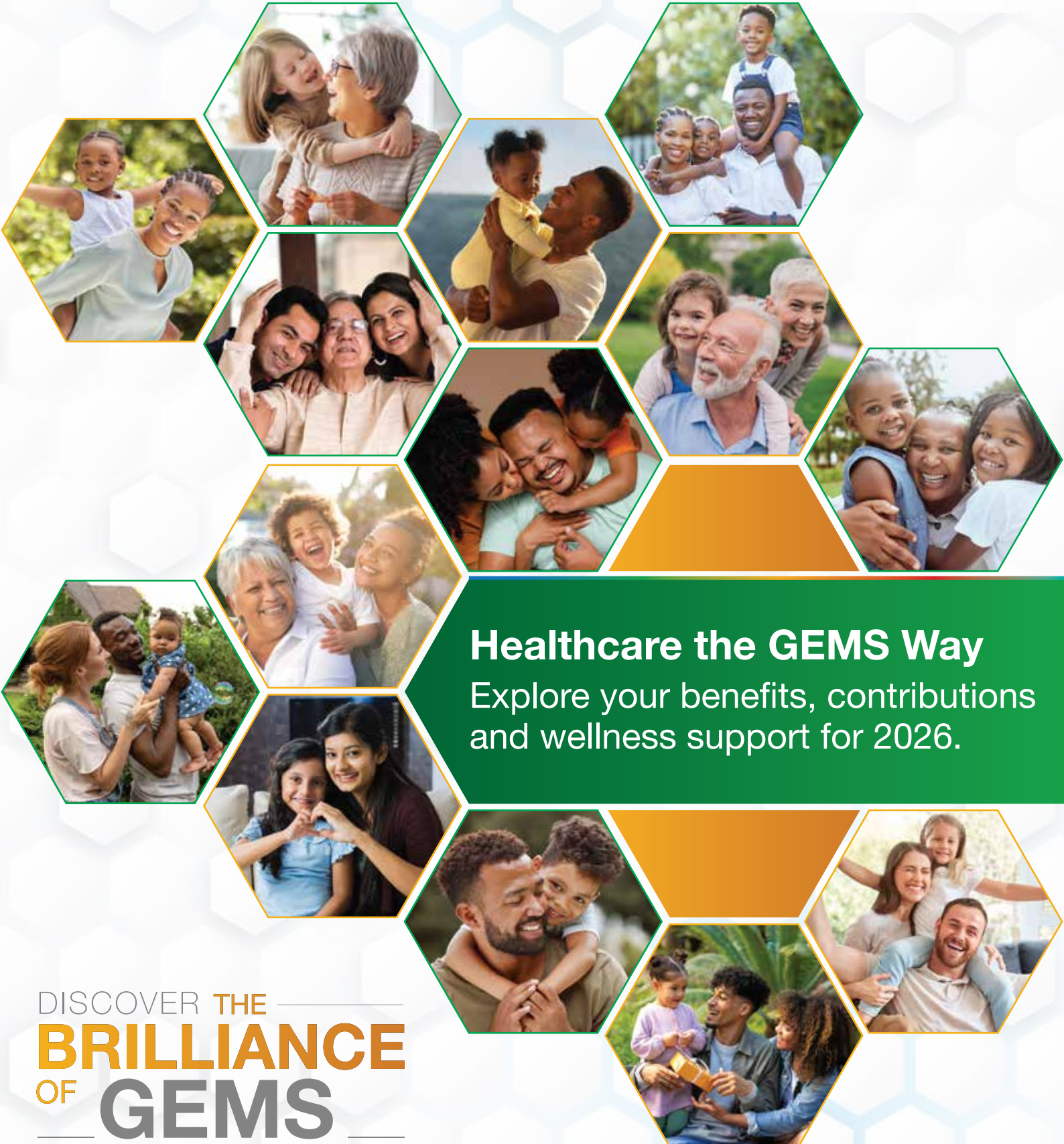


2026

# MARKETING BROCHURE



**Healthcare the GEMS Way**  
Explore your benefits, contributions  
and wellness support for 2026.

DISCOVER THE  
**BRILLIANCE**  
OF **GEMS**



# TABLE OF CONTENTS

<b>GEMS ranked one of the best medical aid schemes in South Africa</b>	<b>01  </b>
<b>Join GEMS today to discover its brilliance!</b>	<b>02  </b>
<b>Celebrating 20 Years</b>	<b>03  </b>
<b>A day in the life of GEMS</b>	<b>05  </b>
<b>GEMS Healthcare Programmes</b>	<b>06  </b>
<b>Preventative Care and Screening Benefits</b>	<b>09  </b>
<b>Join our digital community and stay connected to all things GEMS</b>	<b>10  </b>
<b>Exceptional Member Service, nationwide accessibility</b>	<b>11  </b>
<b>A quick guide to help you understand the GEMS benefit options</b>	<b>12  </b>
<b>2026 Benefit changes</b>	<b>14  </b>
<b>What's New in 2026</b>	<b>15  </b>
<b>How to avoid co-payments</b>	<b>17  </b>
<b>Penalties for persons joining late in life</b>	<b>19  </b>
<b>A financial perspective</b>	<b>20  </b>
<b>2026 Benefit Option Schedule</b>	<b>22  </b>
<b>Here's what our members have to say about us</b>	<b>43  </b>



## GEMS ranked one of the best medical aid schemes in South Africa

We are proud to announce that GEMS, South Africa's largest restricted medical scheme, has been ranked 2nd in the country in the prestigious Ask Africa Orange Index Awards 2025/26.

This recognition is a testament to our continued commitment to service excellence, member satisfaction, and delivering accessible, quality healthcare to our members across South Africa.

We thank our members for their trust and support



### Here's why GEMS is trusted by over 2.4 million South Africans



#### Affordable Benefit Options To Suit Your Needs and Pocket

Five benefit options and one efficiency discount option (EVO) designed to meet your healthcare needs and your budget.



#### Comprehensive Cover

From routine check-ups to chronic case and specialised treatment.



#### Strong Provider Network

A network of doctors, specialists, hospitals and pharmacies nationwide



#### Wellness Benefits

Focused on prevention, healthier living, and long-term well-being.

## What a GEM worth sharing....



**Join GEMS today to discover its brilliance!**

## About GEMS

The Government Employees Medical Scheme (GEMS) was registered on 1 January 2005 specifically to meet the healthcare needs of government employees. We offer five excellent healthcare benefit options: Tanzanite One, Beryl, Ruby, Emerald, and Ony, and one efficiency discount benefit option (EVO).



### OUR MISSION

To provide all members with equitable access to affordable and comprehensive healthcare; promoting member wellbeing.



### OUR VISION

An excellent, sustainable and effective medical scheme that drives transformation in the healthcare industry, aligned with the principles of universal healthcare coverage.

**GEMS is specifically designed to offer affordable and accessible healthcare for qualifying public service employees who work at one of the entities listed below:**

- |           |                                                                                                                       |  |
|-----------|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>01</b> | A National Department listed in Schedule 1 of the Public Service Act.                                                 |  |
| <b>02</b> | A Provincial Department listed in Schedule 2 of the Public Service Act.                                               |  |
| <b>03</b> | A Provincial Administration listed in Schedule 2 of the Public Service Act.                                           |  |
| <b>04</b> | Organisational components listed in Schedule 3 of the Public Service Act.                                             |  |
| <b>05</b> | Any employer group approved by the Scheme (a list of these employers is available in Annexure A of the Scheme Rules). |  |

The Public Service Act is available on the **Department of Public Service and Administration website at [www.dpsa.gov.za](http://www.dpsa.gov.za)** for more information.

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



## Celebrating 20 Years

This year, the Scheme celebrates 20 years of its commitment to providing equitable access and quality healthcare services for public service employees and their families, through innovative and effective service delivery that positively impacts the healthcare sector.

1.

Ranked number 2 in the category “Best Medical Aid Scheme” by Ask Afrika Orange Index.

2.

GEMS has the broadest definition of a beneficiary. Members may register dependent grandparents (in-laws included), parents (in-laws included), siblings (in-laws included), grandchildren and even foster children as beneficiaries.

3.

During 2025, GEMS processed and paid more than 92% of claimed amounts, indicating a high rate of coverage and lower co-payments for members.

4.

Value for money! On average, members pay 23% less for the same benefits than on other medical schemes in the industry before the subsidy is applied, based on internal benchmarking.

5.

Qualifying public service employees on salary levels 1 - 5 may receive up to a 100% employer subsidy on the Tanzanite One option. This is subject to the monthly maximum subsidy confirmed by the Department of Public Service and Administration (DPSA).

6.

The unique GEMS Primary Care Extender benefit provides an additional R2 063 per beneficiary per year for the Emerald and EVO options.

7.

GEMS collaborates with the Minister and Deputy Minister for the Public Service and Administration, the PSCBC, relevant trade unions and government stakeholders.

8.

The Scheme regularly engages with its extended group of stakeholders to build relationships that benefit members. This includes healthcare providers and their associations and billing bureaus, which act as claims intermediaries between the Scheme and healthcare providers.

9.

GEMS provides greater access to high-quality healthcare through a wide array of networks, including general practitioners, dentists, optometrists, hospitals and specialists. The specialist disciplines in the network are physicians, paediatricians, obstetricians and gynaecologists, anaesthesiologists, surgeons and psychiatrists.

10.

18 Consecutive Unqualified audits, since its inception.





# A day in the life of GEMS



Over  
**890 000**  
Principal Members

We are a medical scheme that understands the needs of South African families.



Over  
**2.4 million**  
Beneficiaries



An average of **511 dependants** registered per day



An average of  
**112 New Members**  
registered on  
GEMS per day



**95%**  
of claims processed  
per day



**R199 million** in  
benefits processed  
per day



**26 000**  
Family Practitioner  
consultations per day



**1 483** Hospital  
Admissions per day



**438 000**  
Claim Lines Processed  
per day



**R126 million** for PMB claims paid per day  
**R30 million** in Specialist claims paid per day



On average, **60** babies are born per day



# GEMS Healthcare Programmes

GEMS offers members comprehensive support with qualified nurses through its **Disease Management, Chronic Care, and Maternity Programmes**, designed to help effectively manage various conditions, **including HIV and Chronic Back and Neck pain, and empower you to take better control of your health.**

## Our Healthcare Programmes Include:









### Oncology (Cancer) Management Programme:

If you or one of your registered beneficiaries is diagnosed with cancer, GEMS offers a comprehensive Oncology Management Programme to support you throughout your treatment journey. This programme provides benefits that cover diagnosis, treatment, and palliative care, ensuring you receive the best possible care. It includes oncology-related services for optimal disease management and ongoing follow-up care to monitor your progress. Our goal is to help you access quality care and improve your health outcomes.

### Alternative to Hospitalisation Benefit:

If you need medical care but do not require admission to an acute hospital, or if you have been in hospital and the remainder of your care no longer warrants being admitted in an acute facility, GEMS members have access to Alternative to Hospital benefits, subject to pre-authorisation.

**The following alternative to hospitalisation benefits are covered on all our benefit options:**

-  Hospital at Home
-  Wound Care
-  Physical rehabilitation
-  Home nursing
-  Home oxygen
-  Palliative end-of-life care
-  Stepdown/Sub-acute care
-  Outpatient intravenous therapy

### Chronic Back and Neck Rehabilitation (CNBR) Programme:

Suffering from chronic back and neck pain? GEMS offers a Back and Neck Rehabilitation Programme to provide you or your registered dependants with appropriate treatment to manage your back and neck pain. If you or your registered dependants suffer from chronic back or neck pain, the Chronic Back and Neck Rehabilitation (CNBR) Programme is here to help. This programme, offered by GEMS, provides access to appropriate treatment and rehabilitation services, designed to manage and relieve back and neck pain. Our goal is to enhance your mobility, alleviate discomfort, and improve your overall quality of life through evidence-based care and ongoing support.



## Maternity Programme:

Our GEMS Maternity Programme provides comprehensive, compassionate support to expectant mothers and growing families throughout every stage of pregnancy, birth, and early parenthood. The Programme is designed to empower members with trusted information, personalised guidance, and access to essential healthcare services that promote a healthy pregnancy and a positive birthing experience.

### Through the Programme, members receive:

- ✓ Expert guidance and education on antenatal care, nutrition, pregnancy wellness, labour, and postpartum support.
- ✓ GEMS maternity bag – a thoughtfully curated care package designed to help you prepare for your baby’s arrival.
- ✓ Telephonic access to qualified healthcare professionals, including midwives and nurses, for ongoing advice and assistance.
- ✓ Support for managing pregnancy-related conditions, ensuring early detection and proactive care.
- ✓ Resources for newborn care, breastfeeding, immunisation, and family well-being.
- ✓ Regular communication and helpful reminders for each stage of pregnancy.
- ✓ Peace of mind knowing that support is available from conception to early childhood.

To make joining the Programme even easier, we’ve introduced a digitised enrolment form, a quick, convenient, and user-friendly way to register online. Simply visit our website at [www.gems.gov.za](http://www.gems.gov.za) to access the new digital form and enrol in the GEMS Maternity Programme.

**Your journey to a healthy, supported pregnancy starts here. Let GEMS be part of your family’s story.**



## HIV/AIDS Disease Management:

If you or one of your registered dependants is living with HIV, GEMS offers a comprehensive HIV Disease Management Programme to support your health and well-being. This programme provides access to the care and assistance you need to lead a healthy and productive life. Enrolling is simple, and it is recommended that you join as soon as possible after a positive diagnosis. Your information is kept strictly confidential, as the programme is managed by a dedicated team of healthcare professionals and operates separately from other GEMS programmes and your employer.



## Chronic Kidney Disease Management:

The Chronic Kidney Disease (CKD) Management Programme is designed to help you manage your condition and improve your quality of life. Through this programme, you will have access to a personalised care plan that supports your kidney health and provides guidance throughout your treatment journey. If you reach end-stage kidney failure, the programme ensures access to renal dialysis services to maintain your well-being. We also offer psychosocial support, including counselling, to help you and your family cope emotionally. In addition, the programme encourages adherence to chronic medication and compliance with dialysis sessions, which are essential for better health outcomes. By joining the CKD Management Programme, you gain the support of a dedicated care team committed to helping you live a healthier, fuller life.



## Population Medicine Value-Based Care:

The Population Medicine Value-Based Care Programme focuses on improving health outcomes for groups of patients by delivering coordinated, evidence-based care. This programme aims to provide the right care at the right time, reduce unnecessary costs, and enhance the quality of life for members. Through proactive health management, data-driven decision-making, and collaboration with healthcare providers, the programme ensures that care is patient-centred and aligned with best clinical practices. By participating, you benefit from a holistic approach that prioritises prevention, early intervention, and continuous support for better long-term health outcomes.



## Chronic Disease Management:

GEMS provides support in treating permanent or persistent chronic illnesses that negatively affect your health and quality of life, such as diabetes, hypertension, asthma, and others. The goal of the Chronic Disease Management Programme is to improve health outcomes, prevent complications, and enhance quality of life through coordinated, patient-centred care.

### Here's what the CDM Programme typically involves:

- ✓ Comprehensive Care Plans: Personalised treatment plans based on the patient's condition, lifestyle, and risk factors.
- ✓ Medication Management: Access to chronic medication and ensuring adherence to prescribed medicines, and monitoring effectiveness.

### Enrolment in the CDM Programme ensures the following:

- ✓ **Adherence to medication:** Encourage members to adhere to their medication to prevent disease progression and complications.
- ✓ **Regular Monitoring:** Continuous assessment of symptoms, lab results, and disease progression.  
Education and Self-Management Support: Empowering patients with knowledge and tools to manage their condition effectively.
- ✓ **Multidisciplinary Care:** Collaboration between doctors, nurses, dietitians, and other healthcare professionals.
- ✓ **Preventing Complications:** Early detection and intervention to avoid hospitalisations or worsening of the disease.
- ✓ **Psychosocial Support:** Addressing emotional and mental health needs related to living with a chronic condition.

Common conditions managed under CDM Programme include diabetes, hypertension, asthma, chronic kidney disease, HIV, and others.

The approach emphasizes continuity of care, evidence-based guidelines, and patient engagement to achieve better outcomes.

Visit [www.gems.gov.za](http://www.gems.gov.za) to learn more about our healthcare programmes and how to access these benefits.





# Preventative Care and Screening Benefits

**Stay ahead with the GEMS Wellness Programme and Preventative Care Services, because good health begins with prevention.**

GEMS empowers its members to take charge of their well-being through proactive wellness programmes and essential screening benefits.

The Wellness Programme and Preventative Care Services aim to help members reduce the rising negative impact of ill-health.

## GEMS provides the following screening tests and services at Wellness events:

- ✓ Body Mass Index (BMI) Assessment.
- ✓ Random Blood Glucose Testing.
- ✓ Blood Pressure Testing.
- ✓ Total Cholesterol Testing.
- ✓ HIV Counselling and Testing (HCT).
- ✓ Oral Health Education.
- ✓ TB Screening Questionnaire.
- ✓ Lifestyle Questionnaire.
- ✓ Head, Neck, and Shoulder Massages.

## Preventative and Screening Services

Preventative health and screening are amongst the most important healthcare strategies, as they help facilitate early diagnosis and treatment of disease, improve quality of life, and prevent premature death. GEMS offers comprehensive screening and preventative care benefits to its members.

Available across all benefit options and payable from Risk benefit. GEMS covers essential screenings for cholesterol, blood pressure, glucose, HIV, and other conditions, as well as advanced tests such as mammograms, Pap smears, and bone density scans. Vaccinations, including flu, pneumococcal, and HPV, are also included to protect members against preventable diseases.

## Why Prioritise Preventative Care?

- ✓ Early detection saves lives.
- ✓ Improved long-term well-being.
- ✓ Reduced healthcare costs.

## Tailored Care for Every Stage of Life

GEMS offers age- and gender-specific benefits for women, men, and children, ensuring that every member receives the right care at the right time. From childhood hearing and vision screenings to prostate checks for men and cervical cancer screening for women, these benefits are designed to support lifelong health. Additional HIV prevention services, such as Pre-exposure Prophylaxis (PrEP), Post-exposure Prophylaxis (PEP), and mother-to-child transmission prophylaxis, are available to safeguard members and their families by contacting the HIV department to obtain authorisation. With GEMS, preventative care is not just a benefit; it is a pathway to a healthier future.

**Scan QR Code to access the full list of the GEMS Preventative Screening Benefits.**





# Join our digital community and stay connected to all things GEMS

Our self-help digital channels provide convenient access to GEMS information and deliver a richer, more seamless user experience.

Through these platforms, members can update their personal details, view benefits and documents, submit claims, and manage their membership at their fingertips.

## Website



[www.gems.gov.za](http://www.gems.gov.za)

## Member Portal



Use the QR Code to access the GEMS Member Portal

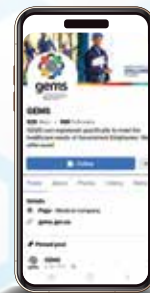


## Member App

Use the QR Code to download the GEMS Member App



## Social Media handles



@GEMSMEDICALAID1

@GEMSMEDICALAID

Government Employees Medical Scheme



## Exceptional Member Service, Nationwide Accessibility

### GEMS' Nationwide Member Service Accessibility

GEMS makes it convenient for its members to access the quality healthcare support they need through its face-to-face member services, available nationwide, at the comfort of their workplace or at out-stationed service centres. Members can now also contact the Scheme using the Toll-Free contact number: **0800 00 4367**

#### Client Liaison Officers

GEMS has a team of dedicated Client Liaison Officers (CLOs) across the country who provide personalised support directly at your workplace.

Our CLOs are here to assist with benefit queries, claims support, and guidance on choosing the right benefit option. They are also equipped to assist prospective members wishing to join the Scheme and to support members during the annual option selection period.

In addition, they offer on-site engagements sessions to keep you informed and educated.

**Be sure to look out for our CLO when we visit your workplace for the next engagement.**

#### GEMS Walk-in Centres:

With 18 Walk-in Centres nationwide, GEMS brings personalised service closer to you. Our knowledgeable teams are on hand to assist with membership queries, benefit option guidance, personal detail updates, pre-authorisation support, and so much more.

At GEMS, putting our members first is at the heart of everything we do.

**Step into any Walk-in Centre and experience the brilliance of GEMS.**

#### Toll-Free Line:

**You asked, and we listened!**

Our Call Centre number is Toll-Free. This means that when you call us, the call is free of charge. Our agents are ready to assist you with your healthcare-related queries. Call us today on 0800 00 4367 (GEMS) and experience why GEMS understands the needs of the South African family.

From face-to-face support to immediate telephonic assistance, GEMS is committed to making your healthcare journey accessible, convenient, and member focused.



## A quick guide to help you understand the GEMS benefit options



### Affordable cover that still gives you peace of mind

Tanzanite One offers essential healthcare cover designed to support you and your family while keeping your monthly contributions affordable. You still have access to everyday healthcare services and private hospital care for emergencies, giving you confidence that help is available when it matters most, without stretching your finances.

- ✓ 100% employer subsidy for qualifying public service employees.
- ✓ Comprehensive out-of-hospital benefits, through a network of providers.
- ✓ Private hospital admission for medical emergencies. Private hospital admission for Prescribed Minimum Benefit (PMB) conditions.
- ✓ Ideal for first-time medical aid users or budget-conscious members.

**If affordability is key and you're happy using our wide network, Tanzanite One provides solid basic cover with almost no cost if you are in the lower salary bands (level 1 - 5).**



### Balanced cover for everyday healthcare needs

Beryl strikes a practical balance between affordability and flexibility. With broader access to day-to-day healthcare benefits and additional private hospital cover, this option supports your routine healthcare needs while giving you reassurance that you are covered when unexpected medical needs arise.

- ✓ Comprehensive out-of-hospital benefits through a network of providers.
- ✓ Hospital cover at all private and state hospitals.
- ✓ Low out-of-pocket costs.

**Beryl is ideal if you want to stay budget-friendly but still get great private hospital access and a good basket of day-to-day benefits.**



### Comprehensive cover with added flexibility

Designed for members who value choice and stronger benefits, Ruby offers comprehensive healthcare cover with the added flexibility of a Personal Medical Savings Account (PMSA). This allows you to manage your day-to-day medical expenses while enjoying private hospital cover at GEMS Network hospitals.

- ✓ PMSA for GP visits, scripted medication, dentistry, optometry, etc.
- ✓ Comprehensive in- and out-of-hospital cover.
- ✓ Access to hospitals on the GEMS Network of hospitals, as well as state hospitals.
- ✓ Suitable for families who want more control.

**If you're someone who wants to manage your own savings for day-to-day care, Ruby is a flexible choice with solid hospital benefits.**

This communication provides general information and does not constitute financial advice.



### Enhanced benefits for growing healthcare needs

Emerald provides extensive healthcare cover for members who require more frequent or specialised care. With generous comprehensive day-to-day risk benefits and greater flexibility, this option supports your long-term health journey and gives you access to quality treatment when you need it.

- ✓ Rich day-to-day benefits.
- ✓ Broad private hospital access.
- ✓ Excellent for families with complex medical needs.

Emerald gives you broad cover, especially if your family visits doctors often or needs specialist care. It's a strong all-rounder.



### Enhanced healthcare cover with savings

Emerald Value offers rich healthcare benefits at a more affordable contribution level. Ideal for members who need extensive cover and subject to coordinated care, this option provides access to quality healthcare through a designated provider network, supporting both your everyday and hospital healthcare needs while helping you manage costs with confidence.

- ✓ Identical benefits as Emerald.
- ✓ Lower monthly contribution.
- ✓ Requires the use of network providers and hospitals.
- ✓ Comprehensive in- and out-of-hospital cover.

If you like what Emerald offers but want to save on monthly contributions, Emerald Value is the network-based version that could suit you perfectly.



### Premium healthcare without compromise

Onyx is the most comprehensive benefit option, offering extensive healthcare cover, a wider choice of healthcare providers, and enhanced benefits. Designed for members with more complex or ongoing healthcare needs, Onyx gives you the confidence that your health and well-being are supported through every stage of your care journey.

- ✓ Highest in- and out-of-hospital cover.
- ✓ Comprehensive in- and out-of-hospital cover.
- ✓ Ideal for high healthcare users.

Onyx is our most comprehensive option for those who require the highest level of cover.

**This communication provides general information and does not constitute financial advice.**





# 2026 Benefit Changes

GEMS continually strives to provide rich benefits that deliver real value to its members. Below is a list of the 2026 benefit changes. It is important to note that the 2026 benefit changes most significantly impact members on the Tanzanite One and Ruby options. Please ensure that you familiarise yourself with the changes listed below.

## TANZANITE ONE

- ✓ Effective 1 January 2026, restructuring of Hospital Cover: In-hospital benefits are subject to Prescribed Minimum Benefit (PMB) conditions only and subject to PMB legislation.
- ✓ Members need to use a state or GEMS network hospital for all admissions. The voluntary use of a non-network private hospital will result in a R15 000 co-payment.
- ✓ Tanzanite One members continue to have unlimited Family and Nurse Practitioner consultations, from the 9th consultation onwards pre-authorization will be required for each additional consultation, per beneficiary, per year.

**MEMBERS ON TANZANITE ONE CONTINUE TO HAVE ACCESS TO PRIVATE HEALTHCARE, WITH UNLIMITED FAMILY PRACTITIONER (FP)/GENERAL PRACTITIONER (GP) AND NURSE CONSULTATIONS.**



**With Tanzanite One, you continue to enjoy rich and comprehensive healthcare benefits designed to meet your everyday and unexpected healthcare needs.**



Qualifying public service employees on salary levels 2–5 may receive up to a **100% employer subsidy.**



**An affordable, value-driven option,** ideal for first-time medical aid users and GEMS's most affordable option.



**Comprehensive in-hospital and out-of-hospital cover** through the GEMS network of providers.

## HERE'S WHAT YOU NEED TO KNOW:

**You continue to have access to essential healthcare services, including private in-hospital care as well as a wide range of out-of-hospital benefits.**

### IN-HOSPITAL COVER

**You still have access to private hospital care when it matters most:**

- ✓ Emergency services, including casualty and after-hours emergency care.
- ✓ Private hospital admission for medical emergencies. Private hospital admission for Prescribed Minimum Benefit (PMB) conditions.
- ✓ PMBs include, among others, emergency medical conditions such as heart attacks, strokes, appendicitis, severe trauma and severe infections.
- ✓ PMBs also include the treatment of serious complications of chronic conditions such as diabetes, heart disease, high blood pressure (BP), asthma and HIV. **[For more information on chronic conditions Go to the CMS website: Home > Consumer Assistance > Chronic Benefits](#)**

#### **Important to Note:**

To learn more about PMB requirements, contact us, read the Scheme Rules and brochures, or ask your network doctor or provider to avoid delays in authorisation or funding. All benefits are subject to the GEMS Scheme Rules and applicable legislation.

## OUT-OF-HOSPITAL COVER

### You still have access to comprehensive everyday benefits:

- ✓ Unlimited General Practitioner (GP) and nurse consultations, with pre-authorisation needed after the 8th consultation.
- ✓ Specialist consultations when you are referred by your GP/FP.
- ✓ Ongoing care for chronic conditions such as asthma, high blood pressure (BP), diabetes and HIV.
- ✓ Prescribed chronic medication for registered chronic conditions. For more information on chronic conditions **Go to the CMS website: Home > Consumer Assistance > Chronic Benefits**
- ✓ Prescribed acute medication.
- ✓ Non-prescription or over-the-counter medicine when you are unwell but decide not to consult your GP.
- ✓ Preventative and early-detection screening benefits.
- ✓ Maternity benefits.
- ✓ Dental benefits.
- ✓ Optometry benefits.
- ✓ Home-based nursing care.
- ✓ Alternatives to hospitalisation, such as home nursing, wound care and outpatient IV therapy.

### Important to Note:

To learn more about the requirements of getting the everyday care you need by contacting us, reading the Scheme Rules, brochures and guides, or asking your network doctor or provider.

## WHAT ARE PRESCRIBED MINIMUM BENEFITS (PMBs)?

PMBs are a list of serious, life-threatening and chronic conditions with specific appropriate treatment. PMBs cover medical emergencies such as heart attacks, strokes, high blood pressure (BP), diabetes, asthma, HIV and AIDS, epilepsy, heart disease, serious injuries and severe or sudden collapse.

### Medical emergencies:

- ✓ A medical emergency is a sudden illness or injury that is so serious it needs a doctor's help right away to prevent death or permanent damage to the body.
- ✓ Examples of medical emergencies are severe bleeding, breathing problems, chest pain, choking, coughing up or vomiting blood, serious head or spinal injury, serious injury due to motor vehicle accident, burns or smoke inhalation, near drowning, or the serious sudden complications of a chronic conditions like diabetes or high blood pressure.
- ✓ In an emergency go to the nearest hospital or call 0800 44 4367 for an ambulance.
- ✓ GEMS assesses information, like the diagnosis of your illness or injury, received from the doctor and hospital, to decide what to pay and what further treatment to authorise.
- ✓ If you have a medical emergency, you will not be turned away from a private hospital because you are on Tanzanite One.

### Serious and long-term illnesses:

- ✓ **Illnesses and injuries that need hospital care**, such as childbirth, severe infections, severe injuries, heart attacks, cancer, appendicitis and strokes.
- ✓ **The acute complications from chronic** illnesses like diabetes, high blood pressure, heart disease, asthma, epilepsy and HIV.
- ✓ Chronic illnesses, including: diabetes, high blood pressure (BP), heart disease, asthma, epilepsy, HIV.

### Important to Note:

You must register chronic conditions with GEMS to access ongoing benefits.

**A full list of PMB conditions and treatments is available on the CMS website: Home > Consumer Assistance > Prescribed Minimum Benefits (PMBs). The specific conditions, illnesses and injuries listed here are examples and not the full list of benefits on Tanzanite One.**

## BERYL

- ✓ Beryl members continue to have unlimited Family and Nurse Practitioner consultations, from the 9th consultation onwards pre-authorisation will be required for each additional consultation, per beneficiary, per year.

## RUBY

- ✓ Members need to use hospitals on the GEMS Network for all admissions, which includes maternity. The voluntary use of a non-network hospital will result in a R15 000 co-payment.

### BERYL

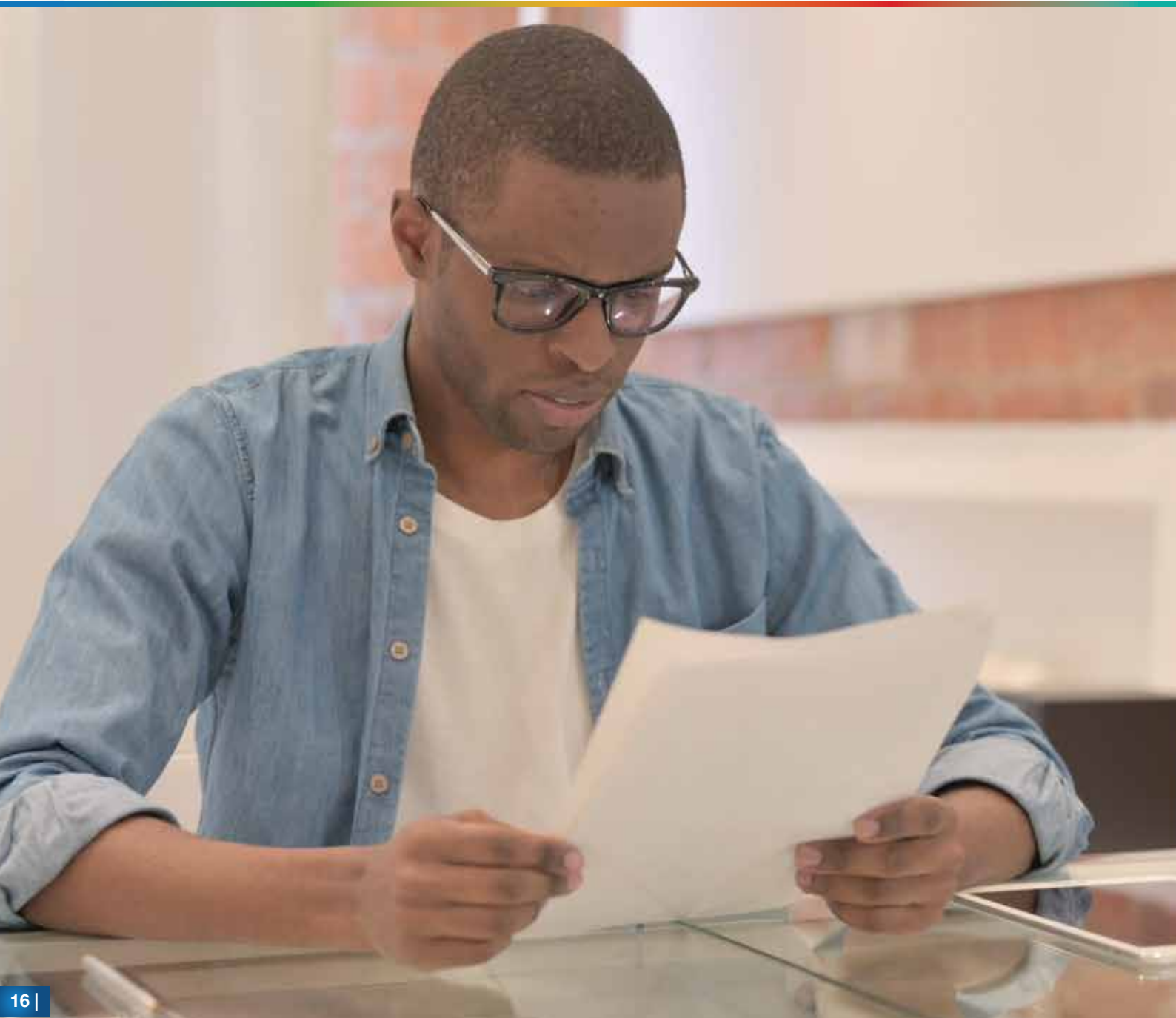
### RUBY

### EMERALD

### EMERALD VALUE

### ONYX

- ✓ A co-payment of R1000 has been introduced for all elective gastroscopies and/or colonoscopies performed in acute hospitals.





## How to avoid co-payments

One of the growing concerns for the Scheme is member benefits getting exhausted before the end of the year. This can be extremely frustrating for members and can impact access to healthcare services.

**The big question is, how can you ensure that your benefits take you through the year?**

**Here are some tips that will help:**

### Use contracted and network providers where possible

As a GEMS member, using specialists, doctors, pharmacies, and hospitals on the GEMS Network may help reduce out-of-pocket costs, subject to Scheme Rules.

Scan the QR Code to access the full list of GEMS Network Providers.



### Ensure that you get specialist referrals

It is important for members on a care-coordinated option, for example, Tanzanite One or EVO, to visit a specialist only upon referral from their nominated GP. For example, do not go to a cardiologist before consulting a GP and getting a referral from the GP.

### Utilise the Chronic Disease Management (CDM) Programme for chronic conditions

Members who suffer from chronic conditions should register on the CDM Programme, which will help ensure that their day-to-day benefits do not become exhausted. To register for the programme, members must complete the registration process and support their application with all the relevant documentation provided from their healthcare provider.

### Opt for generic medicines and save

Instead of using the original or brand-name drugs/medicines, members can opt to use generic medicines. Remember, a generic drug is created to be the same as an already marketed brand-name drug in form and performance. Essentially, generic medicines work in exactly the same way as the original or brand name medicine, but cost less.



### Prevention is better than cure

We encourage all our members to actively pursue a healthier and more active lifestyle through our developed preventative care benefits that enable you, the member, to undergo a number of screenings, preventative tests and vaccines to encourage better health.

This includes testing for glucose, blood pressure, cholesterol and vaccinations for flu and pneumococcal disease.



### Living a healthy lifestyle

Living a healthy lifestyle can help prevent chronic diseases and long-term illnesses. Not smoking, exercising regularly, drinking moderate amounts of alcohol, and maintaining a healthy diet only eating foods low in sugar, salt and fats, are key to good health and longevity.



### Get cover that is suitable for your healthcare needs

All members need to ensure that they are on a medical option that offers the cover that meets their healthcare needs at the price they can afford.



### Be on the watch out for Fraud, Waste and Abuse

Fraud, Waste and Abuse are among some of the factors that contribute to contribute to the exhaustion of members' benefits. These can occur in various forms when members are possibly unaware, and can happen as follows:

- Repetition of medical tests due to doctor-hopping and non-coordinated care.
- People using benefits for non-registered members.
- Wastage of resources.





# Penalties for Persons Joining Late in Life

## Late Joiner Penalties

The Medical Schemes Act makes provision for a financial late joiner penalty to be applied to prospective members over the age of 35 who wish to join a medical aid for the first time. The penalty is calculated on a sliding scale according to age and length of time without previous credible cover and may be added to your monthly contribution.

- ✓ At the discretion of the Board, penalties may be applied to new adult members and/or dependants older than the age of 35 years who are considered to be late joiners.
- ✓ Such penalties shall be applied only to that portion of the contribution relative to the late joiner and shall not apply to the Personal Medical Savings Account (PMSA) contribution.
- ✓ A late joiner penalty shall not exceed the following bands:

### Penalty Bands

1 - 4 years

5 - 14 years

15 - 24 years

25+ years

### Penalty Bands

5% of contribution

25% of contribution

50% of contribution

75% of contribution

# A Financial Perspective

It is important to note that, on average, GEMS members pay **23% less for the same benefits than other medical schemes in the industry before the subsidy is applied**, based on benchmarking.

## GEMS Monthly Contributions for January 2026

For January 2026, the contribution adjustment of 9.8% will apply as approved by the Council for Medical Schemes (CMS).

GEMS member contributions for January 2026 will increase by a weighted average of 9.8%. This adjustment is necessary to ensure the Scheme's long-term sustainability. Your increase will also be determined by your salary band and the number of beneficiaries registered\*

The tables below show the monthly contributions per beneficiary applicable for only January 2026 and do not include any subsidies. If you qualify for a subsidy\*\*, your employer will pay part of the contribution, and you will be required to pay the balance.

TANZANITE ONE			
Salary Band	Member	Adult	Child
R0 - R11 462.00	R1 698	R1 341	R731
R11 462.01 - R16 084.00	R1 779	R1 425	R788
R16 084.01 - R27 554.00	R2 203	R2 061	R1 060
R27 554.01 +	R2 881	R2 881	R1 635

EMERALD			
Salary Band	Member	Adult	Child
R0 - R17 261.00	R4 425	R3 371	R1 643
R17 261.01 - R29 810.00	R4 897	R3 786	R1 840
R29 810.01 +	R5 491	R4 210	R2 053

BERYL			
Salary Band	Member	Adult	Child
R0 - R11 462.00	R1 915	R1 911	R1 075
R11 462.01 - R16 084.00	R2 079	R2 062	R1 186
R16 084.01 - R27 554.00	R2 399	R2 399	R1 346
R27 554.01 +	R2 881	R2 881	R1 635

EMERALD VALUE			
Salary Band	Member	Adult	Child
R0 - R17 261.00	R3 705	R2 831	R1 377
R17 261.01 - R29 810.00	R4 100	R3 178	R1 545
R29 810.01 +	R4 593	R3 531	R1 721

RUBY			
Salary Band	Member	Adult	Child
R0 - R17 261.00	R3 168	R2 376	R1 224
R17 261.01 - R29 810.00	R3 528	R2 648	R1 376
R29 810.01 +	R3 904	R2 944	R1 516

Please note: 20% of contributions on the Ruby Option will go towards the Personal Medical Savings Account.

ONYX			
Salary Band	Member	Adult	Child
R0 - R17 261.00	R7 673	R5 874	R2 307
R17 261.01 - R36 779.00	R7 985	R6 080	R2 507
R36 779.01 +	R8 621	R6 626	R2 797

\*Total contribution is based on the current family size and salary information provided.

\*Subsidy contribution portion: these figures are only a guide, and members should contact their HR office to confirm their subsidy.

\*Kindly note that GEMS does not determine the subsidy as the subsidy is determined solely by the employer.

Salary level	Member	Adult	Child
Refers to a 'Salary' (i.e. monthly salary)	Refers to the 'Principal Member'	Refers to any 'Adult Dependant'	Refers to any 'Child Dependant'



**Kindly note:** While awaiting the implementation of the 2026 subsidy determination by your employer group, the deduction from your January 2026 salary will reflect the subsidy as payable during 2025. The reconciliation of any short payments or over payments from your January 2026 salaries will be corrected in the subsequent months.

**Important note:** The payroll cut-off date for the January 2026 salary payment run is 17 December 2025. All option changes, remuneration updates or membership changes processed on or after 17 December 2025, will result in a short payment or over payment from your January 2026 salary. In such an instance, the deductions will be corrected in subsequent months.

# GEMS Monthly Contributions for February 2026 to December 2026

The revised adjustment of 9.5% will be implemented from February 2026, as approved by the Council for Medical Schemes (CMS).

GEMS member contributions from February 2026 will increase by a weighted average of 9.5%. This adjustment is necessary to ensure the Scheme's long-term sustainability. Your increase will also be determined by your salary band and the number of beneficiaries registered\*

The tables below show the monthly contributions per beneficiary applicable for the year 2026 and do not include any subsidies. If you qualify for a subsidy\*\*, your employer will pay part of the contribution, and you will be required to pay the balance.

TANZANITE ONE			
Salary Level	Member	Adult	Child
R0 - R11 462.00	R1 693	R1 337	R729
R11 462.01 - R16 084.00	R1 774	R1 421	R786
R16 084.01 - R27 554.00	R2 197	R2 055	R1 057
R27 554.01 +	R2 873	R2 873	R1 630

EMERALD			
Salary Level	Member	Adult	Child
R0 - R17 261.00	R4 413	R3 362	R1 638
R17 261.01 - R29 810.00	R4 884	R3 776	R1 835
R29 810.01 +	R5 476	R4 198	R2 048

BERYL			
Salary Level	Member	Adult	Child
R0 - R11 462.00	R1 910	R1 905	R1 072
R11 462.01 - R16 084.00	R2 073	R2 056	R1 183
R16 084.01 - R27 554.00	R2 393	R2 393	R1 342
R27 554.01 +	R2 873	R2 873	R1 630

EMERALD VALUE			
Salary Level	Member	Adult	Child
R0 - R17 261.00	R3 695	R2 823	R1 373
R17 261.01 - R29 810.00	R4 089	R3 169	R1 541
R29 810.01 +	R4 580	R3 522	R1 716

RUBY			
Salary Level	Member	Adult	Child
R0 - R17 261.00	R3 156	R2 368	R1 224
R17 261.01 - R29 810.00	R3 516	R2 640	R1 372
R29 810.01 +	R3 892	R2 936	R1 512

Please note: 20% of contributions on the Ruby Option will go towards the Personal Medical Savings Account.

ONYX			
Salary Level	Member	Adult	Child
R0 - R17 261.00	R7 652	R5 858	R2 301
R17 261.01 - R36 779.00	R7 963	R6 063	R2 500
R36 779.01 +	R8 598	R6 608	R2 789

\*Total contribution is based on the current family size and salary information provided.  
 \*Subsidy contribution portion: these figures are only a guide, and members should contact their HR office to confirm their subsidy.  
 \*Kindly note that GEMS does not determine the subsidy as the subsidy is determined solely by the employer.

Salary level	Member	Adult	Child
Refers to a 'Salary' (i.e. monthly salary)	Refers to the 'Principal Member'	Refers to any 'Adult Dependant'	Refers to any 'Child Dependant'

**Kindly note:** While awaiting the implementation of the 2026 subsidy determination by your employer group, the deduction from your January 2026 salary will reflect the subsidy as payable during 2025. The reconciliation of any short payments or over payments from your January 2026 salaries will be corrected in the subsequent months.

**Important note:** The payroll cut-off date for the January 2026 salary payment run is 17 December 2025. All option changes, remuneration updates or membership changes processed on or after 17 December 2025, will result in a short payment or over payment from your January 2026 salary. In such an instance, the deductions will be corrected in subsequent months.

% 100% Scheme rates apply   
 PMB Limited to PMBs   
 MC Subject to managed care rules   
 H Subject to annual hospital limit   
 F Subject to referral by network GP  
 SUB Subject to other sub-limits, refer to the Scheme Rules   
 C 100% of cost, subject to PMB legislation   
 DSP Designated Service Provider   
 ✓ Available   
 ✗ Not Available  
 A Subject to the service being related to admissions under the annual hospital benefit   
 P Pre-authorisation is needed   
 U Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
In-Hospital Benefits	Limited to PMB. ✓ MC U C PMB
Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities	Voluntary use of non-network hospital co-payment of <b>R15 000</b> per hospital admission. ✓ MC U C PMB
Surgical Procedures	Limited to PMB. ✓ MC U C PMB
Advanced Radiology	Limited to PMB. ✓ MC U C PMB
Physiotherapy	Limited to PMB. ✓ MC U C PMB
Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	Limited to PMB. ✓ MC U C PMB
Organ and tissue transplants	Limited to PMB. ✓ MC U C PMB
Prostheses	Limited to PMB. ✓ MC C PMB P DSP SUB
Mental Health	Limited to PMB. ✓ MC U C PMB
Allied Health Services	Limited to PMB. ✓ MC U C PMB
Prescribed Minimum Benefits (PMBs)	✓ MC U C
Alcohol and drug dependencies	✓ % PMB MC P
Alternatives to hospitalisation (sub-acute hospitals and private nursing and intravenous (IV) therapy)	✓ % PMB MC P
Blood transfusion	✓ % PMB A P C



# TANZANITE ONE

## IN-HOSPITAL BENEFITS

- %** 100% Scheme rates apply
- PMB** Limited to PMBs
- MC** Subject to managed care rules
- H** Subject to annual hospital limit
- F** Subject to referral by network GP
- SUB** Subject to other sub-limits, refer to the Scheme Rules
- C** 100% of cost, subject to PMB legislation
- DSP** Designated Service Provider
- ✓** Available
- ✗** Not Available
- A** Subject to the service being related to admissions under the annual hospital benefit
- P** Pre-authorisation is needed
- U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
Emergency Services (casualty department)	✓ % PMB A P C
GP and Specialist Services	✓ % PMB MC P H
Renal dialysis	✓ % PMB MC A P C H
Radiology (basic)	✓ % PMB A H
Pathology and Medical Technology	✓ % PMB MC A P H
Oncology (chemotherapy and radiotherapy)	✓ % PMB A P C H

% 100% Scheme rates apply  
 PMB Limited to PMBs  
 MC Subject to managed care rules  
 H Subject to annual hospital limit  
 F Subject to referral by network GP  
SUB Subject to other sub-limits, refer to the Scheme Rules  
C 100% of cost, subject to PMB legislation  
DSP Designated Service Provider  
✓ Available  
✗ Not Available  
A Subject to the service being related to admissions under the annual hospital benefit  
P Pre-authorisation is needed  
U Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
<b>Family Practitioner Services</b> Consultations, visits and all other Family Practitioner services not specifically provided for.	Unlimited consultations with nominated network family practitioners, subject to medical necessity and managed care protocols and processes. However, the ninth (9th) and subsequent consultations are subject to pre-authorisation. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Preventative Care Services</b>	Vaccinations (excluding influenza vaccinations, HPV vaccinations and pneumococcal vaccinations), are limited to <b>R950</b> per beneficiary per annum. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Dental Services</b> 1. Clinically indicated root canal treatments 2. Periodontal programme	1: Limited to one (1) root canal treatment per beneficiary per annum, which includes one (1) emergency out-of-network visit per beneficiary per annum, subject to PMBs. 2: Paid from Risk, but limited to periodontal programme benefits. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Prescribed Medication and Injection Material</b> 1. Acute Medical Conditions 2. Chronic medical conditions listed in the PMB DTP and PMB CDL and Annexure D of the Scheme Rules 3. Self-Medication (over-the-counter medicine) 4. Female contraceptives: oral, insertables, injectables and dermal	<b>Effective 1 January 2026, Tanzanite One medicine formularies will be restructured. Members and Providers must familiarise themselves with the new formularies to ensure adequate cover.</b> 1: <b>R738</b> per family per annum for homeopathic medicine and prescription by a dispensing Family Practitioner, dispensed by a DSP/Network Pharmacy, will apply: limited to three (3) scripts of up to <b>R253</b> each per beneficiary per annum. 2: <b>R4 429</b> per beneficiary per annum for non-PMB chronic conditions listed in Annexure D of the Scheme Rules (no benefit for non-PMB chronic conditions not listed in Annexure D of the Scheme Rules). 3: <b>R120</b> per beneficiary per event and <b>R334</b> per beneficiary per annum. 4: Limited to <b>R3 757</b> per beneficiary per annum. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Advanced Radiology</b>	<b>Effective 1 January 2026, Tanzanite One radiology benefit will be restructured. Members and Providers must familiarise themselves with the new changes to ensure adequate cover.</b> Limit of <b>R15 183</b> per family per annum. Sub-limit of one (1) Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) scan per beneficiary per annum. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Optical Services</b>	<b>R1 519</b> per beneficiary every 2nd year. Post cataract surgery, optical PMB entitlement limited to <b>R1 744</b> for both lens and frame with a sub-limit of <b>R293</b> for the frame. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Allied Health Services</b>	Limit of <b>R2 025</b> per family, and <b>R1 266</b> per beneficiary, per annum, shared with out-of-hospital other professional health services, physiotherapy, audiology, occupational therapy and speech therapy. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b>	Limited to PMB. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span> <span>P</span> <span>PMB</span>
<b>Radiology (basic)</b>	<span>✓</span> <span>%</span> <span>PMB</span> <span>MC</span> <span>U</span> <span>F</span>
<b>Screening Services</b>	<span>✓</span> <span>%</span> <span>PMB</span> <span>P</span>
<b>Primary Care Extender Benefit</b>	<span>✗</span>
<b>Pathology and Medical Technologists</b>	<b>Effective 1 January 2026, Tanzanite One pathology benefit will be restructured. Members and Providers must familiarise themselves with the new changes to ensure adequate cover.</b> <span>✓</span> <span>%</span> <span>PMB</span> <span>F</span>

% 100% Scheme rates apply   
 PMB Limited to PMBs   
 MC Subject to managed care rules   
 H Subject to annual hospital limit   
 F Subject to referral by network GP  
SUB Subject to other sub-limits, refer to the Scheme Rules   
C 100% of cost, subject to PMB legislation   
DSP Designated Service Provider   
✓ Available   
✗ Not Available  
A Subject to the service being related to admissions under the annual hospital benefit   
P Pre-authorisation is needed   
U Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
<b>Medical and Surgical Appliances and Prostheses</b>	<p><b>R8 761</b> per family.</p> <p>Sub-limit of <b>R6 164</b> for foot orthotics and prosthetics with sub-limit of <b>R1 761</b> for orthotic shoes, foot/ankle/shoe inserts and levellers per beneficiary per annum.</p> <p>Crutches limited to <b>R701</b> per beneficiary per annum.</p> <p>One (1) wheelchair limited to <b>R7 716</b> per beneficiary every 36 months.</p> <p>Hearing aids limited to <b>R6 314</b> every 36 months.</p> <p>One (1) CPAP, APAP, BIPAP or VPAP device (including accessories), limited to <b>R8 761</b> every 36 months.</p> <p>Three (3) pairs of compression stockings of up to <b>R584</b> per pair per beneficiary per annum.</p> <p>One (1) pulse oximeter of up to <b>R467</b> per family per annum.</p> <p>One (1) knee brace and one (1) back brace of up to <b>R3 499</b> per brace per beneficiary per annum.</p> <p>Continuous Glucose Monitors (CGM) and Insulin Pumps are limited to:</p> <ul style="list-style-type: none"> <li>• <b>R59 531</b> per family per annum.</li> <li>• One (1) device per beneficiary every sixty (60) months from the month of receipt of device.</li> <li>• <b>R28 324</b> per beneficiary per annum for consumables.</li> <li>• Type one (1) diabetics aged below 19 years.</li> </ul> <p><span>✓</span> <span>MC</span> <span>U</span> <span>C</span></p>
<b>Mental Health</b>	<p>Limit of <b>R6 326</b> per beneficiary, per annum.</p> <p>Sub-limit of <b>R2 879</b> per family per annum for services by educational and industrial psychologists.</p> <p><span>✓</span> <span>MC</span> <span>U</span> <span>C</span></p>
<b>Infertility</b>	<p>Non-network hospital co-payment of <b>R15 000</b> per hospital admission.</p> <p><span>✓</span> <span>MC</span> <span>U</span> <span>C</span> <span>PMB</span></p>
<b>Circumcision</b>	<p>Limited to global fee of <b>R1 994</b> per beneficiary. Cover for in-hospital circumcisions subject to Scheme approval.</p> <p><span>✓</span> <span>MC</span> <span>U</span> <span>C</span></p>
<b>Personal Medical Savings Account (PMSA)</b>	<span>✗</span>
<b>Audiology, occupational therapy and speech therapy</b>	<span>✓</span> <span>%</span> <span>PMB</span> <span>MC</span>
<b>Block benefit (day-to-day benefit)</b>	<span>✗</span>
<b>Emergency assistance (road and air)</b>	<span>✓</span> <span>%</span> <span>PMB</span> <span>MC</span>
<b>General Practitioner (GP) and Specialist services</b>	<span>✓</span> <span>%</span> <span>PMB</span> <span>MC</span> <span>F</span>
<b>GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)</b>	<span>✗</span>

# Chronic Disease List (CDL)

The Tanzanite One option covers the following list of chronic conditions which are Prescribed Minimum Benefits (PMB), subject to managed care protocols, processes and formularies.

## TANZANITE ONE

### PMB Conditions

Addison's Disease; Asthma; Bipolar Mood Disorder; Bronchiectasis; Cardiac Failure; Cardiomyopathy; Chronic Renal Disease; Coronary Artery Disease; COPD; Crohn's Disease; Diabetes Insipidus; Diabetes Type 1; Diabetes Type 2; Dysrhythmias; Epilepsy; Erythematosus; Glaucoma; Haemophilia; HIV/AIDS; Hyperlipidaemia; Hypertension; Hyperthyroidism; Multiple Sclerosis; Parkinson's Disease; Rheumatoid Arthritis; Schizophrenia; Systemic Lupus; Ulcerative Colitis

## TANZANITE ONE

### Additional (non-PMB) conditions

GEMS has approved a range of additional chronic conditions for which members can enjoy cover, depending on the benefit option they are on. Medicine for these conditions will be covered from your chronic medicine benefit. Cover for these conditions is also based on certain formularies and a reference price system, so you may incur co-payments even before your chronic medicine benefit is depleted. Once this benefit is depleted, you will have to pay from your own pocket.

Anxiety

Attention Deficit and Hyperactivity Disorder

Depression\*

**\*Chronic DTP PMB conditions and Depression: Subject to section A: Statutory Prescribed Minimum Benefits ("PMBs") of Annexure C of the GEMS Rules.**

## IN-HOSPITAL BENEFITS

- %** 100% Scheme rates apply
- PMB** Limited to PMBs
- MC** Subject to managed care rules
- H** Subject to annual hospital limit
- F** Subject to referral by network GP
- SUB** Subject to other sub-limits, refer to the Scheme Rules
- C** 100% of cost, subject to PMB legislation
- DSP** Designated Service Provider
- ✓** Available
- ✗** Not Available
- A** Subject to the service being related to admissions under the annual hospital benefit
- P** Pre-authorisation is needed
- U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
In-Hospital Benefits	<p><b>R1 460 702</b> per family per annum. Non-PMB co-payment of <b>R1000</b> per scope.</p> <p><b>✓ MC U C</b></p>
Surgical Procedures	<p>Maxillofacial surgery, subject to an annual sub-limit of <b>R29 213</b> per family.</p> <p><b>✓ MC U C P</b></p>
Advanced Radiology	<p>Shared sublimit of <b>R15 183</b> per family per annum. Limited to only one (1) CT or MRI scan per beneficiary per annum for in- and out-of-hospital.</p> <p><b>✓ MC U C P</b></p>
Physiotherapy	<p><b>R6 344</b> per beneficiary per event.</p> <p><b>✓ MC U C P</b></p>
Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	<p><b>R7 044</b> per beneficiary per event. Limited to 10 post surgery physiotherapy visits.</p> <p><b>✓ MC U C P</b></p>
Organ and Tissue Transplants	<p>Limit of <b>R824 901</b> per beneficiary per annum and a sub-limit of <b>R28 001</b> per beneficiary per annum for corneal grafts (imported grafts subject to managed care protocols).</p> <p><b>✓ MC U C P</b></p>
Prostheses	<p><b>R43 823</b> per family per annum for prostheses generally, plus <b>R43 896</b> for joint revision only.</p> <p>Shared sub-limit with out-of-hospital prosthetics of <b>R6 164</b> for foot orthotics and prosthetics, with a sub-limit of <b>R1 761</b> for orthotic shoes, foot/ankle/shoe inserts and levellers per beneficiary per annum.</p> <p>Crutches limited to <b>R701</b> per beneficiary per annum.</p> <p>One (1) wheelchair limited to <b>R7 716</b> per beneficiary every 36 months.</p> <p>Hearing aids limited to <b>R11 223</b> per beneficiary every 36 months.</p> <p>One (1) CPAP, APAP, BIPAP or VPAP device (including accessories), limited to <b>R13 328</b> per beneficiary every 36 months.</p> <p>Three (3) pairs of compression stockings of up to <b>R584</b> per pair per beneficiary per annum.</p> <p>One (1) pulse oximeter of up to <b>R467</b> per family per annum.</p> <p>One (1) knee brace and one (1) back brace of up to <b>R3 499</b> per brace per beneficiary per annum.</p> <p><b>✓ MC U C SUB</b></p>
Renal Dialysis	<p><b>R292 135</b> per family per annum.</p> <p><b>✓ MC U C P</b></p>
Oncology (Chemo and Radiotherapy)	<p><b>R292 135</b> per family per annum.</p> <p><b>✓ MC U C</b></p>
Mental Health	<p><b>R23 523</b> per beneficiary per annum, less the beneficiary's usage of the <b>R13 272</b> under C19: mental health.</p> <p>Further shared sub-limit with out-of-hospital mental health of <b>R2 879</b> per family per annum for services by educational and industrial psychologists.</p> <p><b>✓ MC U C P</b></p>

## IN-HOSPITAL BENEFITS

- %** 100% Scheme rates apply
- PMB** Limited to PMBs
- MC** Subject to managed care rules
- H** Subject to annual hospital limit
- F** Subject to referral by network GP
- SUB** Subject to other sub-limits, refer to the Scheme Rules
- C** 100% of cost, subject to PMB legislation
- DSP** Designated Service Provider
- ✓** Available
- ✗** Not Available
- A** Subject to the service being related to admissions under the annual hospital benefit
- P** Pre-authorisation is needed
- U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
Medical Technologists	<b>R29 213</b> per family per annum. <b>✓ MC U C P</b>
Allied Health Services	Sub-limit of <b>R2 830</b> per beneficiary, and <b>R4 255</b> per family, per annum. <b>✓ MC U C</b>
Prescribed Minimum Benefits (PMBs)	<b>✓ % PMB C U</b>
Alcohol and drug dependencies	<b>✓ % PMB MC P</b>
Alternatives to hospitalisation (sub-acute hospitals and private nursing and intravenous (IV) therapy)	<b>✓ % PMB MC P</b>
Blood transfusion	<b>✓ % PMB A P C</b>
Emergency Services (casualty department)	<b>✓ % PMB A P C</b>
GP and Specialist Services	<b>✓ % PMB MC P H</b>
Radiology (basic)	<b>✓ % PMB A H</b>
Pathology and Medical Technology	<b>✓ % PMB MC A P H</b>

% 100% Scheme rates apply   
 PMB Limited to PMBs   
 MC Subject to managed care rules   
 H Subject to annual hospital limit   
 F Subject to referral by network GP  
SUB Subject to other sub-limits, refer to the Scheme Rules   
C 100% of cost, subject to PMB legislation   
DSP Designated Service Provider   
✓ Available   
✗ Not Available  
A Subject to the service being related to admissions under the annual hospital benefit   
P Pre-authorisation is needed   
U Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
<b>Family Practitioner Services</b> 1. DSP/Network Providers 2. Voluntary use of out-of-network providers	Unlimited consultations, visits and approved minor procedures at DSP/Network Providers, subject to medical necessity and managed care protocols and processes. Consultations: Ninth (9th) and subsequent consultations per beneficiary per annum, subject to pre-authorisation. <b>R1 445</b> per event, limited to three visits per beneficiary per annum. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Preventative Care Services</b>	Vaccinations (excluding influenza vaccinations, HPV vaccinations and pneumococcal vaccinations), limited to <b>R950</b> per beneficiary per annum. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Specialist Services</b>	Limited to (five) 5 consultations or <b>R5 255</b> per family, and 3 consultations or <b>R3 505</b> per beneficiary per annum. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Prescribed Medication and Injection Material</b> 1. Acute Medical Conditions 2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the Scheme Rules 3. Self-Medication (over-the-counter medicine) 4. Female contraceptives: oral, insertables, injectables and dermal.	1: <b>R738</b> per family per annum for homeopathic medicine and prescription by a dispensing Family Practitioner, dispensed by a DSP/Network Pharmacy, will apply: limited to three (3) scripts of up to <b>R253</b> each per beneficiary per annum. 2: <b>R5 567</b> per beneficiary per annum for non-PMB chronic conditions listed in Annexure D of the Scheme Rules (no benefit for non-PMB chronic conditions not listed in Annexure D of the Scheme Rules). 3: <b>R120</b> per beneficiary per event and <b>R334</b> per beneficiary per annum. 4: Female contraceptives limited to <b>R3 757</b> per beneficiary per annum. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Advanced Radiology</b>	Shared sublimit of <b>R15 183</b> per family per annum. Limited to only one (1) CT or MRI scan per beneficiary per annum for in- and out-of-hospital. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Optical Services</b>	<b>R1 924</b> per beneficiary every 2nd year. Post cataract surgery, optical PMB entitlement limited to <b>R1 744</b> for both lens and frame, with a sub-limit of <b>R293</b> for the frame. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Allied Health Services</b>	Shared limit of <b>R2 830</b> per beneficiary, and <b>R4 255</b> per family, per annum. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Other Professional Health Services</b>	Sub-limit of <b>R2 128</b> per family for social workers and registered counsellors. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b>	<b>R7 044</b> per beneficiary per annum. <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
<b>Personal Medical Savings Account (PMSA)</b>	<span>✗</span>
<b>Audiology, occupational therapy and speech therapy</b>	<span>✓</span> <span>%</span> <span>PMB</span> <span>MC</span> <span>P</span> <span>C</span>
<b>Block benefit (day-to-day benefit)</b>	<span>✗</span>

## OUT-OF-HOSPITAL BENEFITS

% 100% Scheme rates apply   
 PMB Limited to PMBs   
 MC Subject to managed care rules   
 H Subject to annual hospital limit   
 F Subject to referral by network GP  
SUB Subject to other sub-limits, refer to the Scheme Rules   
C 100% of cost, subject to PMB legislation   
DSP Designated Service Provider   
✓ Available   
✗ Not Available  
A Subject to the service being related to admissions under the annual hospital benefit   
P Pre-authorisation is needed   
U Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
Dental services (conservative, dentistry, including acute medicine)	Subject to use of GEMS Dental Network. <span>✓</span> <span>%</span> <span>PMB</span> <span>MC</span>
Emergency assistance (road and air)	<span>✓</span> <span>%</span> <span>PMB</span> <span>MC</span>
General Practitioner (GP) and Specialist services	<span>✓</span> <span>%</span> <span>PMB</span> <span>MC</span>
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	<span>✗</span>
Medical and Surgical Appliances and Prostheses	Sub-limit of <b>R14 606</b> per family per annum, with further, shared sub-limits with in-hospital prosthetics of <b>R6 164</b> for foot orthotics and prosthetics, with a sub-limit of <b>R1 761</b> for orthotic shoes, foot/ankle/shoe inserts and levellers per beneficiary per annum.  Crutches limited to <b>R701</b> per beneficiary per annum.  One wheelchair limited to <b>R7 716</b> per beneficiary every 36 months.  Hearing aids limited to <b>R11 223</b> every 36 months.  One (1) CPAP, APAP, BIPAP or VPAPA device (including accessories), limited to <b>R13 328</b> every 36 months.  Three (3) pairs of compression stockings of up to <b>R584</b> per pair per beneficiary per annum.  One (1) pulse oximeter of up to <b>R467</b> per family per annum.  One (1) knee brace and one (1) back brace of up to <b>R3 499</b> per brace per beneficiary per annum.  Continuous Glucose Monitors (CGM) and Insulin Pumps are limited to: <ul style="list-style-type: none"> <li>• <b>R59 531</b> per family per annum.</li> <li>• One (1) device per beneficiary every sixty (60) months from the month of receipt of device.</li> <li>• <b>R28 324</b> per beneficiary per annum for consumables.</li> <li>• Type one (1) diabetics aged below 19 years.</li> </ul> <span>✓</span> <span>MC</span> <span>U</span> <span>C</span> <span>P</span>
Mental Health	<b>R13 272</b> per family per annum.  Further shared sub-limit with in-hospital mental health of <b>R2 879</b> per family per annum for services by educational and industrial psychologists.  <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
Infertility	Non-network hospital co-payment of <b>R15 000</b> per hospital admission.  <span>✓</span> <span>MC</span> <span>U</span> <span>C</span> <span>PMB</span>
Circumcision	Global fee of <b>R1 994</b> per beneficiary. Cover for in-hospital circumcisions subject to Scheme approval.  <span>✓</span> <span>MC</span> <span>U</span> <span>C</span>
Infertility	<span>✓</span> <span>%</span> <span>PMB</span> <span>MC</span> <span>P</span> <span>C</span>
Radiology (basic)	<span>✓</span> <span>%</span> <span>PMB</span> <span>MC</span> <span>U</span> <span>F</span>
Screening Services	<span>✓</span> <span>%</span> <span>PMB</span> <span>P</span>
Primary Care Extender Benefit	<span>✗</span>
Pathology and Medical Technologists	<span>✓</span> <span>%</span> <span>PMB</span> <span>P</span> <span>F</span>

# Chronic Disease List (CDL)

The Beryl covers the following list of chronic conditions which are Prescribed Minimum Benefits (PMB), subject to managed care protocols, processes and formularies.

## PMB Conditions

### BERYL

Addison's Disease; Asthma; Bipolar Mood Disorder; Bronchiectasis; Cardiac Failure; Cardiomyopathy; Chronic Renal Disease; Coronary Artery Disease; COPD; Crohn's Disease; Diabetes Insipidus; Diabetes Type 1; Diabetes Type 2; Dysrhythmias; Epilepsy; Erythematosis; Glaucoma; Haemophilia; HIV/AIDS; Hyperlipidaemia; Hypertension; Hyperthyroidism; Multiple Sclerosis; Parkinson's Disease; Rheumatoid Arthritis; Schizophrenia; Systemic Lupus; Ulcerative Colitis

### BERYL

#### Additional (non-PMB) conditions

GEMS has approved a range of additional chronic conditions for which members can enjoy cover, depending on the benefit option they are on. Medicine for these conditions will be covered from your chronic medicine benefit. Cover for these conditions is also based on certain formularies and a reference price system, so you may incur co-payments even before your chronic medicine benefit is depleted. Once this benefit is depleted, you will have to pay from your own pocket.

Anxiety

Attention Deficit and Hyperactivity Disorder

Depression\*

\*Chronic DTP PMB conditions and Depression: Subject to section A: Statutory Prescribed Minimum Benefits ("PMBs") of Annexure C of the GEMS Rules.

**%** 100% Scheme rates apply   
 **PMB** Limited to PMBs   
 **MC** Subject to managed care rules   
 **H** Subject to annual hospital limit   
 **F** Subject to referral by network GP  
**SUB** Subject to other sub-limits, refer to the Scheme Rules   
**C** 100% of cost, subject to PMB legislation   
**DSP** Designated Service Provider   
 ✓ Available   
 ✗ Not Available  
**A** Subject to the service being related to admissions under the annual hospital benefit   
**P** Pre-authorisation is needed   
**U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities	Voluntary use of a non-network hospital will incur a co-payment of <b>R15 000</b> per hospital admission. Non-PMB co-payment of <b>R1000</b> per scope. ✓ <b>%</b> <b>PMB</b> <b>MC</b> <b>P</b>
Advanced Radiology	<b>R29 694</b> per family per annum. ✓ <b>MC</b> <b>U</b> <b>C</b> <b>P</b>
Physiotherapy	<b>R6 673</b> per beneficiary per annum. ✓ <b>MC</b> <b>U</b> <b>C</b> <b>P</b>
Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	<b>R7 044</b> per beneficiary per event. Limited to 10 post-surgery physiotherapy visits, shared with Block benefit. ✓ <b>MC</b> <b>U</b> <b>C</b> <b>P</b>
Organ and Tissue Transplants	<b>R824 901</b> per beneficiary per annum. <b>R28 001</b> per beneficiary per annum for corneal grafts. ✓ <b>MC</b> <b>U</b> <b>C</b> <b>P</b>
Prostheses	<b>R56 131</b> per family per annum, shared with Medical and Surgical Appliances and Prostheses generally, plus <b>R56 131</b> for joint revisions only. Shared sub-limit with out-of-hospital prosthetics of <b>R6 164</b> for foot orthotics and prosthetics with a sub-limit of <b>R1 761</b> for orthotic shoes, foot/ankle/shoe inserts and levellers per beneficiary per annum. Crutches limited to <b>R701</b> per beneficiary per annum. One (1) wheelchair limited to <b>R7 716</b> per beneficiary every 36 months. Hearing aids limited to <b>R11 223</b> per beneficiary every 36 months. One (1) CPAP device (including accessories), limited to <b>R13 328</b> per beneficiary every 36 months. Alternatively, APAP, BIPAP or VPAP device (including accessories), limited to <b>R19 623</b> per beneficiary every 36 months. Three (3) pairs of compression stockings of up to <b>R584</b> per pair per beneficiary per annum. One (1) pulse oximeter of up to <b>R467</b> per family per annum. One (1) knee and one (1) back brace of up to <b>R3 499</b> per brace per beneficiary per annum. ✓ <b>MC</b> <b>U</b> <b>C</b> <b>SUB</b>
Renal Dialysis	<b>R353 521</b> per beneficiary per annum. ✓ <b>MC</b> <b>U</b> <b>C</b> <b>P</b>
Oncology (Chemo and Radiotherapy)	<b>R445 453</b> per family per annum <b>R336 702</b> per family for biological and similar specialised medicines. ✓ <b>MC</b> <b>U</b> <b>C</b>
Mental Health	<b>R24 746</b> per family per annum. Further shared sub-limit with out-of-hospital mental health of <b>R2 879</b> per family per annum for services by educational and industrial psychologists. ✓ <b>MC</b> <b>U</b> <b>C</b> <b>P</b>
Prescribed Minimum Benefits (PMBs)	✓ <b>%</b> <b>PMB</b> <b>U</b> <b>C</b>



# RUBY

## IN-HOSPITAL BENEFITS

**%** 100% Scheme rates apply   
 **PMB** Limited to PMBs   
 **MC** Subject to managed care rules   
 **H** Subject to annual hospital limit   
 **F** Subject to referral by network GP  
**SUB** Subject to other sub-limits, refer to the Scheme Rules   
**C** 100% of cost, subject to PMB legislation   
**DSP** Designated Service Provider   
 ✓ Available   
 ✗ Not Available  
**A** Subject to the service being related to admissions under the annual hospital benefit   
**P** Pre-authorisation is needed   
**U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
Alcohol and drug dependencies	✓ % PMB MC P
Alternatives to hospitalisation (sub-acute hospitals and private nursing and intravenous (IV) therapy)	✓ % PMB MC P
Blood transfusion	✓ % PMB A P C
GP and Specialist Services	✓ % PMB MC P
Pathology and Medical Technology	✓ % PMB MC A P

## OUT-OF-HOSPITAL BENEFITS

% 100% Scheme rates apply  
 PMB Limited to PMBs  
 MC Subject to managed care rules  
 H Subject to annual hospital limit  
 F Subject to referral by network GP  
SUB Subject to other sub-limits, refer to the Scheme Rules  
C 100% of cost, subject to PMB legislation  
DSP Designated Service Provider  
✓ Available  
✗ Not Available  
A Subject to the service being related to admissions under the annual hospital benefit  
P Pre-authorisation is needed  
U Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
<b>Block Benefits</b>	<p><b>R3 009</b> per family per annum.</p> <p>✓ <span>MC</span> <span>U</span> <span>C</span></p>
<b>Dental Services</b>	<p><b>R4 489</b> per beneficiary per annum, excluding dental sealants for beneficiaries under the age of 18 years.</p> <p>✓ <span>MC</span> <span>U</span> <span>C</span></p>
<b>Prescribed Medication and Injection Material</b> 1. Acute Medical Conditions 2. Chronic Medical Conditions 3. Self-Medication (over-the-counter medicine)	<p>1: Subject to PMSA and limit of <b>R738</b> per family per annum for homeopathic medicine.</p> <p>2: Unlimited, but subject to PMB legislation.</p> <p>3: Subject to PMSA and limited to <b>R251</b> per beneficiary per event.</p> <p>✓ <span>MC</span> <span>U</span> <span>C</span></p>
<b>Advanced Radiology</b>	<p><b>R29 694</b> per family per annum.</p> <p>✓ <span>MC</span> <span>U</span> <span>C</span></p>
<b>Optical Services</b>	<p>Frame sub-limit: <b>R1 636</b> per beneficiary once members are claiming from Block Benefit.</p> <p>Post cataract surgery, optical PMB entitlement limited to <b>R1 744</b> for both lens and frame with a sub-limit of <b>R293</b> for the frame.</p> <p>✓ <span>MC</span> <span>U</span> <span>C</span></p>
<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b>	<p><b>R7 044</b> per beneficiary per annum.</p> <p>✓ <span>MC</span> <span>U</span> <span>C</span> <span>P</span></p>
<b>Medical and Surgical Appliances and Prostheses</b>	<p>Shared limit with in-hospital prosthesis of <b>R56 131</b> per family per annum.</p> <p>Sub-limit of <b>R21 901</b> per family per annum.</p> <p>Shared sub-limit with in-hospital prosthetics of <b>R6 164</b> for foot orthotics and prosthetics, with a sub-limit of <b>R1 761</b> for orthotic shoes, foot/ankle/shoe inserts and levellers per beneficiary per annum.</p> <p>Crutches limited to <b>R701</b> per beneficiary per annum.</p> <p>One (1) wheelchair limited to <b>R7 716</b> per beneficiary every 36 months.</p> <p>Hearing aids limited to <b>R11 223</b> every 36 months.</p> <p>One (1) CPAP device (including accessories), limited to <b>R13 328</b> per beneficiary every 36 months. Alternatively, APAP, BIPAP or VPAP device (including accessories), limited to <b>R19 623</b> per beneficiary every 36 months.</p> <p>Three (3) pairs of compression stockings of up to <b>R584</b> per pair per beneficiary per annum.</p> <p>One (1) pulse oximeter of up to <b>R467</b> per family per annum.</p> <p>One (1) knee brace and one (1) back brace of up to <b>R3 499</b> per brace per beneficiary per annum.</p> <p>Continuous Glucose Monitors (CGM) and Insulin Pumps are limited to:</p> <ul style="list-style-type: none"> <li><b>R59 531</b> per family per annum.</li> <li>One (1) device per beneficiary every sixty (60) months from the month of receipt of device.</li> <li><b>R28 324</b> per beneficiary per annum for consumables.</li> <li>Type one (1) diabetics aged below 19 years.</li> </ul> <p>✓ <span>MC</span> <span>U</span> <span>C</span></p>

## OUT-OF-HOSPITAL BENEFITS

% 100% Scheme rates apply  
 PMB Limited to PMBs  
 MC Subject to managed care rules  
 H Subject to annual hospital limit  
 F Subject to referral by network GP  
 SUB Subject to other sub-limits, refer to the Scheme Rules  
 C 100% of cost, subject to PMB legislation  
 DSP Designated Service Provider  
 ✓ Available  
 ✗ Not Available  
 A Subject to the service being related to admissions under the annual hospital benefit  
 P Pre-authorisation is needed  
 U Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
<b>Preventative Care Services</b> 1. All vaccinations	1: Vaccinations (excluding influenza vaccinations, HPV vaccinations and pneumococcal vaccinations), limited to <b>R950</b> per beneficiary per annum. ✓ MC U C
Emergency assistance (road and air)	✓ % PMB MC
Infertility	✓ % PMB MC P C
Primary Care Extender Benefit	✗
Screening Services	✓ % PMB P
Mental Health	Limited to PMSA. Shared sub-limit with B18: mental health of <b>R2 879</b> per family per annum for services by educational and industrial psychologists. Limited to one (1) individual psychologist consultation and one (1) group psychologist consultation per day. ✓ MC U C
Infertility	Non-network hospital co-payment of <b>R15 000</b> per hospital admission. ✓ MC U C
Circumcision	Global fee of <b>R1 994</b> per beneficiary. Cover for in-hospital circumcisions subject to Scheme approval. ✓ MC U C

# Chronic Disease List (CDL)

The Ruby option covers the following list of chronic conditions which are Prescribed Minimum Benefits (PMB), subject to managed care protocols, processes and formularies.

## PMB Conditions

### RUBY

Addison's Disease; Asthma; Bipolar Mood Disorder; Bronchiectasis; Cardiac Failure; Cardiomyopathy; Chronic Renal Disease; Coronary Artery Disease; COPD; Crohn's Disease; Diabetes Insipidus; Diabetes Type 1; Diabetes Type 2; Dysrhythmias; Epilepsy; Erythematosis; Glaucoma; Haemophilia; HIV/AIDS; Hyperlipidaemia; Hypertension; Hyperthyroidism; Multiple Sclerosis; Parkinson's Disease; Rheumatoid Arthritis; Schizophrenia; Systemic Lupus; Ulcerative Colitis

### RUBY

#### Additional (non-PMB) conditions

GEMS has approved a range of additional chronic conditions for which members can enjoy cover, depending on the benefit option they are on. Medicine for these conditions will be covered from your chronic medicine benefit. Cover for these conditions is also based on certain formularies and a reference price system, so you may incur co-payments even before your chronic medicine benefit is depleted. Once this benefit is depleted, you will have to pay from your own pocket.

Anxiety

Attention Deficit and Hyperactivity Disorder

Benign Prostatic Hyperplasia

Depression\*

Menniere's Disease

Osteoarthritis

Psoriasis

Thrombo-Embolic Disease\*

**\*Chronic DTP PMB conditions and Depression: Subject to section A: Statutory Prescribed Minimum Benefits ("PMBs") of Annexure C of the GEMS Rules.**



# EMERALD & EMERALD VALUE (EVO)



## IN-HOSPITAL BENEFITS

- %** 100% Scheme rates apply
- PMB** Limited to PMBs
- MC** Subject to managed care rules
- H** Subject to annual hospital limit
- F** Subject to referral by network GP
- SUB** Subject to other sub-limits, refer to the Scheme Rules
- C** 100% of cost, subject to PMB legislation
- DSP** Designated Service Provider
- ✓** Available
- ✗** Not Available
- A** Subject to the service being related to admissions under the annual hospital benefit
- P** Pre-authorisation is needed
- U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
<b>Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities</b>	Non-network hospital co-payment of <b>R15 000</b> per hospital admission for members on Emerald Value. Non-PMB co-payment of <b>R1000</b> per scope. <span>✓ MC U C</span>
<b>Advanced Radiology</b>	<b>R29 694</b> per family per annum. <span>✓ MC U C P</span>
<b>Physiotherapy</b>	<b>R6 673</b> per beneficiary per annum. <span>✓ MC U C P</span>
<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b>	<b>R7 044</b> per beneficiary per event. Limited to 10 post-surgery physiotherapy visits, shared with block benefit. <span>✓ MC U C P</span>
<b>Organ and Tissue Transplants</b>	<b>R824 901</b> per beneficiary per annum.  Sub-limit of <b>R28 001</b> per annum for corneal grafts. <span>✓ MC U C</span>
<b>Prostheses</b>	<b>R56 131</b> per family per annum shared with Medical and Surgical Appliances and Prostheses generally, plus <b>R56 131</b> for joint revision only.  Shared sub-limit with out-of-hospital prosthetics and appliances of <b>R6 164</b> for foot orthotics and prosthetics, with a sub-limit of <b>R1 761</b> for orthotic shoes, foot/ankle/shoe inserts and levellers per beneficiary per annum.  Crutches limited to <b>R701</b> per beneficiary per annum.  One (1) wheelchair limited to <b>R7 716</b> per beneficiary every 36 months.  Hearing aids limited to <b>R11 223</b> per beneficiary every 36 months.  One (1) CPAP device (including accessories), limited to <b>R13 328</b> per beneficiary every 36 months. Alternatively, APAP, BIPAP or VPAP device (including accessories), limited to <b>R19 623</b> per beneficiary every 36 months.  Three (3) pairs of compression stockings of up to <b>R584</b> per pair per beneficiary per annum.  One (1) pulse oximeter of up to <b>R467</b> per Family per annum.  One (1) knee brace and one (1) back brace of up to <b>R3 499</b> per brace per beneficiary per annum. <span>✓ MC U C P SUB</span>
<b>Renal Dialysis</b>	<b>R353 521</b> per beneficiary per annum. <span>✓ MC U C P</span>
<b>Oncology (Chemo and Radiotherapy)</b>	Limit of <b>R494 945</b> per family per annum.  Sub-limit of <b>R336 702</b> per family for biological and similar specialised medicines. <span>✓ MC U C</span>
<b>Mental Health</b>	<b>R24 746</b> per family per annum.  Further shared sub-limit with out-of-hospital mental health of <b>R2 879</b> per family per annum for services by educational and industrial psychologists. <span>✓ MC U C P</span>
<b>Allied Health Services</b>	<b>R2 128</b> per family per annum. <span>✓ MC U C</span>
<b>Other Professional Health Services</b>	Sub-limit of <b>R1 652</b> per family for social workers and registered counsellors. <span>✓ MC U C</span>



# EMERALD & EMERALD VALUE (EVO)



## IN-HOSPITAL BENEFITS

- %** 100% Scheme rates apply
- PMB** Limited to PMBs
- MC** Subject to managed care rules
- H** Subject to annual hospital limit
- F** Subject to referral by network GP
- SUB** Subject to other sub-limits, refer to the Scheme Rules
- C** 100% of cost, subject to PMB legislation
- DSP** Designated Service Provider
- ✓** Available
- ✗** Not Available
- A** Subject to the service being related to admissions under the annual hospital benefit
- P** Pre-authorisation is needed
- U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
Prescribed Minimum Benefits (PMBs)	✓ % PMB U C
Alcohol and drug dependencies	✓ % PMB MC P
Alternatives to hospitalisation (sub-acute hospitals and private nursing and intravenous (IV) therapy)	✓ % PMB MC P U
Blood transfusion	✓ % PMB A P C U
GP and Specialist Services	✓ % PMB MC P U
Pathology and Medical Technology	✓ % PMB MC A P U
Radiology (basic)	✓ % PMB A U
Surgical procedures (including maxillofacial surgery)	✓ % PMB A P U



# EMERALD & EMERALD VALUE (EVO)



## OUT-OF-HOSPITAL BENEFITS

- %** 100% Scheme rates apply
- PMB** Limited to PMBs
- MC** Subject to managed care rules
- H** Subject to annual hospital limit
- F** Subject to referral by network GP
- SUB** Subject to other sub-limits, refer to the Scheme Rules
- C** 100% of cost, subject to PMB legislation
- DSP** Designated Service Provider
- ✓** Available
- ✗** Not Available
- A** Subject to the service being related to admissions under the annual hospital benefit
- P** Pre-authorisation is needed
- U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
<b>Day-to-day Block Benefit</b>	<b>R6 173</b> per beneficiary and <b>R12 351</b> per family per annum. <span>✓</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Primary Care Extender Benefit</b>	The additional benefit of <b>R2 063</b> per beneficiary per annum (Applicable only to EVO). Accessed once the Family Practitioner services, Pathology and Medical Technology, and Prescribed Medication and Injection Material benefits are <span>✓</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Physiotherapy</b>	<b>R3 066</b> per beneficiary and <b>R6 132</b> per family per annum. <span>✓</span> <b>MC</b> <b>U</b> <b>C</b> <b>P</b>
<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b>	<b>R7 044</b> per beneficiary per event. Limited to 10 post surgery physiotherapy sessions. <span>✓</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Audiology, Occupational Therapy and Speech Therapy</b>	<b>R3 011</b> per beneficiary and <b>R6 034</b> per family per annum. Sub-limit of <b>R2 424</b> per beneficiary and <b>R4 840</b> per family per annum. <span>✓</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Pathology and Medical Technology</b>	<b>R3 011</b> per beneficiary and <b>R6 034</b> per family per annum. <span>✓</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Dental Services</b>	<b>R6 900</b> per beneficiary, excluding dental sealants for beneficiaries under the age of 18 years. Subject to the use of GEMS Dental Network. <span>✓</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Optical Services</b>	<b>R3 099</b> per beneficiary every 2nd year OR every two (2) years; and <b>R5 942</b> per family per annum. Frames not to exceed <b>R1 636</b> . Post cataract surgery, optical PMB entitlement limited to <b>R1 744</b> for both lens and frame, with a sub-limit of <b>R293</b> for the frame. For beneficiaries with Keratoconus, the family and beneficiary limits specified hereinabove shall be subject to an additional optometry booster benefit of <b>R2 751</b> per family per annum for scleral contact lenses. <span>✓</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Basic Radiology</b>	<b>R4 930</b> per beneficiary and <b>R9 034</b> per family per annum. <span>✓</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Prescribed Medication and Injection Material</b>	1: <b>R4 950</b> per beneficiary, and <b>R14 847</b> per family, per annum, subject to a limit of <b>R738</b> for homeopathic and alternative medicine per family per annum. 2: <b>R14 847</b> per beneficiary and <b>R29 897</b> per family per annum. 3: <b>R1 247</b> per beneficiary per annum, <b>R334</b> event limit. Family limit of <b>R1 994</b> per annum. 4: <b>R3 757</b> per beneficiary per annum. <span>✓</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Advanced Radiology</b>	<b>R29 694</b> per family per annum. <span>✓</span> <b>MC</b> <b>U</b> <b>C</b>



# EMERALD & EMERALD VALUE (EVO)



## OUT-OF-HOSPITAL BENEFITS

- %** 100% Scheme rates apply
- PMB** Limited to PMBs
- MC** Subject to managed care rules
- H** Subject to annual hospital limit
- F** Subject to referral by network GP
- SUB** Subject to other sub-limits, refer to the Scheme Rules
- C** 100% of cost, subject to PMB legislation
- DSP** Designated Service Provider
- ✓** Available
- ✗** Not Available
- A** Subject to the service being related to admissions under the annual hospital benefit
- P** Pre-authorisation is needed
- U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
<b>Mental Health</b>	<p><b>R24 746</b> per family per annum (shared with in-hospital mental health B18).</p> <p><b>R7 338</b> sub-limit for out-of-hospital psychologist consultations.</p> <p>Further shared sub-limit with B18: mental health of <b>R2 879</b> per family per annum for services by educational and industrial psychologists. Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.</p> <p><b>✓ MC U C</b></p>
<b>Medical and Surgical Appliances and Prosthesis</b>	<p><b>R56 131</b> per family per annum.</p> <p><b>R21 901</b> for medical and surgical appliances per family per annum.</p> <p>Shared sub-limit with in-hospital prosthetics of <b>R6 164</b> for foot orthotics and prosthetics, with a sub-limit of <b>R1 761</b> for orthotic shoes, foot/ankle/shoe inserts and levellers per beneficiary per annum.</p> <p>Crutches limited to <b>R701</b> per beneficiary per annum.</p> <p>One (1) wheelchair limited to <b>R7 716</b> per beneficiary every 36 months.</p> <p>Hearing aids limited to <b>R11 223</b> every 36 months.</p> <p>One (1) CPAP device (including accessories), limited to <b>R13 328</b> per beneficiary every 36 months. Alternatively, APAP, BIPAP or VPAP device (including accessories), limited to <b>R19 623</b> per beneficiary every 36 months.</p> <p>Three (3) pairs of compression stockings of up to <b>R584</b> per pair per beneficiary per annum.</p> <p>One (1) pulse oximeter of up to <b>R467</b> per family per annum.</p> <p>One (1) knee brace and one (1) back brace of up to <b>R3 499</b> per brace per beneficiary per annum.</p> <p>Continuous Glucose Monitors (CGM) and Insulin Pumps are limited to:</p> <ul style="list-style-type: none"> <li>• <b>R59 531</b> per family per annum.</li> <li>• One (1) device per beneficiary every sixty (60) months from the month of receipt of device.</li> <li>• <b>R28 324</b> per beneficiary per annum for consumables.</li> <li>• Type one (1) diabetics aged below 19 years.</li> </ul> <p><b>✓ MC U C</b></p>
<b>Preventative Care Services</b>	<p>1: Vaccinations (excluding influenza vaccinations, HPV vaccinations and pneumococcal vaccinations), limited to <b>R950</b> per beneficiary per annum.</p> <p><b>✓ MC U C</b></p>
<b>1. All vaccinations</b>	
<b>Infertility</b>	<p>Non-network hospital co-payment of <b>R15 000</b> per hospital admission.</p> <p><b>✓ MC U C PMB</b></p>
<b>Circumcision</b>	<p>Global fee of <b>R1 994</b> per beneficiary. Cover for in-hospital circumcisions subject to Scheme approval.</p> <p><b>✓ MC U C</b></p>
<b>Personal Medical Savings Account (PMSA)</b>	<b>✗</b>
<b>Emergency assistance (road and air)</b>	<b>✓ % PMB MC</b>
<b>Infertility</b>	<b>✓ % PMB MC P C</b>
<b>Screening Services</b>	<b>✓ % PMB P</b>

# Chronic Disease List (CDL)

The Emerald and Emerald Value option covers the following list of chronic conditions which are Prescribed Minimum Benefits (PMB), subject to managed care protocols, processes and formularies.

## PMB Conditions

### EMERALD

Addison's Disease; Asthma; Bipolar Mood Disorder; Bronchiectasis; Cardiac Failure; Cardiomyopathy; Chronic Renal Disease; Coronary Artery Disease; COPD; Crohn's Disease; Diabetes Insipidus; Diabetes Type 1; Diabetes Type 2; Dysrhythmias; Epilepsy; Erythematosis; Glaucoma; Haemophilia; HIV/AIDS; Hyperlipidaemia; Hypertension; Hyperthyroidism; Multiple Sclerosis; Parkinson's Disease; Rheumatoid Arthritis; Schizophrenia; Systemic Lupus; Ulcerative Colitis

### EMERALD VALUE OPTION

### EMERALD

Additional (non-PMB) conditions

### EMERALD VALUE OPTION

Additional (non-PMB) conditions

GEMS has approved a range of additional chronic conditions for which members can enjoy cover, depending on the benefit option they are on. Medicine for these conditions will be covered from your chronic medicine benefit. Cover for these conditions is also based on certain formularies and a reference price system, so you may incur co-payments even before your chronic medicine benefit is depleted. Once this benefit is depleted, you will have to pay from your own pocket.

Acne

Allergic Rhinitis

Alzheimer's Disease

Ankylosing Spondylitis

Anorexia Nervosa

Anxiety

Attention Deficit and Hyperactivity Disorder

Barrett's Esophagus

Benign Prostatic Hyperplasia

Bulimia Nervosa

Delusional Disorder

Dementia, including (but not limited to) Multi-infarct, Subcortical, Vascular and Alcohol

Depression\*

Dermatitis

Eczema

Gastro Oesophageal Reflux Disease

Generalised Anxiety Disorder

Gout

Huntington's Disease

Hypoparathyroidism\*

Hypothyroidism\*

## EMERALD

Additional (non-PMB) conditions

## EMERALD VALUE OPTION

Additional (non-PMB) conditions

Interstitial Lung Disease

Menniere's Disease

Menopause\*

Myasthenia Gravis

Narcolepsy

Neuropathies

Obsessive Compulsive Disorder

Osteoarthritis

Osteopenia

Osteoporosis

Paget's Disease

Post-Traumatic Stress Syndrome

Psoriasis

Stroke\*

Systemic Sclerosis

Thrombocytopenic Purpura\*

Thrombo-Embolic Disease\*

Tourette's Syndrome

Valvular Heart Disease\*

Zollinger-Ellison Syndrome

**\*Chronic DTP PMB conditions and Depression: Subject to section A: Statutory Prescribed Minimum Benefits ("PMBs") of Annexure C of the GEMS Rules.**



**ONYX**

# IN-HOSPITAL BENEFITS

- %** 100% Scheme rates apply
- PMB** Limited to PMBs
- MC** Subject to managed care rules
- H** Subject to annual hospital limit
- F** Subject to referral by network GP
- SUB** Subject to other sub-limits, refer to the Scheme Rules
- C** 100% of cost, subject to PMB legislation
- DSP** Designated Service Provider
- ✓** Available
- ✗** Not Available
- A** Subject to the service being related to admissions under the annual hospital benefit
- P** Pre-authorisation is needed
- U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities	<p>Non-PMB co-payment of <b>R1000</b> per scope.</p> <p><b>✓ MC U C</b></p>
Advanced Radiology	<p><b>R37 123</b> per family per annum.</p> <p><b>✓ MC U C P</b></p>
Physiotherapy	<p><b>R6 673</b> per beneficiary per annum.</p> <p><b>✓ MC U C</b></p>
Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy	<p><b>R7 044</b> per beneficiary per event. Limited to 10 post-surgery physiotherapy benefits.</p> <p><b>✓ MC U C</b></p>
Organ and Tissue Transplants	<p><b>R824 901</b> per beneficiary per annum.</p> <p>Sub-limit of <b>R28 001</b> per annum for corneal grafts.</p> <p><b>✓ MC U C P</b></p>
Prostheses	<p><b>R75 823</b> per family per annum shared with medical and surgical appliances and prostheses generally, plus <b>R75 823</b> per family per annum for Joint revisions only.</p> <p>Shared sub-limit with out-of-hospital prosthetics and appliances of <b>R6 164</b> for foot orthotics and prosthetics with sub-limit of <b>R1 761</b> for orthotic shoes, foot/ankle/shoe inserts and levellers per beneficiary per annum.</p> <p>Crutches limited to <b>R701</b> per beneficiary per annum.</p> <p>One (1) wheelchair limited to <b>R7 716</b> per beneficiary every 36 months.</p> <p>Hearing aids limited to <b>R11 223</b> per beneficiary every 36 months.</p> <p>One (1) CPAP device (including accessories), limited to <b>R13 328</b> per beneficiary every 36 months. Alternatively, APAP, BIPAP or VPAP device (including accessories), limited to <b>R19 623</b> per beneficiary every 36 months.</p> <p>Three (3) pairs of compression stockings of up to <b>R584</b> per pair per beneficiary per annum.</p> <p>One (1) pulse oximeter of up to <b>R467</b> per family per annum.</p> <p>One (1) knee brace and one (1) back brace of up to <b>R3 499</b> per brace per beneficiary per annum.</p> <p><b>✓ MC U C SUB</b></p>
Renal Dialysis	<p><b>R353 521</b> per beneficiary per annum.</p> <p><b>✓ MC U C P</b></p>
Oncology (Chemo and Radiotherapy)	<p><b>R649 619</b> per family per annum.</p> <p><b>R439 078</b> per family for biological and similar specialised medicines.</p> <p><b>✓ MC U C</b></p>
Mental Health	<p><b>R51 966</b> per family per annum.</p> <p>Further shared sub-limit with out-of-hospital mental health of <b>R2 879</b> per family per annum for services by educational and industrial psychologists. Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.</p> <p><b>✓ MC U C P</b></p>
Other Professional Health Services	<p>Sub-limit of <b>R1 652</b> per family for social workers and registered counsellors.</p> <p><b>✓ MC U C</b></p>



# ONYX

## IN-HOSPITAL BENEFITS

**%** 100% Scheme rates apply   
 **PMB** Limited to PMBs   
 **MC** Subject to managed care rules   
 **H** Subject to annual hospital limit   
 **F** Subject to referral by network GP  
**SUB** Subject to other sub-limits, refer to the Scheme Rules   
**C** 100% of cost, subject to PMB legislation   
**DSP** Designated Service Provider   
 ✓ Available   
 ✗ Not Available  
**A** Subject to the service being related to admissions under the annual hospital benefit   
**P** Pre-authorisation is needed   
**U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
Prescribed Minimum Benefits (PMBs)	✓ % <b>PMB</b> <b>U</b> <b>C</b> <b>DSP</b>
Alcohol and drug dependencies	✓ % <b>PMB</b> <b>MC</b> <b>P</b>
Alternatives to hospitalisation (sub-acute hospitals and private nursing and intravenous (IV) therapy)	✓ % <b>PMB</b> <b>MC</b> <b>P</b> <b>U</b>
Pathology and Medical Technology	✓ % <b>PMB</b> <b>MC</b> <b>A</b> <b>P</b> <b>U</b>
Radiology (basic)	✓ % <b>PMB</b> <b>A</b> <b>U</b>
Surgical procedures (including maxillofacial surgery)	✓ % <b>PMB</b> <b>A</b> <b>P</b> <b>U</b>
GP and Specialist Services	✓ % <b>PMB</b> <b>MC</b> <b>P</b>
Blood transfusion	✓ % <b>PMB</b> <b>A</b> <b>P</b> <b>C</b> <b>U</b>



**ONYX**

# OUT-OF-HOSPITAL BENEFITS

**%** 100% Scheme rates apply   
**PMB** Limited to PMBs   
**MC** Subject to managed care rules   
**H** Subject to annual hospital limit   
**F** Subject to referral by network GP  
**SUB** Subject to other sub-limits, refer to the Scheme Rules   
**C** 100% of cost, subject to PMB legislation   
**DSP** Designated Service Provider   
✔ Available   
✘ Not Available  
**A** Subject to the service being related to admissions under the annual hospital benefit   
**P** Pre-authorisation is needed   
**U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
<b>Day-to-day Block Benefit</b>	<b>R12 986</b> per beneficiary and <b>R25 973</b> per family per annum. <span style="color: green;">✔</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Other Professional Health Services</b>	Sub-limit of <b>R1 652</b> per family for social workers and registered counsellors <span style="color: green;">✔</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b>	<b>R7 044</b> per beneficiary per event. Limited to 10 post-surgery physiotherapy visits. <span style="color: green;">✔</span> <b>MC</b> <b>U</b> <b>C</b> <b>P</b>
<b>Mental Health</b>	Shared sub-limit with B18: mental health of <b>R2 879</b> per family per annum for services by educational and industrial psychologists. <span style="color: green;">✔</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Female contraceptives</b>	<b>R4 707</b> per family per annum. <span style="color: green;">✔</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Dental Services</b>	<b>R12 310</b> per beneficiary per annum, excluding dental sealants for beneficiaries under the age of 18 years. <span style="color: green;">✔</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Prescribed Medication and Injection Material</b> 1. Acute Medical Conditions 2. Chronic Medical Conditions 3. Self-Medication	1: <b>R8 343</b> per beneficiary, and <b>R23 368</b> per family, per annum, subject to a limit of <b>R738</b> for homeopathic and alternative medicine per family per annum. 2: <b>R25 353</b> per beneficiary and <b>R51 966</b> per family per annum. 3: <b>R1 521</b> per beneficiary per annum, <b>R415</b> event limit. Family limit <b>R2 519</b> per annum. <span style="color: green;">✔</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Advanced Radiology</b>	<b>R37 123</b> per family per annum. <span style="color: green;">✔</span> <b>MC</b> <b>U</b> <b>C</b>
<b>Optical Services</b>	<b>R3 659</b> per beneficiary every two (2) years; and <b>R7 033</b> annual limit per family. Limit of <b>R2 645</b> per frame. Post cataract surgery, optical PMB entitlement is limited to <b>R1 744</b> for both lens and frame, with a sub-limit of <b>R293</b> for the frame. For beneficiaries with Keratoconus, the family and beneficiary limits specified hereinabove shall be subject to an additional optometry booster benefit of <b>R2 751</b> per family per annum for scleral contact lenses. <span style="color: green;">✔</span> <b>MC</b> <b>U</b> <b>C</b>



# ONYX

## OUT-OF-HOSPITAL BENEFITS

- %** 100% Scheme rates apply
- PMB** Limited to PMBs
- MC** Subject to managed care rules
- H** Subject to annual hospital limit
- F** Subject to referral by network GP
- SUB** Subject to other sub-limits, refer to the Scheme Rules
- C** 100% of cost, subject to PMB legislation
- DSP** Designated Service Provider
- ✓** Available
- ✗** Not Available
- A** Subject to the service being related to admissions under the annual hospital benefit
- P** Pre-authorisation is needed
- U** Unlimited, refer to Scheme Rules

SERVICE/BENEFIT	2026
<b>Medical and Surgical Appliances and Prostheses</b>	<p>Shared limit with in-hospital internal prostheses (B14) of <b>R75 823</b> per annum.</p> <p>Sub-limit of <b>R25 349</b> for medical and surgical appliances per family per annum.</p> <p>Shared sub-limit with in-hospital prosthetics of <b>R6 164</b> for foot orthotics and prosthetics, with a sub-limit of <b>R1 761</b> for orthotic shoes, foot/ankle/shoe inserts and levellers per beneficiary per annum.</p> <p>Crutches limited to <b>R701</b> per beneficiary per annum.</p> <p>One (1) wheelchair limited to <b>R7 716</b> every 36 months.</p> <p>Hearing aids limited to <b>R11 223</b> every 36 months.</p> <p>One (1) CPAP, APAP, BIPAP or VPAP device (including accessories) limited to <b>R13 328</b> every 36 months.</p> <p>Three (3) pairs of compression stockings of up to <b>R584</b> per pair per beneficiary per annum.</p> <p>One (1) pulse oximeter of up to <b>R467</b> per family per annum.</p> <p>One (1) knee brace and one (1) back brace of up to <b>R3 499</b> per brace per beneficiary per annum.</p> <p>Continuous Glucose Monitors (CGM) and Insulin Pumps are limited to:</p> <ul style="list-style-type: none"> <li>• <b>R59 531</b> per family per annum.</li> <li>• One (1) device per beneficiary every sixty (60) months from the month of receipt of device.</li> <li>• <b>R28 324</b> per beneficiary per annum for consumables.</li> <li>• Type one (1) diabetics aged below 19 years.</li> </ul> <p><b>✓ MC U C</b></p>
<b>Preventative Care Services</b> 1. All vaccinations	<p>1: Vaccinations (excluding influenza vaccinations, HPV vaccinations and pneumococcal vaccinations) limited to <b>R950</b> per beneficiary per annum.</p> <p><b>✓ MC U C</b></p>
<b>Infertility</b>	<p>Non-network hospital co-payment of <b>R15 000</b> per hospital admission.</p> <p><b>✓ MC U C</b></p>
<b>Circumcision</b>	<p>Global fee of <b>R1 994</b> per beneficiary. Cover for in-hospital circumcisions subject to Scheme approval.</p> <p><b>✓ MC U C</b></p>
<b>Personal Medical Savings Account (PMSA)</b>	<b>✗</b>
<b>Emergency assistance (road and air)</b>	<b>✓ % PMB MC</b>
<b>Infertility</b>	<b>✓ % PMB MC P C</b>
<b>Primary Care Extender Benefit</b>	<b>✗</b>
<b>Screening Services</b>	<b>✓ % PMB P</b>

# Chronic Disease List (CDL)

The Onyx option covers the following list of chronic conditions which are Prescribed Minimum Benefits (PMB), subject to managed care protocols, processes and formularies.

## PMB Conditions

### ONYX

Addison's Disease; Asthma; Bipolar Mood Disorder; Bronchiectasis; Cardiac Failure; Cardiomyopathy; Chronic Renal Disease; Coronary Artery Disease; COPD; Crohn's Disease; Diabetes Insipidus; Diabetes Type 1; Diabetes Type 2; Dysrhythmias; Epilepsy; Erythematosis; Glaucoma; Haemophilia; HIV/AIDS; Hyperlipidaemia; Hypertension; Hyperthyroidism; Multiple Sclerosis; Parkinson's Disease; Rheumatoid Arthritis; Schizophrenia; Systemic Lupus; Ulcerative Colitis

### ONYX

#### Additional (non-PMB) conditions

GEMS has approved a range of additional chronic conditions for which members can enjoy cover, depending on the benefit option they are on. Medicine for these conditions will be covered from your chronic medicine benefit. Cover for these conditions is also based on certain formularies and a reference price system, so you may incur co-payments even before your chronic medicine benefit is depleted. Once this benefit is depleted, you will have to pay from your own pocket.

Acne	Interstitial Lung Disease
Allergic Rhinitis	Menniere's Disease
Alzheimer's Disease	Menopause*
Ankylosing Spondylitis	Myasthenia Gravis
Anorexia Nervosa	Narcolepsy
Anxiety	Neuropathies
Attention Deficit and Hyperactivity Disorder	Obsessive Compulsive Disorder
Barrett's Esophagus Disorder	Osteoarthritis
Benign Prostatic Hyperplasia	Osteopenia
Bulimia Nervosa	Osteoporosis
Delusional Disorder	Paget's Disease
Dementia, including (but not limited to) Multi-infarct, Subcortical, Vascular and Alcohol	Post-Traumatic Stress Syndrome
Depression*	Psoriasis
Dermatitis	Stroke*
Eczema	Systemic Sclerosis Disorder
Gastro Oesophageal Reflux Disease	Thrombocytopenic Purpura*
Generalised Anxiety Disorder	Thrombo-Embolic Disease*
Gout	Tourette's Syndrome
Huntington's Disease	Valvular Heart Disease*
Hypoparathyroidism*	Zollinger-Ellison Syndrome
Hypothyroidism*	

\*Chronic DTP PMB conditions and Depression: Subject to section A: Statutory Prescribed Minimum Benefits ("PMBs") of Annexure C of the GEMS Rules.



## Here's what our members have to say about us



Hi there

I was just thinking of how fortunate we are to be covered by GEMS. Every member on my account has had to undergo surgery in the past 5 years. It's been very difficult, but we are all very aware that without being covered so comprehensively by this medical aid, we would not have managed financially or emotionally.

Furthermore, the agents that attend to our calls are always so knowledgeable, and if they're not sure, they find someone who can help us. I've never had a query that was not resolved to my satisfaction. So thank you thank you, thank you, GEMS for being so great for over 10 years.. We appreciate everything.



Dear GEMS Team,

I would like to sincerely compliment you on the outstanding service you deliver. The efficiency with authorisations, the prompt payments to practices, and the quick resolution of any issues are truly impressive.

I honestly wish all medical aids could be as easy to work with as GEMS is. Your professionalism and dedication set you apart and make a real difference.

Thank you for consistently providing such excellent service.



Thank you for your excellent service! My medical aid is one source of security to us as a family.



Thank you for your email. For at least 15 years, GEMS was my rock and helped me pay through 2 back operations, one neck operation, replaced both shoulders and both knees. Also keep me on my feet after retirement nine and a half years ago. Thanks to the help of GEMS, I can still do my own thing. You are greatly appreciated. Thanx a lot.



Dear GEMS Team

I would like to sincerely thank you for the support and care provided to my mom during her hospitalization (2/011/2024 to 03/12/2024). I am deeply grateful that all her expenses were covered, allowing us to focus on her well-being without the added stress of financial worries. Although her stay was short, she received the best possible care, and I truly appreciate the benefits and support that GEMS made available to her. It has given my family and me peace of mind knowing that we are with a medical aid provider that genuinely prioritises quality healthcare for its members. Thank you once again for the unforgettable support during this difficult time.




# Get in touch with us:

 **GEMS CONTACT CENTRE** - 0800 00 4367 (toll-free)

 **WEB** - [www.gems.gov.za](http://www.gems.gov.za)

 **FAX** - 0861 00 4367

 **EMAIL** - [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za)

 **POSTAL ADDRESS** - GEMS, Private Bag X782  
Cape Town, 8000

 **GEMS FRAUD HOTLINE** - 0800 212 202 (toll-free)  
[gems@thehotline.co.za](mailto:gems@thehotline.co.za)

 **GEMS EMERGENCY SERVICES** - 0800 44 4367  
(toll-free)

 **ICT SERVICE DESK** - (012) 366 4618



FACEBOOK

@GEMSMEDICALAID



TWITTER

@GEMSMEDICALAID



INSTAGRAM

@GEMSMEDICALAID



TIKTOK

@GEMSMEDICALAID



YOUTUBE

@GEMSMEDICALAID1



LINKEDIN

Government Employees  
Medical Scheme



Use the QR Code to  
download the GEMS  
Member App

GET IT ON  
Google Play

GET IT ON  
App Store

GET IT ON  
AppGallery



## Disclaimer

This brochure contains a summary of the healthcare benefits offered by GEMS for the year 2026 and the required monthly contributions/premiums associated therewith ("2026 GEMS Benefits and Contributions"). The 2026 GEMS Benefits and Contributions forms part of the GEMS Rules, which are subject to the approval of the Council for Medical Schemes ("CMS"). Benefits are subject to network arrangements and Scheme Rules.

GEMS is an authorised Financial Services Provider (FSP No. 52861).

This brochure provides factual information only and does not constitute financial advice as defined under the Financial Advisory and Intermediary Services (FAIS) Act. Members who require financial advice regarding their medical scheme option selection should contact the Call Centre for referral to an accredited advisor.

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 2026 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](http://www.gems.gov.za). You may also contact us directly on 0800 00 4367 (toll-free) to request a copy.