



**2023
MARKETING
BROCHURE**

Join GEMS today and become a part of a Scheme that prioritises access to **affordable quality healthcare and rich benefits for you and your family!**

DISCOVER THE
BRILLIANCE
OF **GEMS**

About GEMS

The Government Employees Medical Scheme (GEMS) is a restricted medical scheme providing accessible, affordable and rich benefits to qualifying Public Service employees and their nominated beneficiaries. GEMS currently provides quality healthcare to over 800 000 main members and over 2 million beneficiaries.

Join **GEMS** today as your **medical scheme of choice** and discover its true brilliance!



WHO CAN JOIN GEMS?

GEMS is specifically designed to offer qualifying Public Service employees affordable and accessible healthcare if they work at one of the entities listed below:

- A National Department listed in Schedule 1 of the Public Service Act.
- A Provincial Department listed in Schedule 2 of the Public Service Act.
- A Provincial Administration listed in Schedule 2 of the Public Service Act.
- Organisational components listed in Schedule 3 of the Public Service Act.
- Any employer group approved by the Scheme (a list of these employers is available in Annexure A of the Scheme Rules).

Unfortunately, there are Public Service departments that cannot join the Scheme and these include:

- Uniformed members of The South African National Defence Force (SANDF).
- The National Intelligence Agency (NIA).
- The South African Secret Service (SASS).
- Uniformed members of the South African Police Service (SAPS).
- Any department where the conditions of service do not allow you to join GEMS.

The Public Service Act is available on the Department of Public Service and Administration website at www.dpsa.gov.za



REMEMBER: You cannot be a member or a registered dependant of more than one medical scheme at the same time.



With affordable monthly contributions and rich benefits for quality healthcare, **why wouldn't you want to join GEMS?**

Reasons why **GEMS** is the **best choice for you and your family**

1. **Lower contributions** vs. open and closed schemes.
2. Contributions **based on income**
3. **Up to 100% subsidy for qualifying employees on salary levels 1 – 5** (terms and conditions may apply).
4. Broadest definition of beneficiaries – **up to 5 generations can be covered!**
5. **No late joiner penalties.**
6. **Primary Care Extender benefit** – provides an additional **R863** per year for the Emerald and Emerald Value options.
7. **Largest HIV Disease Management Programme (DMP).**
8. **Close collaboration with Trade Unions and government stakeholders.**
9. GEMS provides **greater access to quality healthcare** through a wide array of networks.
10. GEMS offers **comprehensive screening and preventative care benefits** to its members. These benefits are available on all options and payable from the risk benefit for eligible members and dependants. **This means that day to day benefits will not be affected.**

Visit www.gems.gov.za for the eligibility criteria.



Choose cover from one of our six options
or the efficiency discount option



TANZANITE ONE

This is an entry-level Network benefit option tailored for Level 1-5 employees and subject to Network GP Nomination and Specialist Referral Rules.

On Tanzanite One, you receive Coordinated Care – for improved healthcare outcomes!

You are required to nominate a Network GP who will coordinate all your healthcare needs! This means that you will experience far less out-of-pocket payments when visiting YOUR Network GP. You and each of your dependants are required to nominate a GP.

All members on TANZANITE ONE have access to a network of private hospitals! GEMS has negotiated with a number of private hospitals to set agreed rates and thus offer ALL members on TANZANITE ONE quality healthcare.

Using GEMS Network providers and Private Network Hospitals means you will reduce your risk of out-of-pocket payments, allowing you to really do more for your family.

Members on Tanzanite One receive the following:

- Comprehensive In-Hospital benefits for healthcare services rendered by facilities on the GEMS Network to a specified limit per family per annum;
- Comprehensive Out-of-Hospital benefits for healthcare services typically rendered by providers on the GEMS Network, subject to Network GP Nomination and Specialist Referral Rules;
- Access to Tanzanite One GEMS Network providers and medicine on the applicable GEMS Formulary list, which is accessible on the GEMS website;
- Three additional non-PMB chronic conditions; and
- Access to Public Facilities.



BERYL

This is an entry-level Network benefit option, tailored for members with limited healthcare needs.

- Offers members comprehensive In-Hospital benefits for healthcare services rendered in and by public and private hospitals to a specified limit per family per annum;
- Comprehensive Out-of-Hospital benefits for healthcare services typically rendered by healthcare providers on the GEMS Network, subject to Network GP and Specialist Referral Rules;
- Access to Beryl GEMS Network providers and medicine on the applicable GEMS Formulary list, which is accessible on the GEMS website;
- Three additional non-PMB chronic conditions; and
- Access to Public Facilities.



RUBY

This is a mid-level benefit option tailored for members with limited to average healthcare needs who wish to enjoy a personal medical savings account.

- Offers members comprehensive In-Hospital benefits for healthcare services rendered at and by public and private hospitals;
- Comprehensive Out-of-Hospital benefits for healthcare services;
- Personal Medical Savings Account (PMSA) and Block Benefit from which some In- and Out-of-Hospital healthcare services are funded;
- Family Practitioner Network Extender Benefit once the PMSA and Block Benefit is exhausted;
- Eight additional non-PMB chronic conditions; and
- Access to Public Facilities



EMERALD VALUE

This is an efficiency discounted option of Emerald tailored for members with average to above-average healthcare needs.

- Offers members comprehensive In-Hospital benefits for healthcare services rendered by facilities on the GEMS Network;
- Comprehensive Out-of-Hospital benefits for healthcare services typically rendered by health-care providers on the GEMS Network, subject to Network GP Nomination and Specialist Referral Rules;
- Access to Emerald GEMS Network providers and medicine on the applicable GEMS Formulary list, which is accessible on the GEMS website;
- Members on Emerald who switch to the Emerald Value option (EVO) will experience greater savings on their monthly contribution, while enjoying the same benefits they would on Emerald Option. However, you must nominate a Network GP;
- A Primary Care extender benefit of R 863 and a Family Practitioner Network Extender Benefit once the day-to-day Block Benefit is exhausted;
- 41 additional non-PMB chronic conditions; and
- Access to Public Facilities





EMERALD

This is a high-level traditional option, tailored for members with average to above-average healthcare needs.

- Offers members comprehensive In-Hospital benefits for healthcare services;
- Comprehensive Out-of-Hospital benefits for healthcare services;
- A Primary Care extender benefit of R 863 and a Family Practitioner Network Extender Benefit once the day-to-day Block Benefit is exhausted;
- 41 additional non-PMB chronic conditions; and
- Access to Public Facilities.



ONYX

This is a top-level benefit option, tailored for members with above-average to extensive healthcare needs.

- Offers members comprehensive In-Hospital benefits for healthcare services;
- Comprehensive Out-of-Hospital benefits for healthcare services;
- Family Practitioner Network Extender Benefit once the day-to-day Block Benefit is exhausted;
- 41 additional non-PMB chronic conditions; and
- Access to Public Facilities.



NOTE

Always contact the GEMS emergency contact centre (**0800 44 4367**) if you:

- Need an ambulance or emergency services.
- Are not sure if you need an ambulance or not.
- Need after-hours advice about the nearest hospital from the scene of the incident



Additional benefits in 2023!

These benefits are applicable to all options:

Chronic medication benefit for depression: Chronic Disease List (CDL) conditions are not subject to a benefit limit whereas additional chronic disease list (aCDL) conditions are. Depression is an aCDL condition however the Scheme will fund diagnosis, treatment and care of Depression in full, as if it is a CDL condition subject to the same conditions applicable to PMBs, as provided for in section A of Annexure C of the GEMS Rules.

Post-cataract surgery benefit: The limit on bifocal lenses and frames for post-cataract surgery will be increased from R1 276 to R1 585 in 2023 per beneficiary. This benefit is only utilised if the standard optometry benefit is exhausted.

Maternity programme: Currently, GEMS maternity programme beneficiaries are entitled to five consultations with general practitioners or midwives during the second trimester. Two of these consultations may be exchanged for gynecologist visits.

HPV vaccination: GEMS has expanded the eligibility of the HPV vaccination for females from ages 9-14 years to 9-45 years of age.

Oncology rule removal: GEMS has approved previously restricted oncology medication to be covered. These include antifungal medications, monoclonal antibodies and biological medications derived from human proteins that are designed to target immune system components that cause inflammation. This makes funding for these medications available in accordance with the funding protocols of the Scheme.

Pap smear screening: GEMS will extend its Pap Smear screening benefit to include HPV DNA testing, which is used to check for high-risk HPV infection in women, for women aged 12 years and older.

Management of pre-cancerous cervical lesions: GEMS will fund the use of the Loop Electrosurgical Excision Procedure (LEEP), also called Large Loop Excision of the Transformation Zone (LLETZ) as a treatment for pre-cancerous cervical lesions. This type of procedure removes a small part of the cervix in order to test for, or treat cervical cell changes (abnormal cells).

In 2023, the frames sub-limit for the **Ruby, Emerald, EVO** and **Onyx** options will remain unchanged. This means that the 2023 frame limit will not be adjusted for CPI, resulting in a decreasing limit in real terms.

In efforts to preserve in-hospital and out-of-hospital Dental limits, dental sealants will be moved to the preventative care services benefit for funding. This is applicable to Ruby, Emerald, EVO and Onyx and **for beneficiaries up to the age of 18 years when they make use of network providers.**

Your 2023 monthly contributions

GEMS is pleased to announce an **average contribution increase of 5%** across all benefit options for 2023* The tables below show the full contributions for the year and do not include any subsidies, which you may qualify for. If you qualify for a subsidy**, your employer will pay part of the contribution and you will be required to pay the balance. Visit www.gems.gov.za to use the convenience of our contributions calculator and calculate your contributions.

TANZANITE ONE			
			
R0 - R10 170.00	1 245	984	536
R10 170.01 - R14 272.00	1 305	1046	578
R 14 272.01 - R24 449.00	1 388	1 099	612
R24 449.01 +	1 624	1 374	778

EMERALD VALUE			
			
R0 - R15 316.00	2 717	2 076	1 010
R15 316.01 - R26 451.00	3 007	2 331	1 133
R26 451.01 +	3 369	2 590	1 262

BERYL			
			
R0 - R10 170.00	1 405	1 401	788
R10 170.01 - R14 272.00	1 524	1 512	869
R14 272.01 - R24 449.00	1 663	1 663	933
R24 449.01 +	1 997	1 997	1133

EMERALD			
			
R0 - R15 316.00	3 246	2 472	1 205
R15 316.01 - R26 451.00	3 592	2 777	1 350
R26 451.01 +	4 027	3 088	1 506

RUBY			
			
R0 - R15 316.00	2 903	2 179	1 124
R15 316.01 - R26 451.00	3 234	2 431	1 260
R26 451.01 +	3 581	2 699	1 386
Please note: 20% of contributions on the Ruby Option will go towards the Personal Medical Savings Account.			

ONYX			
			
R0 - R15 316.00	5 627	4 309	1 692
R15 316.01 - R32 635.00	5 857	4 459	1 838
R32 635.01 +	6 323	4 860	2 051

*Annual contribution increase will vary depending on number of dependants, salary level and option selected.

**Subsidy subject to the Minister for Public Service and Administration's approval on the Determination on Medical Assistance for the 2023 year.

		
Member Refers to a 'Member' (i.e. a principal member)	Adult Refers to any 'Adult Dependant'	Child Refers to any 'Child Dependant'

DID YOU KNOW?

As a Public Service employee, you may qualify for a subsidy from your employer when you join GEMS which could result in further savings to your pocket. A subsidy is an amount your employer pays towards the cost of GEMS. If you qualify for a subsidy, your employer will pay a portion of your contribution each month and you will pay the rest. The amount depends on the size of your family. Your HR practitioner can help you better understand how you qualify for a subsidy.

An employee who was not a Member of GEMS prior to retirement or termination of employment due to ill health with special permissions or other eligible reasons as contemplated in Rule 6.3.2, regardless of the date of such retirement, or the widowed Spouse of a deceased employee who was not a GEMS Member prior to his or her death, or a registered Dependant of an employee who qualified to join GEMS but was a member of a different Medical Scheme prior to death, shall be eligible to enrol for GEMS membership.

Dependants of a deceased Member who were registered as Dependents with the Scheme at the time of such Member's death are eligible for continued membership in the Scheme with no new restrictions, limitations, or waiting periods.

DISCOVER THE BRILLIANCE OF GEMS THROUGH TWO OF OUR FLAGSHIP OPTIONS AND ENJOY RICH AND AFFORDABLE BENEFITS

The Tanzanite One option brings with it:

- Comprehensive cover for both in-hospital and out-of-hospital benefits.
- Qualifying public service employees on income level 1-5 continue to enjoy up to 100% subsidy from their employer. This means you could be getting so much more without paying a single cent!
- Coordinated Care. You will now have a dedicated GP with access to a Network of private hospitals - irrespective of the admission type.
- Full access to a Network of Private Hospitals.
- Unlimited GP and Specialist consultations – subject to adherence to Care Coordination rules.

EVO is the best performing option on GEMS!

With a low monthly contribution increase of only 5%, it makes sense for you to stay on EVO!

Get the most out of our Network options by adhering to the principles of Coordinated Care Network options. If you belong to **Tanzanite One** or **EVO**, then these are the steps to follow...



1. First **nominate a GP** on the GEMS Network. Your dependants are also able to **nominate** their **own GP** – it's **flexible!**

How to **nominate a GP**

- Step 1** - Contact the GEMS call centre on 0860 00 4367
- Step 2** - Select membership
- Step 3** - Request to nominate your GP
- Step 4** - Provide your GP's practice number



2. **REMEMBER!** Don't visit a **non-nominated GP**, or you'll have to make a **30% out-of-pocket** payment.

When can you see a specialist without a referral:

- If your children are under the age of two, and need to see a Paediatrician;
- If you're a female member and need to see an Obstetrician and Gynaecologist;
- If you already have a referral to see a specialist for an existing chronic condition.



3. **Specialist referral.** If you need to consult a specialist, your network GP will **refer you to one**. That's a key part of EVO's **coordinated care**. Your GP knows when you should see a specialist.

IMPORTANT NOTE:

When can you use a non-network hospital?

- When you're on a trip and there's no network hospital nearby;
- In case of a **medical emergency**; OR
- The specialised care you need isn't available at the nearest network hospital.



4. **Visiting the hospital.** From time to time, we all may have to go to the hospital. As EVO members, your family must use a hospital within the **GEMS network**. There are a number of network hospitals to choose from (you can find the **full list** on the GEMS website at www.gems.gov.za). If you don't have a GEMS Network hospital **within 50km of your place of residence**, don't stress. You can still use the **nearest** hospital.

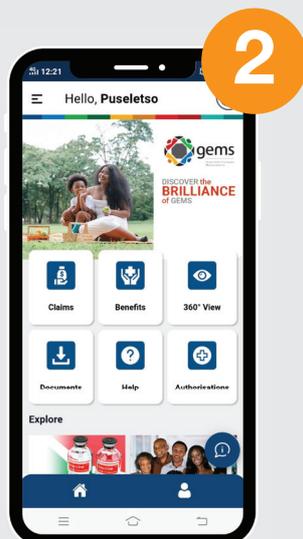
Use of non-network hospitals may result in a co-payment of up to R13 500 per admission.

Digital Communication

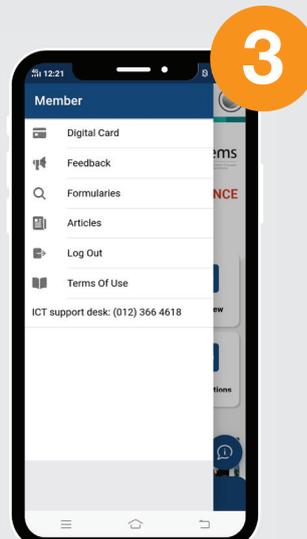
As a GEMS member, you have access to use our digital platforms like the Member App and Portal, as well as a digital GEMS membership card. Here's how you can access your digital membership card.



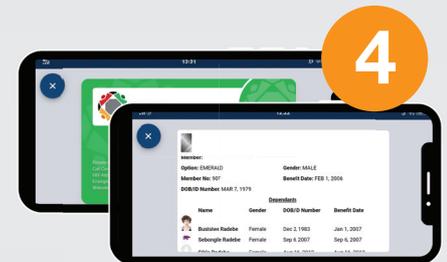
Login in or register using your credentials.



After logging in, **click on the menu button at the top left of your screen** on the top left of your screen.



Click on **DIGITAL CARD** at the top of the menu bar.



Your **digital card** will appear on the screen, **then swipe right** to view your membership details.



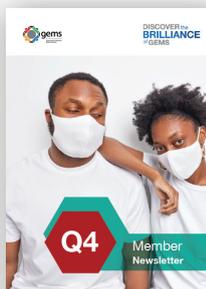
Here's how we stay in touch with you!



GEMS News

GEMS has an interactive digital platform called GEMS News which provides news, updates and Scheme communication to all members and stakeholders.

This is available to all members and shared on our website and social media platforms.



Quarterly Member Newsletters

Our quarterly member newsletters are an effective way for us to keep our members informed and involved with the Scheme. Our newsletters are distributed to our members on a quarterly basis.



GEMS Day

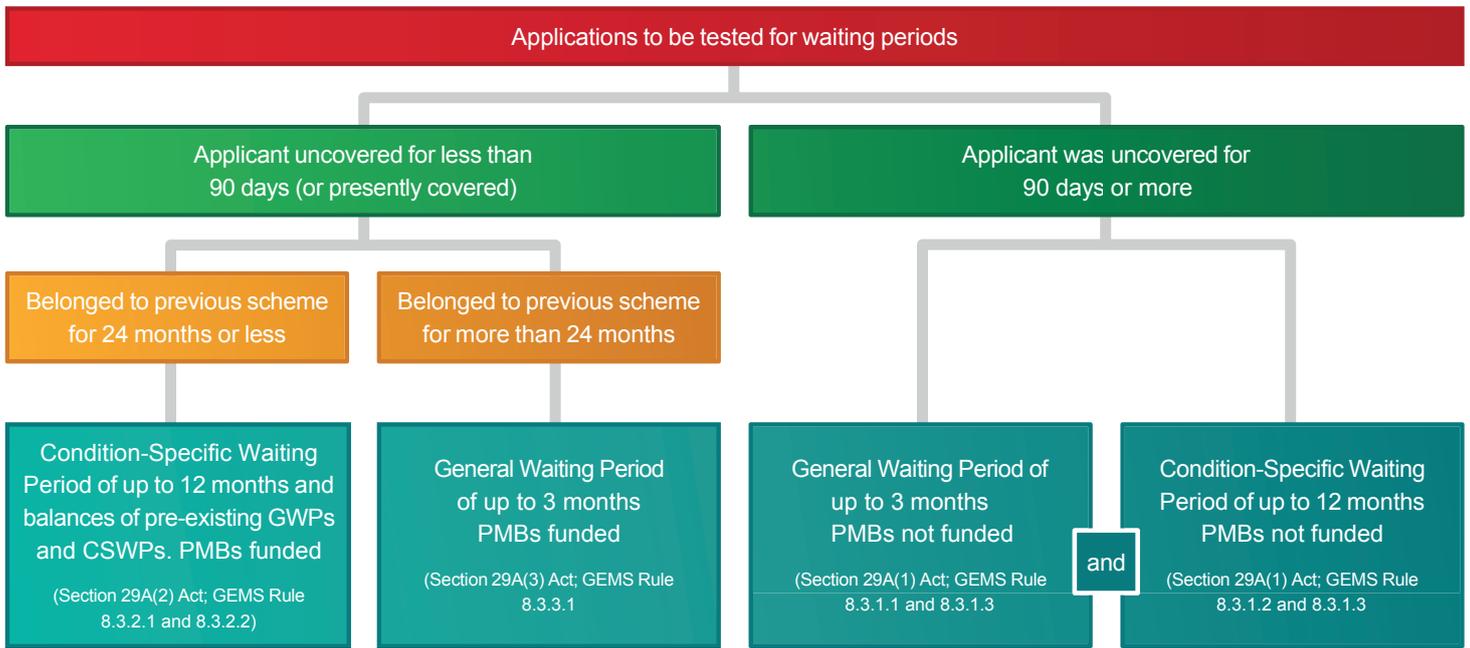
Our GEMS Days are monthly events that are themed to meet our members' product education and healthcare needs. These events are used largely to educate members on the various benefit options offered by the Scheme to meet their healthcare expectations. Members are also educated on the value of using the GEMS hospital network to avoid "Out-of-Pocket" payments amongst others.





Understanding Underwriting

If I am subjected to underwriting, **which waiting period will apply?**



Fraud, waste and abuse



As a member, here is what you can do to ensure you play your part in the **prevention** of **Fraud Waste and Abuse**.

Keep your personal medical scheme details private.

Always check your monthly statements to make sure that all claims are correct and that you received the services that have been claimed for.

Be careful who you share your membership number or membership card with anyone.

Never accept free medical services or equipment in exchange for a membership card.

Ensure that you and your family only use the healthcare benefits when it is completely necessary.

Always report and replace your membership card when it gets lost or stolen.



Remember to report any suspicious activity through the following:

Calling the anonymous 24-hour toll-free GEMS Fraud line Service on **0800 21 22 02**

- Request a call back by sending an **SMS to 30916**.
- Or email **Office@thehotline.co.za**

IN-HOSPITAL BENEFITS

Prescribed minimum benefits (PMBs)	    	Oncology (chemotherapy and radiotherapy)	      
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	Limited to R287 451 for non-PMB/family/year     	Organ and tissue transplants	R25 447 /beneficiary for corneal grafts     
Alcohol and drug dependencies	    	Pathology and Medical Technology	      
Allied health services	Limited to R1 840 /family and R1 150 /beneficiary/year      	Physiotherapy	R2 875 /beneficiary/year     
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	    	Medical and surgical appliances and prostheses	Limited to R33 831 /family/year for prostheses generally and R33 831 /family/year for joint revisions only     
Blood transfusion	     	Radiology (advanced)	Sub-limit of R9 199 , or R13 798 if R9 199 sub-limit is exceeded with first CT/MRI scan/beneficiary/year (shared)       
Dental services (conservative, restorative and specialised)	Limited to one (1) root canal treatment per Beneficiary per year, which includes one (1) emergency Out-of-Network visit per Beneficiary per year, subject to PMBs Includes periodontal programme paid from risk, subject to periodontal treatment benefits      	Radiology (basic)	    
Emergency services (casualty department)	     	Renal dialysis	       
GP and Specialist services	     	Surgical procedures (including maxillofacial surgery)	Maxillofacial surgery subject to sub-limit of R26 548      
Mental health	R11 498 /beneficiary/year Further shared sub-limit with out-of-hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists      		



Available



Not Available

 100% Scheme rates apply  Limited to PMBs  Subject to managed care rules  DSP Subject to the use of a Designated Service Providers

 Subject to other sub-limits, refer to the GEMS Rules  Subject to the service being related to admissions under the annual hospital benefit

 Pre-authorisation is needed  100% of cost, subject to PMB legislation  Subject to annual hospital limit

 Unlimited, refer to Scheme rules  Subject to referral by network GP

OUT OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)		✗	Medical and surgical appliances and prostheses	Limited to R7 962 /family/year ✓ % PMB MC
Allied health services	Limit of R1 150 /beneficiary and R1 840 /family ✓ % PMB F		Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	R5 749 /beneficiary/year Further shared sub-limit with in-hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC
Audiology, occupational therapy and speech therapy	✓ % PMB MC P C F		Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	Limit of R1 380 /beneficiary for every 2 years ✓ % PMB MC
Block benefit (day-to-day benefit)		✗	Pathology and Medical Technologists	✓ % PMB F
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme ✓ % PMB MC		Physiotherapy	Included in Allied Health services ✓ % PMB MC P C F
Circumcision	Global limit of R1 812 /beneficiary incl. post-op care within 1 month of procedure ✓ % PMB MC P C H		Prescribed medicine and injection material	R671 family limit/family/year for homeopathic medicine. Limited to R109 /beneficiary/event, and R303 /beneficiary/year, Contraceptives limited to R3 414 /beneficiary/year ✓ % PMB MC C
Dental services (conservative, dentistry including acute medicine)	✓ % PMB MC		Preventative care services	All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R863 per Beneficiary per annum. ✓ % PMB MC
Emergency assistance (road and air)	✓ % PMB MC		Primary care extender	✗
General Practitioner (GP) and Specialist services	✓ % PMB MC F		Screening services	✓ % PMB P
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)		✗	Radiology (advanced)	Sub-limit shared with in-hospital limit of R9 199 , or R13 798 if R9 199 sub-limit is exceeded with first CT/MRI scan/beneficiary/year ✓ % PMB A P C
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme ✓ % PMB MC		Radiology (basic)	✓ % PMB MC U F
Infertility	✓ % PMB MC P C		Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event ✓ % PMB MC
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols ✓ % PMB MC			



Available



Not Available



100% Scheme rates apply



Limited to PMBs



Subject to managed care rules



DSP Subject to the use of a Designated Service Providers



Subject to other sub-limits, refer to the GEMS Rules



Subject to the service being related to admissions under the annual hospital benefit



Pre-authorisation is needed



100% of cost, subject to PMB legislation



Subject to annual hospital limit



Unlimited, refer to Scheme rules



Subject to referral by network GP

IN-HOSPITAL BENEFITS

Prescribed minimum benefits (PMBs)	✓ % PMB U C DSP	Oncology (chemotherapy and radiotherapy)	Sub-limit of R265 483 /family/year ✓ % PMB A P C H
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	Limited to R1 327 438 for non-PMB/family/year ✓ % PMB MC P H C	Organ and tissue transplants	R749 643 /beneficiary/year, R25 447 /beneficiary for corneal grafts ✓ % PMB MC P
Alcohol and drug dependencies	✓ % PMB MC P	Pathology and Medical Technology	✓ % PMB MC A P H
Allied health services	Limited to R3 867 /family and R2 572 /beneficiary/year (shared) ✓ % PMB MC P H	Physiotherapy	R5 765 /beneficiary/year ✓ % PMB P C
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P	Medical and surgical appliances and prostheses	Limited to R39 825 /family/year for prostheses generally and R39 825 /family/year for joint revisions only ✓ % PMB MC P H
Blood transfusion	✓ % PMB A P C	Radiology (advanced)	Sub-limit of R25 651 (shared) ✓ % PMB A P C H
Dental services (conservative, restorative and specialised)	Limited to one (1) root canal treatment per Beneficiary per year, which includes one (1) emergency Out-of-Network visit per Beneficiary per year, subject to PMBs Includes periodontal programme paid from risk, subject to periodontal treatment benefits ✓ % PMB A P H	Radiology (basic)	✓ % PMB A H
Emergency services (casualty department)	✓ % PMB A P C	Renal dialysis	Sub-limit of R265 483 /beneficiary/year for chronic renal dialysis ✓ % PMB MC A P C H
GP and Specialist services	✓ % PMB MC P H	Surgical procedures (including maxillofacial surgery)	Maxillofacial surgery subject to sub-limit of R26 548 ✓ % PMB A P H
Mental health	Sub-limit of R21 377 /beneficiary/year less the beneficiary's usage of the sub-limit of R12 061 /family/year out of hospital Further shared sub-limit with out-of-hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC P C		



Available



Not Available

% 100% Scheme rates apply **PMB** Limited to PMBs **MC** Subject to managed care rules **DSP** DSP Subject to the use of a Designated Service Providers

SUB Subject to other sub-limits, refer to the GEMS Rules **A** Subject to the service being related to admissions under the annual hospital benefit

P Pre-authorisation is needed **C** 100% of cost, subject to PMB legislation **H** Subject to annual hospital limit

U Unlimited, refer to Scheme rules **F** Subject to referral by network GP

OUT OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)		Medical and surgical appliances and prostheses	Limited to R51 010 /family/year   PMB MC
Allied health services	Shared limit with in-hospital Allied health services of R1 933   PMB	Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	Sub-limit shared with in-hospital benefit of R22 489 /family/year Further shared sub-limit with in-hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists   PMB MC
Audiology, occupational therapy and speech therapy	Shared limit of R2 737 /beneficiary/year and R5 484 /family/year shared with pathology and medical technology, sub-limit of R2 202 /beneficiary and R4 398 /family/year   PMB	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	Limit of R2 817 /beneficiary for every 2 years   PMB MC
Block benefit (day-to-day benefit)	Limited to R5 610 /beneficiary and R11 224 /family/year, subject to GP nomination and specialist referral rules   PMB A P	Pathology and Medical Technologists	Shared sub-limit with Audiology, occupational therapy and speech therapy of R2 737 /beneficiary and R5 572 /family/year   PMB F
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme   PMB MC	Physiotherapy	Shared with day-to-day block benefit limit, sub-limit of R2 628 /beneficiary and R5 257 /family/year   PMB MC
Circumcision	Global limit of R1 812 /beneficiary incl. post-op care within 1 month of procedure   PMB MC P C H	Prescribed medicine and injection material	Limit of R4 498 /beneficiary and R13 492 /family/year, sub-limit of R671 for homeopathic medicine/family/year - Chronic medical conditions, limit of R13 492 /beneficiary and R27 169 for non-PMB conditions/family/year. Event limit of R303 /beneficiary, Sub-limit of R1 133 /beneficiary/year. Annual family limit of R1 812 . Contraceptives sub-limit of R3 414 /beneficiary/year   PMB MC
Dental services (conservative, dentistry including acute medicine)	Shared with in-hospital limit of R6 271 /beneficiary/year   PMB MC	Preventative care services	All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R863 per Beneficiary per annum.   PMB MC
Emergency assistance (road and air)	  PMB MC	Primary care extender	Shared limit with GP services, pathology, medical technology and prescribed medication, R863 additional benefit/beneficiary/year once the block benefit or specific sub-limits are exhausted   PMB MC
General Practitioner (GP) and Specialist services	Shared limit with day-to-day block benefit   PMB MC F	Screening services	Sub-limit shared with in-hospital limit of R26 985 /family/year   PMB P
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	2 additional consultations at network GP once day-to-day block benefit is exhausted   PMB MC P	Radiology (advanced)	Sub-limit of R4 480 /beneficiary and R8 210 /family/year   PMB A
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme   PMB MC	Radiology (basic)	Sub-limit of R4 480 /beneficiary and R8 210 /family/year   PMB MC
Infertility	  PMB MC P C	Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event   PMB MC
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols   PMB MC		



Available



Not Available



100% Scheme rates apply



Limited to PMBs



Subject to managed care rules



DSP Subject to the use of a Designated Service Providers



Subject to other sub-limits, refer to the GEMS Rules



Subject to the service being related to admissions under the annual hospital benefit



Pre-authorization is needed



100% of cost, subject to PMB legislation



Subject to annual hospital limit



Unlimited, refer to Scheme rules



Subject to referral by network GP

IN-HOSPITAL BENEFITS

Prescribed minimum benefits (PMBs)	✓ % PMB U C DSP	Oncology (chemotherapy and radiotherapy)	Sub-limit of R449 790 /family/year ✓ % PMB A P C
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P C U	Organ and tissue transplants	R749 643 /beneficiary/year, R25 447 /beneficiary for corneal grafts ✓ % PMB MC P
Alcohol and drug dependencies	✓ % PMB MC P	Pathology and Medical Technology	✓ % PMB MC A P U
Allied health services	Shared limit with in-hospital benefit of R1 933 /family/year ✓ % PMB MC P	Physiotherapy	R6 065 /beneficiary/year ✓ % PMB P C
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P U	Medical and surgical appliances and prostheses	Limited to R51 010 /family/year (shared) generally, plus R51 010 /family/year for joint revisions only ✓ % PMB MC P
Blood transfusion	✓ % PMB A P C U	Radiology (advanced)	Sub-limit of R26 985 (shared) ✓ % PMB A P C
Dental services (conservative, restorative and specialised)	Shared limit with out-of-hospital benefit of R6 271 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits ✓ % PMB A P	Radiology (basic)	✓ % PMB A U
Emergency services (casualty department)	Paid from out-of-hospital GP services for non-PMB and unauthorised events ✓ % PMB A P C	Renal dialysis	Sub-limit of R321 268 /beneficiary/year for chronic dialysis ✓ % PMB MC A P C
GP and Specialist services	✓ % PMB MC P U	Surgical procedures (including maxillofacial surgery)	✓ % PMB A P U
Mental health	R22 489 /family/year Further shared sub-limit with out-of-hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC P C		



Available



Not Available

% 100% Scheme rates apply **PMB** Limited to PMBs **MC** Subject to managed care rules **DSP** DSP Subject to the use of a Designated Service Providers

SUB Subject to other sub-limits, refer to the GEMS Rules **A** Subject to the service being related to admissions under the annual hospital benefit

P Pre-authorisation is needed **C** 100% of cost, subject to PMB legislation **H** Subject to annual hospital limit

U Unlimited, refer to Scheme rules **F** Subject to referral by network GP

OUT OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)		Medical and surgical appliances and prostheses	Limited to R51 010 /family/year   PMB MC
Allied health services	Shared limit with in-hospital Allied health services of R1 933   PMB	Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	Sub-limit shared with in-hospital benefit of R22 489 /family/year Further shared sub-limit with in-hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists   PMB MC
Audiology, occupational therapy and speech therapy	Shared limit of R2 737 /beneficiary/year and R5 484 /family/year shared with pathology and medical technology, sub-limit of R2 202 /beneficiary and R4 398 /family/year   PMB	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	Limit of R2 817 /beneficiary for every 2 years   PMB MC
Block benefit (day-to-day benefit)	Limited to R5 610 /beneficiary and R11 224 /family per year   PMB A P	Pathology and Medical Technologists	Shared sub-limit with Audiology, occupational therapy and speech therapy of R2 737 /beneficiary and R5 484 /family/year   PMB
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme   PMB MC	Physiotherapy	Shared with day-to-day block benefit limit, sub-limit of R2 786 /beneficiary and R5 572 /family/year   PMB MC P
Circumcision	Global limit of R1 812 /beneficiary incl. post-op care within 1 month of procedure   PMB MC P C H	Prescribed medicine and injection material	Limit of R4 498 /beneficiary and R13 492 /family/year, sub-limit of R671 for homeopathic medicine/family/year - Chronic medical conditions , limit of R13 492 /beneficiary and R27 169 for non-PMB conditions/family/year. Event limit of R303 /beneficiary. Sub-limit of R1 133 /beneficiary/year. Annual family limit of R1 812 . Contraceptives sub-limit of R3 414 /beneficiary/year   PMB MC C
Dental services (conservative, dentistry including acute medicine)	Shared with in-hospital limit of R6 271 /beneficiary/year   PMB MC	Preventative care services	All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R863 per Beneficiary per annum.   PMB MC
Emergency assistance (road and air)	  PMB MC	Primary care extender	Shared limit with GP services, pathology, medical technology and prescribed medication, R863 additional benefit/beneficiary/year once the block benefit or specific sub-limits are exhausted   PMB MC
General Practitioner (GP) and Specialist services	Shared limit with day-to-day block benefit   PMB MC F	Screening services	  PMB P
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	2 additional consultations at network GP once day-to-day block benefit is exhausted   PMB MC P	Radiology (advanced)	Sub-limit shared with in-hospital limit of R26 985 /family/year   PMB A P C
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme   PMB MC	Radiology (basic)	Sub-limit of R4 480 /beneficiary and R8 210 /family/year   PMB MC U F
Infertility	  PMB MC P C	Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event   PMB MC
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols   PMB MC		



Available



Not Available

 100% Scheme rates apply **PMB** Limited to PMBs **MC** Subject to managed care rules **DSP** DSP Subject to the use of a Designated Service Providers

SUB Subject to other sub-limits, refer to the GEMS Rules **A** Subject to the service being related to admissions under the annual hospital benefit

P Pre-authorisation is needed **C** 100% of cost, subject to PMB legislation **H** Subject to annual hospital limit

U Unlimited, refer to Scheme rules **F** Subject to referral by network GP

OUT OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)		Medical and surgical appliances and prostheses	Limited to R13 274 /family/year   PMB MC
Allied health services	Limit of R2 572 /beneficiary and R3 867 /family   PMB F	Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	Sub-limit of R12 061 /family/year Further shared sub-limit with in-hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists
Audiology, occupational therapy and speech therapy	  PMB MC P C	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	Limit of R1 748 /beneficiary for every 2 years   PMB MC
Block benefit (day-to-day benefit)		Pathology and Medical Technologists	  PMB P F
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme   PMB MC	Physiotherapy	Included in Allied Health services   PMB MC P C F
Circumcision	Global limit of R1 812 /beneficiary incl. post-op care within 1 month of procedure   PMB MC P C	Prescribed medicine and injection material	R671 family limit/family/year for homeopathic medicine. Limited to R109 /beneficiary/event, and R303 /beneficiary/year, Contraceptives limited to R3 414 /beneficiary/year   PMB MC C
Dental services (conservative, dentistry including acute medicine)	  PMB MC	Preventative care services	All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R863 per Beneficiary per annum.   PMB MC
Emergency assistance (road and air)	  PMB MC	Primary care extender	
General Practitioner (GP) and Specialist services	  PMB MC	Screening services	  PMB P
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)		Radiology (advanced)	Sub-limit shared with in-hospital limit of R25 651 /family/year   PMB A P C
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme   PMB MC	Radiology (basic)	  PMB MC U F
Infertility	  PMB MC P C	Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event   PMB MC
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols   PMB MC		



Available



Not Available

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IN-HOSPITAL BENEFITS

Prescribed minimum benefits (PMBs)	✓ % PMB U C DSP	Oncology (chemotherapy and radiotherapy)	Sub-limit of R404 813 /family/year ✓ % PMB A P C
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P H C	Organ and tissue transplants	R749 643 /beneficiary/year, R25 447 /beneficiary for corneal grafts ✓ % PMB MC P
Alcohol and drug dependencies	✓ % PMB MC P	Pathology and Medical Technology	✓ % PMB MC A P
Allied health services	Limited to PMSA and block benefit ✓ % PMB MC P	Physiotherapy	R6 065 /beneficiary/year ✓ % PMB P C
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P	Medical and surgical appliances and prostheses	Limited to R51 010 /family/year (shared) generally, plus R51 010 /family/year for joint revisions only ✓ % PMB MC P
Blood transfusion	✓ % PMB A P C	Radiology (advanced)	Sub-limit of R26 985 (shared) ✓ % PMB A P C
Dental services (conservative, restorative and specialised)	Shared limit with out-of-hospital benefit of R4 080 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits ✓ % PMB A P H	Radiology (basic)	✓ % PMB A
Emergency services (casualty department)	Paid from out-of-hospital GP services for non-PMB and unauthorised events ✓ % PMB A P C	Renal dialysis	Sub-limit of R321 268 /beneficiary/year for chronic dialysis ✓ % PMB MC A P C
GP and Specialist services	✓ % PMB MC P	Surgical procedures (including maxillofacial surgery)	Unlimited, includes maxillofacial surgery ✓ % PMB A P
Mental health	R22 489 /family/year Further shared sub-limit with out-of-hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC P C		



Available



Not Available

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OUT OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)	20% of total annual gross contributions made by member during the financial year ✓ % PMB	Medical and surgical appliances and prostheses	Limited to R51 010 /family/year ✓ % PMB MC
Allied health services	Subject to PMSA and block benefit ✓ % PMB	Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	Limited to PMSA Further shared sub-limit with in hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists
Audiology, occupational therapy and speech therapy	Subject to PMSA and block benefit ✓ % PMB	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	Limited to PMSA and block benefit ✓ % PMB MC
Block benefit (day-to-day benefit)	R2 735 /family/year ✓ % PMB	Pathology and Medical Technologists	Subject to PMSA and block benefit ✓ % PMB
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme ✓ % PMB MC	Physiotherapy	Subject to PMSA and block benefit ✓ % PMB
Circumcision	Global limit of R1 812 /beneficiary incl. post-op care within 1 month of procedure ✓ % PMB MC P C H	Prescribed medicine and injection material	Subject to PMSA and limited to R228 /beneficiary/event and a limit of R671 /family/year for homeopathic medicine ✓ % PMB MC C
Dental services (conservative, dentistry including acute medicine)	Shared with in-hospital limit of R4 080 /beneficiary/year ✓ % PMB MC	Preventative care services	All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R863 per Beneficiary per annum. ✓ % PMB MC
Emergency assistance (road and air)	✓ % PMB MC	Primary care extender	✗
General Practitioner (GP) and Specialist services	Limited to PMSA ✓ % PMB MC	Screening services	✓ % PMB P
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	1 additional consultation at network GP once PMSA and block benefit are exhausted ✓ % PMB MC	Radiology (advanced)	Sub-limit shared with in-hospital limit of R26 985 /family/year ✓ % PMB A P C
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme ✓ % PMB MC	Radiology (basic)	Subject to PMSA ✓ % PMB MC
Infertility	✓ % PMB MC P C	Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event ✓ % PMB MC
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols ✓ % PMB MC		



Available



Not Available

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IN-HOSPITAL BENEFITS

Prescribed minimum benefits (PMBs)	✓ % PMB U C DSP	Oncology (chemotherapy and radiotherapy)	Sub-limit of R449 790 /family/year ✓ % PMB A P C
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P C U	Organ and tissue transplants	R749 643 /beneficiary/year, R25 447 /beneficiary for corneal grafts ✓ % PMB MC P
Alcohol and drug dependencies	✓ % PMB MC P	Pathology and Medical Technology	✓ % PMB MC A P U
Allied health services	Shared limit with in-hospital benefit of R1 933 /family/year ✓ % PMB MC P	Physiotherapy	R6 065 /beneficiary/year ✓ % PMB P C
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P U	Medical and surgical appliances and prostheses	Limited to R51 010 /family/year (shared) generally, plus R51 010 /family/year for joint revisions only ✓ % PMB MC P
Blood transfusion	✓ % PMB A P C U	Radiology (advanced)	Sub-limit of R26 985 (shared) ✓ % PMB A P C
Dental services (conservative, restorative and specialised)	Shared limit with out-of-hospital benefit of R6 271 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits ✓ % PMB A P	Radiology (basic)	✓ % PMB A U
Emergency services (casualty department)	Paid from out-of-hospital GP services for non-PMB and unauthorised events ✓ % PMB A P C	Renal dialysis	Sub-limit of R321 268 /beneficiary/year for chronic dialysis ✓ % PMB MC A P C
GP and Specialist services	✓ % PMB MC P U	Surgical procedures (including maxillofacial surgery)	✓ % PMB A P U
Mental health	R22 489 /family/year Further shared sub-limit with out-of-hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC P C		



Available



Not Available

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ONYX

IN-HOSPITAL BENEFITS

Prescribed minimum benefits (PMBs)	✓ % PMB U C DSP	Oncology (chemotherapy and radiotherapy)	Sub-limit of R590 353 /family/year ✓ % PMB A P C
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P C	Organ and tissue transplants	R749 643 /beneficiary/year, R25 447 /beneficiary for corneal grafts ✓ % PMB MC P
Alcohol and drug dependencies	✓ % PMB MC P	Pathology and Medical Technology	✓ % PMB MC A P U
Allied health services	Subject to day-to-day block benefit ✓ % PMB MC P	Physiotherapy	R6 065 /beneficiary/year ✓ % PMB P C
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P U	Medical and surgical appliances and prostheses	Limited to R68 906 /family/year (shared) generally ,plus R68 906 /family/year for joint revisions only ✓ % PMB MC P
Blood transfusion	✓ % PMB A P C U	Radiology (advanced)	Sub-limit of R33 736 (shared) ✓ % PMB A P C
Dental services (conservative, restorative and specialised)	Shared limit with out-of-hospital benefit of R11 187 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits ✓ % PMB A P	Radiology (basic)	✓ % PMB A U
Emergency services (casualty department)	Paid from out-of-hospital GP services for non-PMB and unauthorised events ✓ % PMB A P C	Renal dialysis	Sub-limit of R321 268 /beneficiary/year for chronic dialysis ✓ % PMB MC A P C
GP and Specialist services	✓ % PMB MC P	Surgical procedures (including maxillofacial surgery)	✓ % PMB A P U
Mental health	R47 225 /family/year Further shared sub-limit with out-of-hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC P C		

- ✓ Available
- ✗ Not Available
- % 100% Scheme rates apply
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- SUB** Subject to other sub-limits, refer to the GEMS Rules
- A** Subject to the service being related to admissions under the annual hospital benefit
- P** Pre-authorisation is needed
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OUT OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)	✘	Medical and surgical appliances and prostheses	Limited to R68 906 /family/year ✔ % PMB MC
Allied health services	✔ % PMB	Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	Shared with day-to-day block benefit limit. Further shared sub-limit with in hospital Mental Health of R2 616 /family/year for services by Educational and Industrial Psychologists
Audiology, occupational therapy and speech therapy	✔ % PMB	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	✔ % PMB MC Limit of R3 325 /beneficiary for every 2 years ✔ % PMB MC
Block benefit (day-to-day benefit)	Includes GP and specialist services, basic radiology, pathology, allied health services, physiotherapy, occupational therapy and speech therapy, mental health, maternity and contraceptives. Limited to R11 801 per beneficiary and R23 604 /family/year ✔ % PMB A P	Pathology and Medical Technologists	✔ % PMB Shared sub-limit day-to-day block benefit
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme ✔ % PMB MC	Physiotherapy	✔ % PMB MC P Shared with day-to-day block benefit limit
Circumcision	Global limit of R1 812 /beneficiary incl. post-op care within 1 month of procedure ✔ % PMB MC P C H	Prescribed medicine and injection material	✔ % PMB MC C Limit of R7 582 /beneficiary and R21 236 /family/year, sub-limit of R671 for homeopathic medicine/family/year - Chronic medical conditions, limit of R23 040 /beneficiary and R47 225 for non-PMB conditions/family/year. Event limit of R377 /beneficiary. Sub-limit of R1 382 /beneficiary/year. Annual family limit of R2 289
Dental services (conservative, dentistry including acute medicine)	Shared with in-hospital limit of R11 187 /beneficiary/year ✔ % PMB MC	Preventative care services	✔ % PMB MC C All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R863 per Beneficiary per annum.
Emergency assistance (road and air)	✔ % PMB MC	Primary care extender	✘
General Practitioner (GP) and Specialist services	Shared limit with day-to-day block benefit ✔ % PMB MC F	Screening services	✔ % PMB P
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	1 additional consultation at network GP once day-to-day block benefit is exhausted ✔ % PMB MC P	Radiology (advanced)	✔ % PMB A P C Sub-limit shared with in-hospital limit of R33 736 /family/year
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme ✔ % PMB MC	Radiology (basic)	✔ % PMB MC U F Shared sub-limit with day-to-day block benefit
Infertility	✔ % PMB MC P C	Renal dialysis	✔ % PMB MC If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols ✔ % PMB MC		



Available



Not Available

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Contact details

Client Liaison Office (CLO)

Driving empowerment through education.

The CLO unit drives member education sessions and workshops to empower members and improve understanding of benefits, Scheme rules and processes.

The CLO unit is operational in **all 9 provinces**.

Email: clo@gems.gov.za to set up an appointment with one of our agents.



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GEMS Fraud Hotline
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Our social media pages:



Facebook
[@GEMS1GEMOFASHEME](https://www.facebook.com/GEMS1GEMOFASHEME)



Instagram
[gems_sa_official](https://www.instagram.com/gems_sa_official)



Twitter
[@GEMS_Number1](https://twitter.com/GEMS_Number1)



LinkedIn
Government Employees Medical Scheme

Council for Medical Schemes



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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.



Use the QR Code to download the **GEMS Member App**



Disclaimer

This brochure contains a summary of the medical benefits offered by GEMS for the year 2023 and the required monthly contributions/premiums associated therewith ("2023 GEMS Benefits and Contributions").

The final CMS approved 2023 GEMS Benefits and Contributions have been incorporated into the GEMS Rules and published on the GEMS website. In the event of a discrepancy between the wording of this brochure and that of the published GEMS Rules, the latter will take precedence. For the full version of the 2023 GEMS Benefits and Contributions, kindly refer to Annexures B, C, D, E, F and G of the GEMS Rules, which may be found on the GEMS website at www.gems.gov.za. You may also contact us directly on 0860 00 4367 to request a copy.