guide, please complete the relevant sections of the ”Dental report” form for registration, pre-notification and pre-authorisation and submit to the Scheme before starting treatment.

Should you be unsure whether pre-authorisation is required, contact the call centre on **0860 436 777** to prevent rejection of the patient’s account by the Scheme.

Orthodontic treatment:
Before treatment, submit to the Scheme for approval a “Dental report” form for pre-authorisation as well as a treatment plan, which should include the diagnosis and payment quotation. Send an email to **enquiries@gems.gov.za** or fax to **0861 00 4367**.

Periodontal treatment:
Complete and submit the “Periodontal” form, downloadable from **www.gems.gov.za.**

NOTE: Tooth charting on the form is not necessary for pre-authorisation or treatment plan (charting needs to be completed only at the patient’s first visit to the practice in terms of code 8101).

Claim procedures

Required information on claims

- Main member details such as membership number, option, name and contact details
- Patient details, including date of birth, name and identity number
- Provider details, including a valid Board of Healthcare Funders practice number, name and contact details
- Diagnosis and summary of medical procedures performed, medicine dispensed, other items dispensed to patient
- Relevant tariff codes
- Complete list of individual laboratory codes
- Associated costs

Rejection of claims

- If the details are incomplete the claim will be rejected.
- The clinical and laboratory codes are to be submitted together, reflecting corresponding service dates, corresponding details of codes used and authorisation numbers for laboratory codes where clinical codes require pre-authorisation.
- Self-claiming laboratories may not submit their claim without confirmation with the dental provider that the clinical delivery was completed.
- Any other procedures done outside the scope of benefit will not be paid.
- All claims from non-network dental providers on Tanzanite One and Beryl options, except emergency consultations (limited to one event per year), will not be funded.
- All claims requiring pre-authorisation – if no valid pre-authorisation exists, the claim will be rejected.

Member verification and validation

Verification on benefits

- Always ensure that available benefit codes and tariff values are verified with the Scheme.
- The dental provider is required to verify membership details and confirm the identity of the patient.
- The Scheme will not be held responsible for payment of services excluded by it or managed care rules.
- Members will be liable for claims incurred on benefits falling outside the benefit schedule.
- Benefit confirmation via pre-authorisation is required where indicated.

Underwriting

Non-disclosure of pre-existing medical conditions

A pre-existing condition is a medical condition that existed before a beneficiary joined the Scheme and for which the beneficiary was receiving medical or surgical treatment.

Non-disclosure is the failure of the beneficiary to disclose a pre-existing medical condition on application to join the Scheme.

If non-disclosure of a pre-existing medical condition is confirmed, the Scheme will impose underwriting and the resulting waiting periods retrospectively, from the beneficiary's date of registration. Accordingly, the Scheme may not fund the healthcare costs associated with the beneficiary's pre-existing medical condition, unless it is a Prescribed Minimum Benefit (PMB) condition, in which case PMBs will apply. This is provided that the beneficiary was a member of a medical scheme at any time during the 89 days immediately preceding their GEMS membership application date.

Prescribed Minimum Benefits (PMB)

What conditions should be treated as a PMB?

The specific conditions are defined within the Diagnostic Treatment Pairs (DTPs) and on the Chronic Disease List (CDL). Also, any emergency* medical condition should be considered a PMB.

Click here to see the list of all PMB conditions.

*An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation.

If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.

In an emergency it is not always possible to diagnose the condition before admitting the patient for treatment. However, if doctors suspect that the patient suffers from a condition that is covered by PMBs, the medical scheme has to approve treatment.

Schemes may request that the diagnosis be confirmed with supporting evidence within a reasonable period of time.

Ex Gratia

Application for an ex gratia consideration for benefits not covered may be lodged with the Scheme in accordance with Scheme rules.

Forms

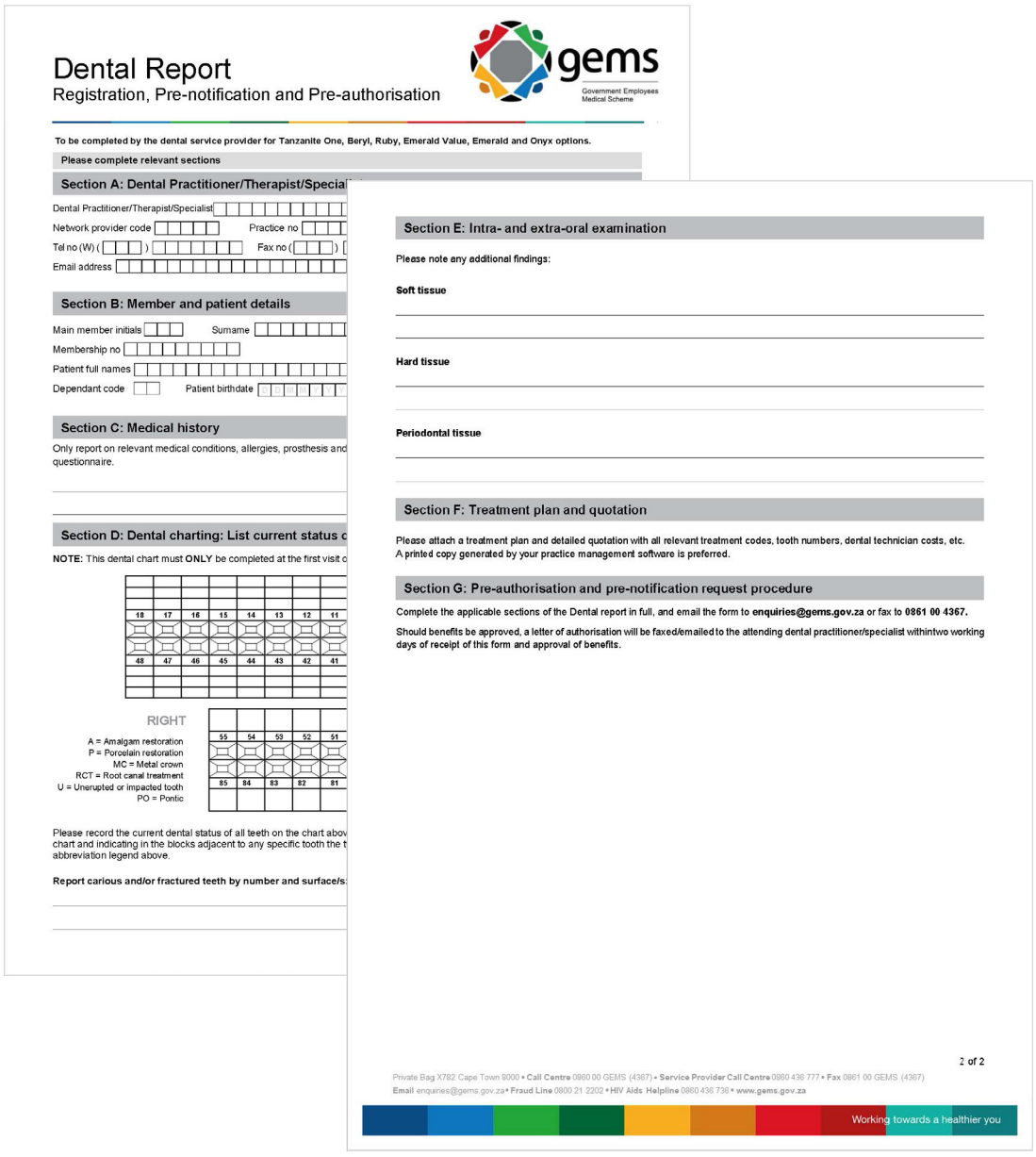
Dental Report Form

The ”Dental report” form is used for patient registration during the patient’s first visit to your practice, as well as pre-authorisation applications for certain dental procedures as indicated in this guide.

The form is available at **www.gems.gov.za**.

Email the completed form to **enquiries@gems.gov.za** or fax to **086 100 4367**.

Example:



Dental Report
Registration, Pre-notification and Pre-authorisation

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Government Employees Medical Scheme

To be completed by the dental service provider for Tanzanite One, Beryl, Ruby, Emerald Value, Emerald and Onyx options.

Please complete relevant sections

Section A: Dental Practitioner/Therapist/Specialist

Dental Practitioner/Therapist/Specialist
Network provider code
Practice no
Tel no (W) ( )
Fax no ( )
Email address

Section B: Member and patient details

Main member initials
Surname
Membership no
Patient full names
Dependant code
Patient birthdate

Section C: Medical history

Only report on relevant medical conditions, allergies, prosthesis and questionnaire.

Section D: Dental charting: List current status

NOTE: This dental chart must ONLY be completed at the first visit

18 17 16 15 14 13 12 11
48 47 46 45 44 43 42 41

RIGHT

55 54 53 52 51
85 84 83 82 81

A = Amalgam restoration
P = Porcelain restoration
MC = Metal crown
RCT = Root canal treatment
U = Unerupted or impacted tooth
PO = Pontic

Please record the current dental status of all teeth on the chart abov
chart and indicating in the blocks adjacent to any specific tooth the t
abbreviation legend above.

Report carious and/or fractured teeth by number and surface/s:

Section E: Intra- and extra-oral examination

Please note any additional findings:

Soft tissue

Hard tissue

Periodontal tissue

Section F: Treatment plan and quotation

Please attach a treatment plan and detailed quotation with all relevant treatment codes, tooth numbers, dental technician costs, etc.
A printed copy generated by your practice management software is preferred.

Section G: Pre-authorisation and pre-notification request procedure

Complete the applicable sections of the Dental report in full, and email the form to **enquiries@gems.gov.za** or fax to **0861 00 4367.**

Should benefits be approved, a letter of authorisation will be faxed/emailed to the attending dental practitioner/specialist withintwo working days of receipt of this form and approval of benefits.

2 of 2

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Email enquiries@gems.gov.za • **Fraud Line** 0800 21 2202 • **HIV Aids Helpline** 0860 436 736 • **www.gems.gov.za**

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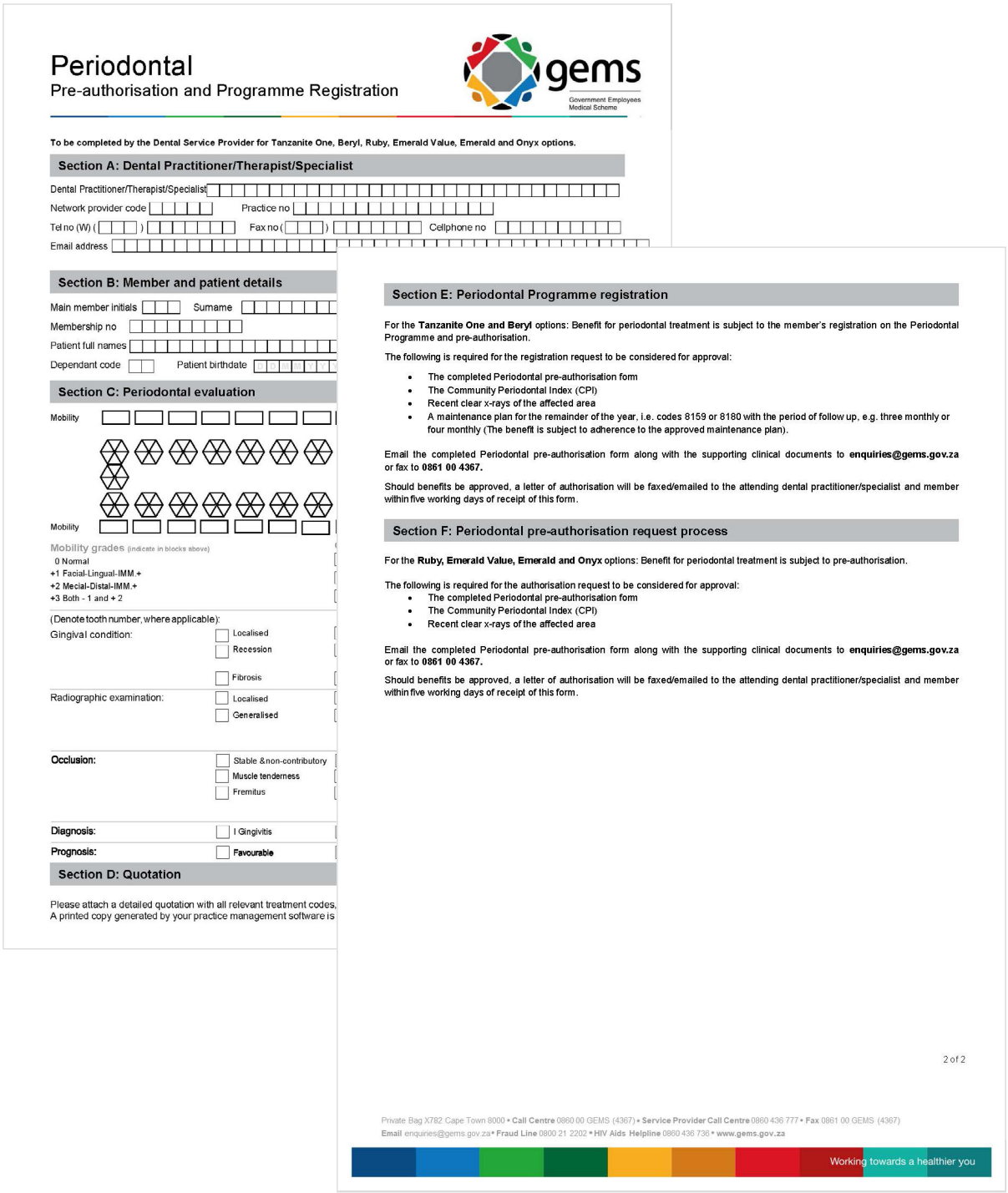
Periodontal Form

Where pre-authorisation is required for periodontal treatment, the 'Periodontal' form should be completed and forwarded to the Scheme.

The form is available at **www.gems.gov.za**.

Email the completed form to **enquiries@gems.gov.za** or fax to **086 100 4367**.

Example:



Periodontal
Pre-authorisation and Programme Registration

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Government Employees Medical Scheme

To be completed by the Dental Service Provider for Tanzanite One, Beryl, Ruby, Emerald Value, Emerald and Onyx options.

Section A: Dental Practitioner/Therapist/Specialist

Dental Practitioner/Therapist/Specialist
Network provider code Practice no
Tel no (W) ( ) Fax no ( ) Cellphone no
Email address

Section B: Member and patient details

Main member initials Surname
Membership no
Patient full names
Dependant code Patient birthdate

Section C: Periodontal evaluation

Mobility

Mobility

Mobility grades (indicate in blocks above)
0 Normal
+1 Facial-Lingual-IMM.+
+2 Mecial-Distal-IMM.+
+3 Both - 1 and + 2

(Denote tooth number, where applicable):
Gingival condition: Localised, Recession, Fibrosis
Radiographic examination: Localised, Generalised
Occlusion: Stable &non-contributory, Muscle tenderness, Fremitus
Diagnosis: I Gingivitis
Prognosis: Favourable

Section D: Quotation

Please attach a detailed quotation with all relevant treatment codes.
A printed copy generated by your practice management software is

Section E: Periodontal Programme registration

For the **Tanzanite One and Beryl** options: Benefit for periodontal treatment is subject to the member's registration on the Periodontal Programme and pre-authorisation.

The following is required for the registration request to be considered for approval:

- The completed Periodontal pre-authorisation form
- The Community Periodontal Index (CPI)
- Recent clear x-rays of the affected area
- A maintenance plan for the remainder of the year, i.e. codes 8159 or 8180 with the period of follow up, e.g. three monthly or four monthly (The benefit is subject to adherence to the approved maintenance plan).

Email the completed Periodontal pre-authorisation form along with the supporting clinical documents to **enquiries@gems.gov.za** or fax to **0861 00 4367.**

Should benefits be approved, a letter of authorisation will be faxed/emailed to the attending dental practitioner/specialist and member within five working days of receipt of this form.

Section F: Periodontal pre-authorisation request process

For the **Ruby, Emerald Value, Emerald and Onyx** options: Benefit for periodontal treatment is subject to pre-authorisation.

The following is required for the authorisation request to be considered for approval:

- The completed Periodontal pre-authorisation form
- The Community Periodontal Index (CPI)
- Recent clear x-rays of the affected area

Email the completed Periodontal pre-authorisation form along with the supporting clinical documents to **enquiries@gems.gov.za** or fax to **0861 00 4367.**

Should benefits be approved, a letter of authorisation will be faxed/emailed to the attending dental practitioner/specialist and member within five working days of receipt of this form.

2 of 2

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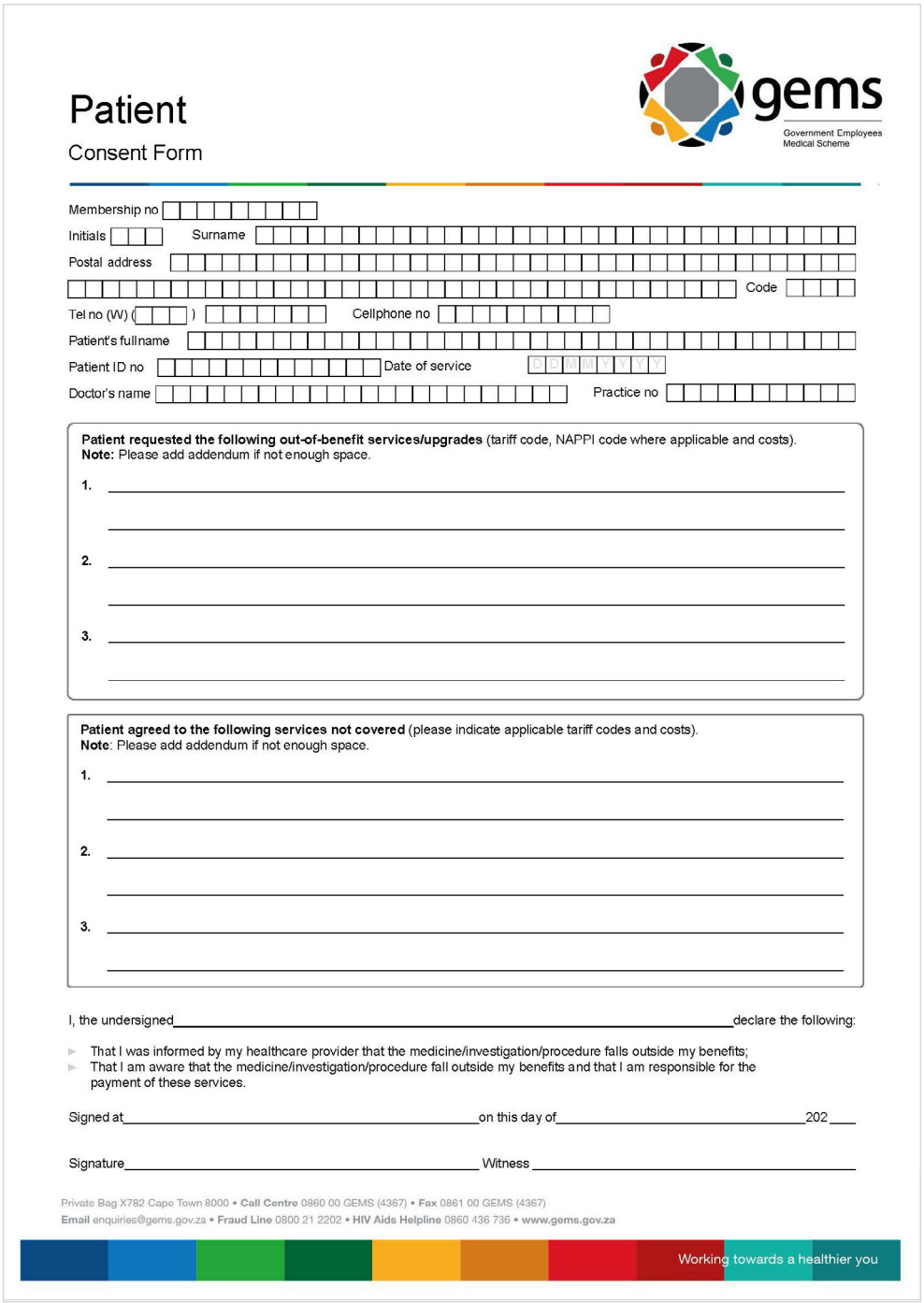
Patient Consent Form

When treatment is performed where an exclusion exists, or the patient's benefits have been exceeded, the patient will have to self-fund. Please ensure the 'Patient consent' form for limits exceeded is completed by the patient and kept on file at the practice.

The form is available at **www.gems.gov.za**.

Email the completed form to **enquiries@gems.gov.za** or fax to **086 100 4367**.

Example:



Patient

Consent Form

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Government Employees Medical Scheme

Membership no
Initials Surname
Postal address
Code
Tel no (W) ( ) Cellphone no
Patient's fullname
Patient ID no Date of service D D M M Y Y Y Y
Doctor's name Practice no

Patient requested the following out-of-benefit services/upgrades (tariff code, NAPPI code where applicable and costs).
Note: Please add addendum if not enough space.

1.
2.
3.

Patient agreed to the following services not covered (please indicate applicable tariff codes and costs).
Note: Please add addendum if not enough space.

1.
2.
3.

I, the undersigned declare the following:

- That I was informed by my healthcare provider that the medicine/investigation/procedure falls outside my benefits;
- That I am aware that the medicine/investigation/procedure fall outside my benefits and that I am responsible for the payment of these services.

Signed at on this day of 202

Signature Witness

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Email enquiries@gems.gov.za • **Fraud Line** 0800 21 2202 • **HIV Aids Helpline** 0860 436 736 • **www.gems.gov.za**

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Contact details

Monday – Friday: 08h00 – 17h00
Saturday: 08h00 – 12h00
Closed on Sundays and public holidays

GEMS Contact Centre
0860 436 777 for provider queries
0860 00 4367 for member queries

Fax
0861 00 4367

Web
www.gems.gov.za

Email
enquiries@gems.gov.za

Postal address
GEMS, Private Bag X782, Cape Town, 8000

GEMS Emergency Services
0800 444 367

GEMS Fraud hotline
0800 212 202
gems@thehotline.co.za

Council for Medical Schemes (CMS)

CMS Contact Centre
0861 123 267

Email
information@medicalscheme.co.za

Web
www.medicalschemes.co.za

Make use of the multi-function **GEMS** Member App to interact with the Scheme at home or on the go to make your life easier.

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