



gems

Government Employees
Medical Scheme



Your GEMS 2019 Optometry Guide

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01 Introduction

Welcome to the GEMS Optometry Management Programme. GEMS always strives to provide members with access to excellent and affordable healthcare. To achieve this, GEMS understands that optometrists play an essential role in the provision of quality Optometry care to our members. Our commitment to the promotion of optometry services further enhances members' access to the excellent healthcare to which they have become accustomed.

Summary of optometry benefits

The following are applicable to the GEMS Sapphire and Beryl options for 2019:

- One optometric examination per beneficiary per 12 month period for Beryl (subject to clinical necessity) and one optometric examination per beneficiary per 24 month period for the Sapphire option. The period is calculated from the date services were last rendered to the beneficiary.
 - Examination includes visual, binocular stability and pathology evaluation (including tonometry) and diagnosis.
 - One pair of spectacles (frame plus lenses) at the applicable package tariff per beneficiary per 24 month period calculated from the date services were last rendered to the beneficiary, subject to the benefit limit.
 - Frame choice is from a provider-designated range. Lenses are standard-quality lenses, single vision or bifocal (where appropriate).
 - Should the beneficiary select a frame from outside the designated range, R221 must be credited towards this frame in lieu of the 'package' frame.
 - Benefits are for either spectacles or contact lenses, not both.
 - No cash refund or credit is available in lieu of the optometry benefit.
 - Tariff codes are restricted to the GEMS Optometry Network tariff codes.
 - Accounts from non-network optometrists will be rejected.
 - Upgrades or services outside the list of benefits will not be covered by the Scheme – this will be for the patient's account.
 - Prescribed Minimum Benefit (PMB) entitlement for post-cataract surgery: Bifocal lenses and frame up to the value of R1118 with a sub-limit of R221 for frame will apply where the Optometry benefit is exhausted.
- A comprehensive examination (11001) includes visual, binocular stability and pathology evaluation (including tonometry) and diagnosis.
 - One pair of spectacles (frame plus lenses) per beneficiary per 24 month period, calculated from the date which services were last rendered to the beneficiary, subject to the applicable limits.
 - Frames are subject to applicable sub-limits. Fitting (nylon or rimless, etc.) will not be covered.
 - Benefits are for either spectacles or contact lenses, not both.
 - Tariff codes are restricted to GEMS Optometry Network tariff codes.
 - Accounts from non-network optometrists will be refunded to the member.
 - Upgrades or services outside the list of benefits will not be covered by the Scheme – this will be for the patients' account.
 - Spectacles with accommodative single vision lenses or intermediate to near multifocal lenses will be covered up to the relevant clinical appropriate benefit.
 - Prescribed Minimum Benefit (PMB) entitlement for post cataract surgery: Bifocal lenses and frame up to the value of R1118 with a sub-limit of R221 for frame will apply where the Optometry benefit is exhausted.

The following are applicable to the GEMS, Emerald Value, Emerald and Onyx options for 2019:

- One optometric examination per beneficiary per 12 month period (subject to clinical necessity) calculated from the date which services were last rendered to the beneficiary.
- One optometric examination per beneficiary per financial year, starting on 1 January and ending 31 December of the same year.
 - A comprehensive examination (11001) includes visual, binocular stability and pathology evaluation (including tonometry) and diagnosis.
 - One pair of spectacles (frame plus lenses) per beneficiary per financial year, limited to available benefit in either the Personal Medical Savings Account (PMSA) or Block Benefit.
 - Frame sub-limit of R1359 per beneficiary shall apply. Fitting (nylon or rimless, etc.) will not be covered.
 - Benefits are for either spectacles or contact lenses, not both.
 - Tariff codes are restricted to GEMS Optometry Network tariff codes.
 - Accounts from non-network optometrists will be refunded to the member.
 - Upgrades or services outside the list of benefits will not be covered by the Scheme – this will be for the patients' account.
 - Spectacles with accommodative single vision lenses or intermediate to near multifocal lenses will be covered up to the relevant clinical appropriate benefit.
 - Prescribed Minimum Benefit (PMB) entitlement for post cataract surgery: Bifocal lenses and frame up to the value of R1 118 with a sub-limit of R221 for frame will apply where the Optometry benefit is exhausted.

Childhood screening (on all options) for 2019:

- Once a lifetime childhood optometry screening benefit across all options for beneficiaries up to and including age seven.
- Screening can only be performed and charged in isolation (without any other examinations or material).

Tariff code	Code description	Cost	Service
94000	Individual Child Screening	R82.20	Screening only

It is important to note that signed consent by the child's parent/guardian must be obtained before any form of screening may take place (this consent as well as the patient report must be available on request).

During a child screening the following need to be assessed:

Unaided visual acuity:

Assessment of the habitual acuity at distance and near

Acuity through a +1.50 diopter sphere lens:

To eliminate the possibility of the patient accommodating during the assessment of his/her habitual visual acuity test

Colour vision:

To determine the presence of colour blindness or deficiency

Stereo acuity (depth perception):

To ascertain that depth can be seen in binocular views

Ocular motilities, cover test and near point of convergence (NPC):

Assessment of ocular movements, alignment of the eyes and to determine any convergence weakness

Ophthalmoscopy:

To detect and evaluate various retinal vascular diseases or eye diseases and pupil response

Any deviation from clinically accepted norms, will require a comprehensive eye examination (the screening will then be void and only an eye examination must be charged).



02 Optometry tariffs for 2019

The GEMS Optometry Network tariffs for 2019 are available on the GEMS website at www.gems.gov.za.

The following tariffs will apply to both the Sapphire and Beryl options:

Tariff code	Code description	Cost	Service
90011	Vision Exam (when no Material Supplied)	R214.90	Consultation only
93200	Combined V/Exam+Frame+S/Vision Standard	R758.70	Consultation, frame and Single Vision Standard Lenses
93201	Combined V/Exam+Frame+S/Vision Surfaced	R814.20	Consultation, frame and Single Vision Surfaced Lenses
93300	Combined V/Exam+Frame+Bi-focal	R1 294.40	Consultation, frame and Bifocal Lenses

- Benefits will not be paid if these codes are not reflected in your claim.
- For a single vision or bifocal package, your claim should reflect only the package tariff code and not the individual consultation and other tariff codes, e.g. for the bifocal package only claim for 93300 and do not include 90011.
- Disposable or permanent contact lenses for the Sapphire and Beryl options are to be billed by using the appropriate product tariff code and cost.

The GEMS Optometry Network tariffs for 2019 will apply to the Ruby, Emerald Value, Emerald and Onyx options.



03 Qualifying Criteria

The optometry benefit is subject to qualifying norms, including family or beneficiary limits where applicable. Benefits will be subject to the Optometry Benefit Management Programme:

The following are applicable to the GEMS Sapphire and Beryl options for 2019:

- Unaided visual acuity of worse than 6/9 (Snellen rating) for distance or near (where appropriate).
- Refractive error of minimum 0.75 Dioptre sphere or 0.75 Dioptre cylinder, or reading Rx (Add) of at least +1.50 Dioptre sphere.
- For bifocals, both distance and near norms must be satisfied.

The following are applicable to the GEMS Ruby, Emerald, Emerald Value and Onyx options for 2019:

- Unaided visual acuity of worse than 6/9 (Snellen rating) for distance or near (where appropriate).
- Refractive error of minimum of 0.50 Dioptre sphere or 0.50 Dioptre cylinder, or reading Rx (Add) of +1.00 Dioptre sphere.
- For bifocals **and** multifocals both distance and near norms must be satisfied.

All claims for spectacles and lenses must meet the qualifying criteria to qualify for benefits. Any claims that have not met the qualifying norms will be rejected.



04 Out-of-benefit upgrades

- Out-of-benefit upgrades are payable by members, directly to the participating optometrist at no more than the relevant GEMS Optometry Network tariff.
- The Scheme accepts no responsibility for accounts for extras chosen by beneficiaries that are excluded as per the Scheme Rules.
- Should members on Sapphire and Beryl options select a non-designated frame, the claim must reflect the package code tariff as well as the selected frame at the marked price less R221. The balance is strictly for the member's account.
- All additional out-of-benefit items are to be reflected on the claim, but they will not be funded. **Please discuss this with the member. Split billing is not allowed.**
- No sunglasses or lenses with a tint over 35% will be covered **(spectacles including frame, will be rejected).**

Disclaimer applicable on benefit confirmations:

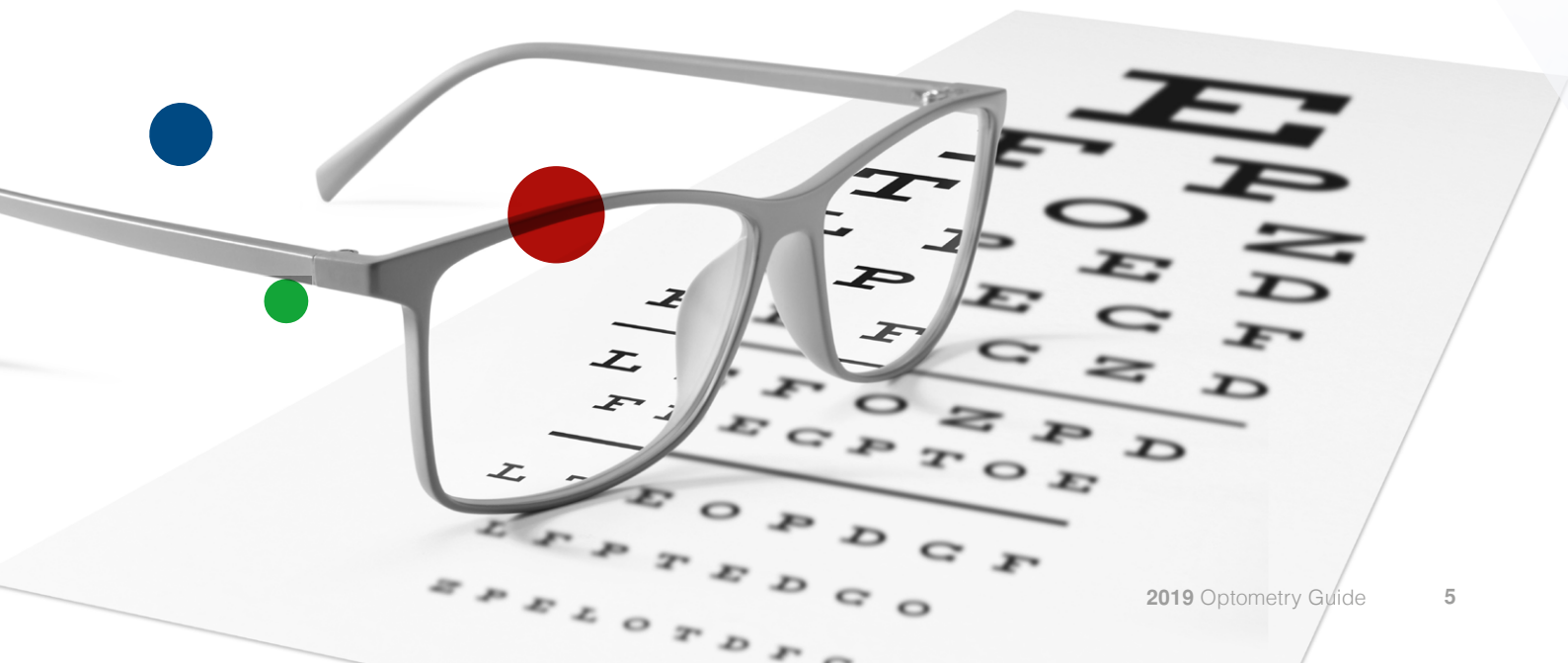
Benefits listed are subject to the 2019 registered Scheme Rules, Optometry Management Programme and in the event of a dispute the Registered Scheme Rules takes precedence.

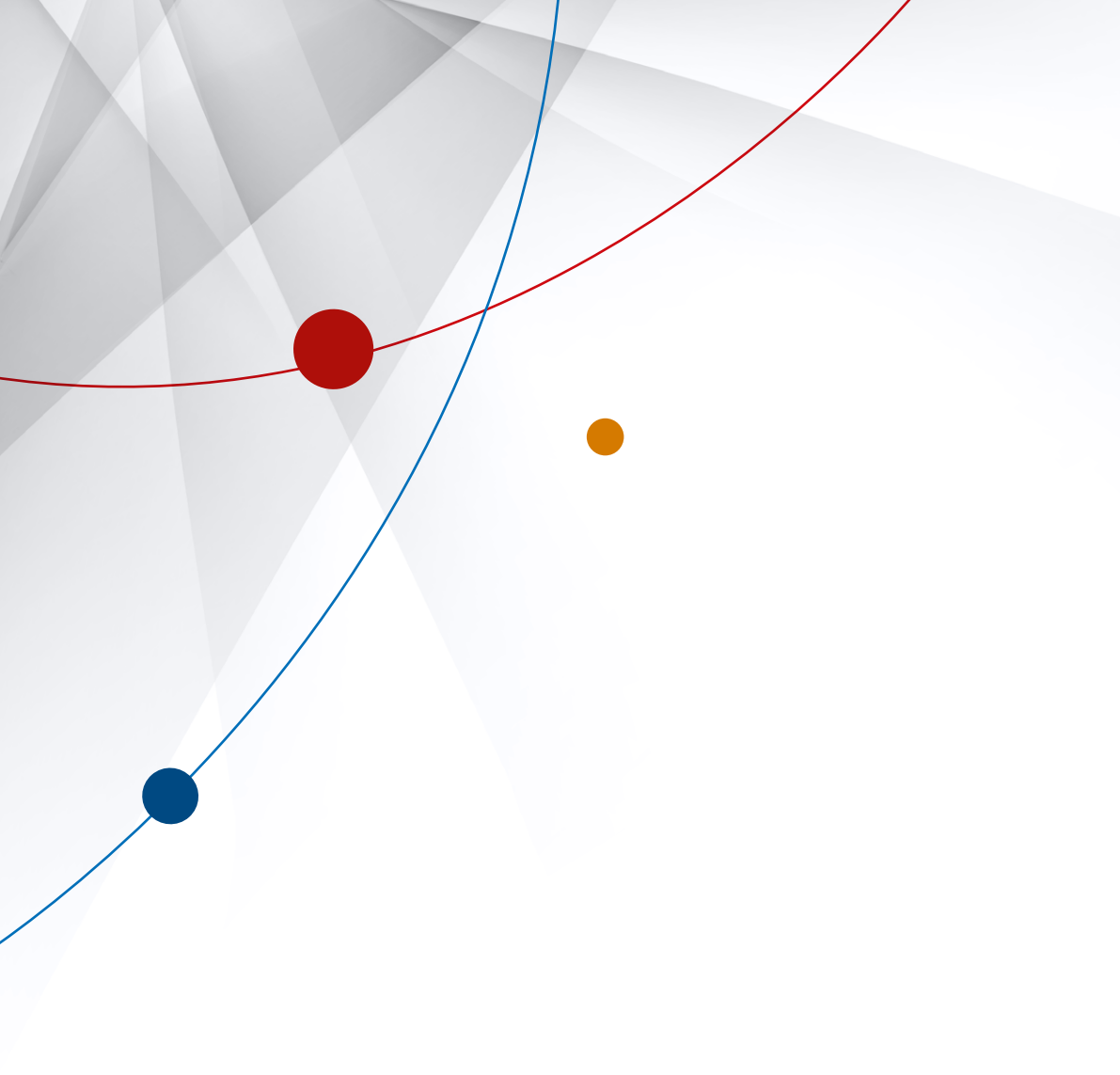
Benefits may also be subject to a beneficiary limit every two (2) financial years, calculated from 1 January of the year within which any optical service was first rendered to any beneficiary following the end of such previous two-year period (if any) ended on 31 December. The family limit is calculated per option either annually or biannually as of 1 January.

Insured benefits confirmation should not change provided the member has no outstanding accounts which will affect the benefit limits, the membership is active and the claim is in line with the requirements of Optometry Management Programme.

Benefit confirmations and payments may vary for those options where benefits are subject to the availability of Family, Beneficiary and/or available Medical Saving Account limits.

Optometry devices that are not regarded by the relevant managed healthcare programme as clinically essential or clinically desirable will be excluded from benefits and will not be paid for by the Scheme.





GEMS Network Provider

Service Centre

Monday – Friday: 08h00 – 17h00

Saturday: 08h00 – 12h00

Closed on Sundays and public holidays

Postal Address

GEMS

Private Bag x782

Cape Town

8000

Call centre: 0860 436 777 | Email: enquiries@gems.gov.za

www.gems.gov.za