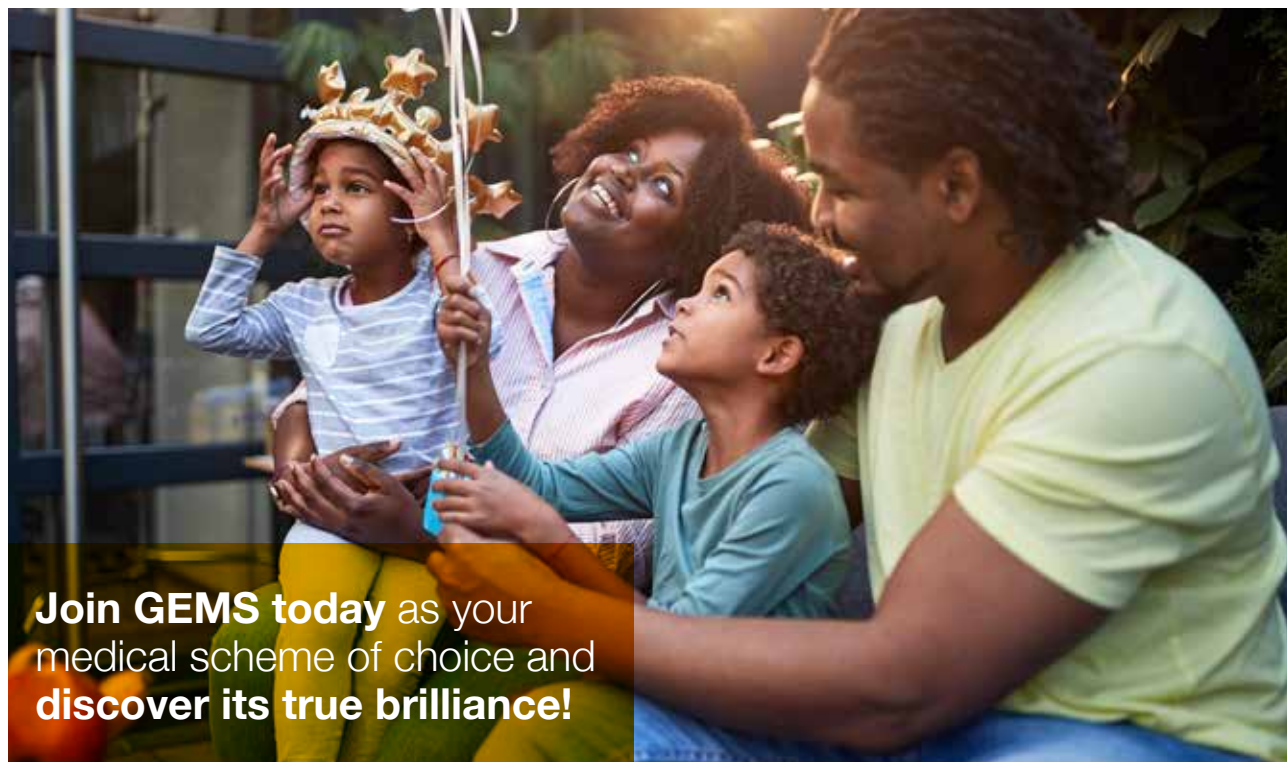


Join the medical scheme
that **understands** the
needs of the **South
African family.**

DISCOVER THE
BRILLIANCE
OF **GEMS**

ABOUT GEMS

The Government Employees Medical Scheme (GEMS) is a restricted medical scheme providing accessible, affordable and rich benefits to qualifying Public Service employees and their nominated beneficiaries. GEMS currently provides quality healthcare to over 760 000 main members and 2 million beneficiaries.



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

WHO CAN JOIN GEMS?

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

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

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

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

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



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



More cover in 2022 - GEMS continues to bring rich benefits in 2022 by investing **more than R127 million** towards the **enhancement of member benefits!**

10 FACTS ABOUT GEMS!

1. Lower contributions across open and closed schemes.
2. Contributions based on income and family size.
3. **Up to 100% subsidy for qualifying employees on salary levels 1 – 5** (terms and conditions may apply).
4. All options include access to **COVID-19 vaccines** which are administered in accordance with the national **COVID-19 vaccination implementation roll-out plan**.
5. Broadest definition of beneficiaries – **up to 5 generations can be covered!**
6. **No late joiner penalties.**
7. **Primary Care Extender benefit** – provides an additional **R814 per year** for the **Emerald and Emerald Value** options.
8. **Largest HIV Disease Management Programme (DMP).**
9. **Close collaboration with Trade Unions and government stakeholders.**
10. GEMS provides **greater access to quality healthcare** through an array of networks.



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

1. TANZANITE ONE

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

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

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

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

Using GEMS Network providers and Network hospitals means you will not experience out-of-pocket payments, allowing you to really do more for your family.

Members on Tanzanite One receive the following:

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

2. BERYL

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

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

3. RUBY

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

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

4. EMERALD

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

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

5. EMERALD VALUE

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

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

6. ONYX

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

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



NOTE

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

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





DISCOVER THE
BRILLIANCE
OF **GEMS**





Summary of New Benefit enhancements for 2022





Benefit enhancement	Benefit Affected	Description of change	Out-of-Hospital	In-Hospital	Tanzanite One	Beryl	Ruby	Emerald Value	Emerald	Onyx
Prosthesis limit	Prosthesis benefit	Increase on the prosthesis limit for Tanzanite One from R27 434 to R31 916 per family per annum	●	●	✓	✓	✓	✓	✓	✓
Blood services	Blood services benefit	Transfusions and other blood services are now unlimited on both Tanzanite One and Beryl options	●	●	✓	✓	✓	✓	✓	✓
Specialist Anaesthetist network	Specialist services	Enhanced tariff to increase anaesthetist participation on the Scheme Network	-	●	✓	✓	✓	✓	✓	✓
Peri-apical x-rays	Dental benefit	Funding for peri-apical x-rays has been increased from 2 to 6 per intervention	●	-	✓	✓	✓	✓	✓	✓
Medication prescribed by optometrists	Prescribed medication	Access to medication is now available from your optometrist for various conditions	●	-	✓	✓	✓	✓	✓	✓
Pulse oximeters for Covid-19	Medical and surgical appliances and prostheses	Pulse oximeters prescribed to Covid-19 patients recovering at home. Limited to R400 per device	●	-	✓	✓	✓	✓	✓	✓
Vitamins for Covid-19	Prescribed medication	Vitamins, when prescribed, to support the recovery of Covid-19 patients according to the GEMS list	●	-	✓	✓	✓	✓	✓	✓
✓ Benefit already exists and/or increases based on annual inflation ✓ Benefit enhancement is significant ● Benefit available In-Hospital, Out-of-Hospital, or both										





A FINANCIAL PERSPECTIVE





The tables below show the full contributions for the year 2022 and do not include any subsidies for which you may qualify. 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			
			
R0 - R9 874.00	1 186	937	510
R9 874.01 - R13 856.00	1 243	996	550
R13 856.01 - R23 737.00	1 322	1 047	583
R23 737.01 +	1 547	1 309	741

BERYL			
			
R0 - R9 874.00	1 338	1 334	750
R9 874.01 - R13 856.00	1 451	1 440	828
R13 856.01 - R23 737.00	1 584	1 584	889
R23 737.01 +	1 902	1 902	1 079

RUBY			
			
R0 - R14 870.00	2 765	2 075	1 070
R14 870.01 - R25 681.00	3 080	2 315	1 200
R25 681.01 +	3 410	2 570	1 320
Please note: 20% of contributions on the Ruby Option will go towards the Personal Medical Savings Account.			

EMERALD VALUE			
			
R0 - R14 870.00	2 588	1 977	962
R14 870.01 - R25 681.00	2 864	2 220	1 079
R25 681.01 +	3 209	2 467	1 202




EMERALD			
			
R0 - R14 870.00	3 091	2 354	1 148
R14 870.01 - R25 681.00	3 421	2 645	1 286
R25 681.01 +	3 835	2 941	1 434

ONYX			
			
R0 - R14 870.00	5 359	4 104	1 611
R14 870.01 - R31 684.00	5 578	4 274	1 750
R31 684.01 +	6 022	4 629	1 953

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

* Subsidy contribution portion: these figures are only a guide. Members need to contact their HR office to confirm subsidy receivable.

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

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



DID YOU KNOW?

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

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

The Tanzanite One option brings with it:

- Comprehensive cover for both in-hospital and out-of-hospital benefits.
- Qualifying public service employees on income level 1-5 continue to enjoy up to 100% subsidy from their employer.

This means you could be getting so much more without paying a single cent!

- Coordinated Care. You will now have a dedicated GP with access to a Network of private hospitals - irrespective of the admission type.
- Full access to a Network of Private Hospitals.
- Unlimited GP and Specialist consultations – subject to adherence to Care Coordination rules.

EVO is the best performing option on GEMS!

With a low monthly contribution increase of only 2%, it makes sense for you to stay on **EVO**!

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

STEP 1: Nominate a GP on the GEMS Network. You and your dependants must nominate your own GP – it's flexible!

STEP 2: Visiting a GP. Coordinated care means your GP manages your healthcare for improved health outcomes and there are no out of pocket payments when you visit your nominated doctor.

STEP 3: Specialist Visits. If you need specialist care, your GP will refer you to one as part of Coordinated Care. There is a Specialist Referral rule for Tanzanite One and EVO. This rule means that you must request pre-authorisation by submitting a fully completed request form when the referral is from a non-nominated provider before authorisation can be provided.

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

STEP 5: Authorisations. If you move to Tanzanite One or EVO, you won't need a new authorisation from GEMS to stay on the chronic treatment you're already approved for.

STEP 6: Getting more for less. Members on Tanzanite One have full access to a network of private hospitals and unlimited GP and Specialist consultations, subject to adherence to Coordinated Care rules. Members moving from Emerald to EVO experience a reduction in premiums.



IMPORTANT NOTE

Don't visit a non-nominated GP, or you may have to make a 30% out of pocket payment. However, you can use a non-network hospital if:

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

Use of non-network hospitals may result in a co-payment of up to R12 000 per admission.

DISEASE MANAGEMENT PROGRAMMES

Programmes that look after you and your family's wellbeing.

What care and disease management programmes does GEMS offer?

- Chronic Back and Neck Rehabilitation (CBNR) Programme
- Chronic Medicine Management for PMB and non-PMB conditions
- Dental Management
- Emergency Services
- Maternity Programme
- Oncology Management
- Optometry Management
- HIV Management
- Wellness Programme

What are the benefits of being on a care or disease management programme?

1. You will receive healthcare support and advice provided by the GEMS Personal Healthcare support team and qualified nurses, who will help you better manage your health and chronic condition.
2. Added support in your relationship with your doctor and the care you receive from them.
3. Assistance with following the treatment prescribed for your condition.

CONTACT DETAILS



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



GEMS Contact Centre
0860 00 4367



Fax
0861 00 4367



Web
www.gems.gov.za



Email
enquiries@gems.gov.za



Client Liason Officers
clo@gems.gov.za



Postal Address
GEMS, Private Bag X782
Cape Town, 8000



GEMS Emergency Services
0800 444 367



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



Facebook
[@GEMS1GEMOFAScheme](https://www.facebook.com/GEMS1GEMOFAScheme)





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

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TANZANITE ONE

In-Hospital Benefits	
Prescribed minimum benefits (PMBs)	✓ % PMB C U DSP
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ Limited to R271 180 for non-PMB/family/year % PMB MC P C H
Alcohol and drug dependencies	✓ % PMB MC P
Allied health services	✓ Limited to R1 736 /family and R1 085 /beneficiary/year % PMB MC P H
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P
Blood services	✓ % PMB A P C
Dental services (conservative, restorative and specialised)	✓ Limited to one (1) root canal treatment/beneficiary/year, which includes one (1) emergency Out-of-Network visit/beneficiary/year, subject to PMBs Includes periodontal programme paid from risk, subject to periodontal treatment benefits % PMB A P H
Emergency services (casualty department)	✓ % PMB A P C
GP and Specialist services	✓ % PMB MC P H
Mental health	✓ R10 847 /beneficiary/year Further shared sub-limit with out-of-hospital Mental Health benefit of R2 468 /family/year for services by Educational and Industrial Psychologists % PMB MC P C
Oncology (chemotherapy and radiotherapy)	✓ % PMB A P C H
Organ and tissue transplants	✓ R24 007 /beneficiary for corneal grafts % PMB MC P
Pathology and Medical Technology	✓ % PMB MC A P H
Physiotherapy	✓ R2 712 /beneficiary/year % PMB P C
Medical and surgical appliances and prostheses	✓ Limited to R28 614 /family/year for prostheses generally and R28 614 /family/year for joint revisions only % PMB P H
Radiology (advanced)	✓ Sub-limit of R8 678 , or R13 017 if R8 678 sub-limit is exceeded with first CT/MRI scan/beneficiary/year (shared) % PMB A P C H
Radiology (basic)	✓ % PMB A H
Renal dialysis	✓ % PMB MC A P C H
Surgical procedures (including maxillofacial surgery)	✓ Maxillofacial surgery subject to sub-limit of R24 012 % PMB A P H

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

TANZANITE ONE



Out-of-Hospital Benefits	
Personal Medical Savings Account (PMSA)	✗
Allied health services	✓ Limit of R1 085 /beneficiary and R1 736 /family % PMB F
Audiology, occupational therapy and speech therapy	✓ % PMB MC P C F
Block benefit (day-to-day benefit)	✗
Chronic Back and Neck Rehabilitation Programme	✓ Subject to registration on Chronic Back and Neck Rehabilitation Programme % PMB MC
Circumcision	✓ Global limit of R1 709 /beneficiary including post-op care within one (1) month of procedure % PMB MC P C H
Dental services (conservative, dentistry including acute medicine)	✓ % PMB MC
Emergency assistance (road and air)	✓ % PMB MC
GP and Specialist services	✓ % PMB MC F
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	✗
HIV infection, AIDS and related illness	✓ Subject to registration on the HIV Disease Management Programme % PMB MC
Infertility	✓ % PMB MC P C
Maternity (ante- and post-natal care). Subject to registration on the programme	✓ Subject to Maternity Programme Protocols % PMB MC
Medical and surgical appliances and prostheses	✓ Limited to R7 511 /family/year % PMB MC
Mental health (Consultations, assessments, treatments and/or counselling by GP, Psychiatrist or Psychologist)	✓ R5 424 /beneficiary/year Further shared sub-limit with in-hospital Mental Health benefit of R2 468 /family/year for services by Educational and Industrial Psychologists % PMB MC
Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	✓ Limit of R1 302 /beneficiary every two (2) years % PMB MC
Pathology and Medical Technologists	✓ % PMB F
Physiotherapy	✓ Included in Allied Health services % PMB MC P C F
Prescribed medicine and injection material	✓ R633 family limit/family/year for homoeopathic medicine. Limited to R103 /beneficiary/event and R286 /beneficiary/year. Contraceptives limited to R3 221 /beneficiary/year % PMB C
Preventative care services	✓ All other vaccinations (in addition to the existing Influenza, Pneumococcal, and HPV vaccinations), where clinically appropriate, subject to a financial limit of R814 per beneficiary per annum % PMB MC C
Primary care extender	✗
Screening services	✓ % PMB P
Radiology (advanced)	✓ Sub-limit shared with in-hospital limit of R8 678 or R13 017 if R8 678 sub-limit is exceeded with first CT/MRI scan/beneficiary/year % PMB A P C
Radiology (basic)	✓ % PMB MC U F
Renal dialysis	✓ If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event % PMB MC

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BERYL

In-Hospital Benefits	
Prescribed minimum benefits (PMBs)	✓ % PMB C U
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ Limited to R1 252 300 for non-PMB/family/year % PMB MC P C H
Alcohol and drug dependencies	✓ % PMB MC P
Allied health services	✓ Limited to R3 648/family and R2 426/beneficiary/year (shared) % PMB MC P H
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P
Blood services	✓ Sub-limit of R25 045/family/year % PMB A P C
Dental services (conservative, restorative and specialised)	✓ Limited to one (1) root canal treatment/beneficiary/year, which includes one (1) emergency Out-of-Network visit/beneficiary/year, subject to PMBs Includes periodontal programme paid from risk, subject to periodontal treatment benefits % PMB A P H
Emergency services (casualty department)	✓ % PMB A P C
GP and Specialist services	✓ % PMB MC P H
Mental health	✓ Sub-limit of R20 167/beneficiary/year less the beneficiary's usage of the sub-limit of R11 378/family/year out of hospital Further shared sub-limit with out-of-hospital Mental Health benefit of R2 468/family/year for services by Educational and Industrial Psychologists % PMB MC P C
Oncology (chemotherapy and radiotherapy)	✓ Sub-limit of R250 456/family/year % PMB A P C H
Organ and tissue transplants	✓ R707 210/beneficiary/year , R24 007/beneficiary for corneal grafts % PMB MC P
Pathology and Medical Technology	✓ % PMB MC A P H
Physiotherapy	✓ R5 439/beneficiary/year % PMB P C
Medical and surgical appliances and prostheses	✓ Limited to R37 571/family/year for prostheses generally and R37 571/family/year for joint revisions only % PMB MC P H
Radiology (advanced)	✓ Sub-limit of R24 199 (shared) % PMB A P C H
Radiology (basic)	✓ % PMB A H
Renal dialysis	✓ Sub-limit of R250 456/beneficiary/year for chronic renal dialysis % PMB MC A P C H
Surgical procedures (including maxillofacial surgery)	✓ Maxillofacial surgery subject to sub-limit of R25 045 % PMB A P H

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



Out-of-Hospital Benefits	
Personal Medical Savings Account (PMSA)	✗
Allied health services	✓ Limit of R2 426 /beneficiary and R3 648 /family % PMB F
Audiology, occupational therapy and speech therapy	✓ % PMB MC P C F
Block benefit (day-to-day benefit)	✗
Chronic Back and Neck Rehabilitation Programme	✓ Subject to registration on Chronic Back and Neck Rehabilitation Programme % PMB MC
Circumcision	✓ Global limit of R1 709 /beneficiary, including post-operative care within one (1) month of procedure % PMB MC P C H
Dental services (conservative, dentistry including acute medicine)	✓ % PMB MC
Emergency assistance (road and air)	✓ % PMB MC
GP and Specialist services	✓ % PMB MC
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	✗
HIV infection, AIDS and related illness	✓ Subject to registration on the HIV Disease Management Programme % PMB MC
Infertility	✓ % PMB MC P C
Maternity (ante- and post-natal care). Subject to registration on the programme	✓ Subject to Maternity Programme Protocols % PMB MC
Medical and surgical appliances and prostheses	✓ Limited to R12 523 /family/year % PMB MC
Mental health (Consultations, assessments, treatments and/or counselling by GP, Psychiatrist or Psychologist)	✓ Sub-limit of R11 378 /family/year Further shared sub-limit with in-hospital Mental Health benefit of R2 468 /family/year for services by Educational and Industrial Psychologists % PMB MC
Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	✓ Limit of R1 649 /beneficiary every two (2) years % PMB MC
Pathology and Medical Technologists	✓ % PMB P F
Physiotherapy	✓ Included in Allied Health services % PMB MC P C F
Prescribed medicine and injection material	✓ R633 family limit/family/year for homoeopathic medicine. Limited to R103 /beneficiary/event and R286 /beneficiary/year. Contraceptives limited to R3 221 /beneficiary/year % PMB MC C
Preventative care services	✓ All other vaccinations (in addition to the existing Influenza, Pneumococcal, and HPV vaccinations), where clinically appropriate, subject to a financial limit of R814 per beneficiary per annum % PMB MC
Primary care extender	✗
Screening services	✓ % PMB P
Radiology (advanced)	✓ Sub-limit shared with in-hospital limit of R24 199 /family/year % PMB A P C
Radiology (basic)	✓ % PMB MC U F
Renal dialysis	✓ If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event % PMB MC

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RUBY

In-Hospital Benefits	
Prescribed minimum benefits (PMBs)	✓ % PMB C U
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P C H
Alcohol and drug dependencies	✓ % PMB MC P
Allied health services	✓ Limited to Personal Medical Savings Account (PMSA) and Block Benefit % PMB MC P
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P
Blood services	✓ % PMB A P C
Dental services (conservative, restorative and specialised)	✓ Shared limit with out-of-hospital benefit of R3 849 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits % PMB A P H
Emergency services (casualty department)	✓ Paid from out-of-hospital GP services for non-PMB and unauthorised events % PMB A P C
GP and Specialist services	✓ % PMB MC P
Mental health	✓ R21 216 /family/year Further shared sub-limit with out-of-hospital Mental Health benefit of R2 468 /family/year for services by Educational and Industrial Psychologists % PMB MC P C
Oncology (chemotherapy and radiotherapy)	✓ Sub-limit of R381 899 /family/year % PMB A P C
Organ and tissue transplants	✓ R707 210 /beneficiary/year, R24 007 /beneficiary/year for corneal grafts % PMB MC P
Pathology and Medical Technology	✓ % PMB MC A P
Physiotherapy	✓ R5 722 /beneficiary/year % PMB P C
Medical and surgical appliances and prostheses	✓ Limited to R48 123 /family/year (shared) generally, plus R48 123 /family/year for joint revisions only % PMB MC P
Radiology (advanced)	✓ Sub-limit of R25 458 (shared) % PMB A P C
Radiology (basic)	✓ % PMB A
Renal dialysis	✓ Sub-limit of R303 083 /beneficiary/year for chronic dialysis % PMB MC A P C
Surgical procedures (including maxillofacial surgery)	✓ Unlimited, includes maxillofacial surgery % PMB A P

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

Out-of-Hospital Benefits



Personal Medical Savings Account (PMSA)	✓ 20% of total annual gross contributions made by member during the financial year % PMB
Allied health services	✓ Subject to PMSA and Block Benefit % PMB
Audiology, occupational therapy and speech therapy	✓ Subject to PMSA and Block Benefit % PMB
Block benefit	✓ R2 580 /family/year % PMB
Chronic Back and Neck Rehabilitation Programme	✓ Subject to registration on Chronic Back and Neck Rehabilitation Programme % PMB MC
Circumcision	✓ Global limit of R1 709 /beneficiary, including post-operative care within one (1) month of procedure % PMB MC P C H
Dental services (conservative, dentistry including acute medicine)	✓ Shared with in-hospital limit of R3 849 /beneficiary/year % PMB MC
Emergency assistance (road and air)	✓ % PMB MC
GP and Specialist services	✓ Limited to PMSA % PMB MC
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	✓ One (1) additional consultation at Network GP once PMSA and Block Benefit are exhausted % PMB MC
HIV infection, AIDS and related illness	✓ Subject to registration on the HIV Disease Management Programme % PMB MC
Infertility	✓ % PMB MC P C
Maternity (ante- and post-natal care). Subject to registration on the programme	✓ Subject to Maternity Programme Protocols % PMB MC
Medical and surgical appliances and prostheses	✓ Limited to R48 123 /family/year % PMB MC
Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	✓ Limited to PMSA Further shared sub-limit with in-hospital Mental Health benefit of R2 468 /family/year for services by Educational and Industrial Psychologists % PMB MC
Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	✓ Limited to PMSA and Block Benefit % PMB MC
Pathology and Medical Technologists	✓ Subject to PMSA and Block Benefit % PMB
Physiotherapy	✓ Subject to PMSA and Block Benefit % PMB
Prescribed medicine and injection material	✓ Subject to PMSA and limited to R215 /beneficiary/event, with a limit of R633 /family/year for homoeopathic medicine % PMB MC C
Preventative care services	✓ All other vaccinations (in addition to the existing Influenza, Pneumococcal, and HPV vaccinations), where clinically appropriate, subject to a financial limit of R814 per beneficiary per annum % PMB MC
Primary care extender	✗
Screening services	✓ % PMB P
Radiology (advanced)	✓ Sub-limit shared with in-hospital limit of R25 458 /family/year % PMB A P C
Radiology (basic)	✓ Subject to PMSA % PMB MC
Renal dialysis	✓ If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event % PMB MC

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EMERALD VALUE OPTION

In-Hospital Benefits	
Prescribed minimum benefits (PMBs)	✓ % PMB C U
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P C U
Alcohol and drug dependencies	✓ % PMB MC P
Allied health services	✓ Shared limit with in-hospital benefit of R1 824 /family/year % PMB MC P
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P U
Blood services	✓ % PMB A P C U
Dental services (conservative, restorative and specialised)	✓ Shared limit with out-of-hospital benefit of R5 916 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits % PMB A P
Emergency services (casualty department)	✓ Paid from out-of-hospital GP services for non-PMB and unauthorised events % PMB A P C
GP and Specialist services	✓ % PMB MC P U
Mental health	R21 216 /family/year ✓ Further shared sub-limit with out-of-hospital Mental Health benefit of R2 468 /family/year for services by Educational and Industrial Psychologists % PMB MC P C
Oncology (chemotherapy and radiotherapy)	✓ Sub-limit of R424 330 /family/year % PMB A P C
Organ and tissue transplants	✓ R707 210 /beneficiary/year, R24 007 /beneficiary/year for corneal grafts % PMB MC P
Pathology and Medical Technology	✓ % PMB MC A P U
Physiotherapy	✓ R5 722 /beneficiary/year % PMB P C
Medical and surgical appliances and prostheses	✓ Limited to R48 123 /family/year (shared) generally, plus R48 123 /family/year for joint revisions only % PMB MC P
Radiology (advanced)	✓ Sub-limit of R25 458 (shared) % PMB A P C
Radiology (basic)	✓ % PMB A U
Renal dialysis	✓ Sub-limit of R303 083 /beneficiary/year for chronic dialysis % PMB MC A P C
Surgical procedures (including maxillofacial surgery)	✓ % PMB A P U

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

EMERALD VALUE OPTION



Out-of-Hospital Benefits	
Personal Medical Savings Account (PMSA)	✗
Allied health services	✓ Shared limit with in-hospital Allied Health services of R1 824 % PMB
Audiology, occupational therapy and speech therapy	✓ Shared limit of R2 582 /beneficiary/year and R5 174 /family/year shared with Pathology and Medical Technology, sub-limit of R2 077 /beneficiary and R4 149 /family/year % PMB
Block benefit (day-to-day benefit)	✓ Limited to R5 292 /beneficiary and R10 589 /family/year, subject to GP Nomination and Specialist Referral Rules % PMB
Chronic Back and Neck Rehabilitation Programme	✓ Subject to registration on Chronic Back and Neck Rehabilitation Programme % PMB MC
Circumcision	✓ Global limit of R1 709 /beneficiary, including post-operative care within one (1) month of procedure % PMB MC P C H
Dental services (conservative, dentistry including acute medicine)	✓ Shared with in-hospital limit of R5 916 /beneficiary/year % PMB MC
Emergency assistance (road and air)	✓ % PMB MC
GP and Specialist services	✓ Shared limit with day-to-day Block Benefit % PMB MC F
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	✓ Two (2) additional consultations at a Network GP once day-to-day block benefit is exhausted % PMB MC P
HIV infection, AIDS and related illness	✓ Subject to registration on the HIV Disease Management Programme % PMB MC
Infertility	✓ % PMB MC P C
Maternity (ante- and post-natal care). Subject to registration on the programme	✓ Subject to Maternity Programme Protocols % PMB MC
Medical and surgical appliances and prostheses	✓ Limited to R48 123 /family/year % PMB MC
Mental health (Consultations, assessments, treatments and/or counselling by GP, Psychiatrist or Psychologist)	✓ Sub-limit shared with in-hospital benefit of R21 216 /family/year Further shared sub-limit with in-hospital Mental Health benefit of R2 468 /family/year for services by Educational and Industrial Psychologists % PMB MC
Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	✓ Limit of R2 658 /beneficiary every two (2) years % PMB MC
Pathology and Medical Technologists	✓ Shared sub-limit with Audiology, Occupational Therapy, and Speech Therapy of R2 582 /beneficiary and R5 174 /family/year % PMB F
Physiotherapy	✓ Shared with day-to-day Block Benefit limit, sub-limit of R2 628 /beneficiary and R5 257 /family/year % PMB MC P
Prescribed medicine and injection material	✓ Limit of R4 243 /beneficiary and R12 728 /family/year, sub-limit of R633 for homoeopathic medicine/family/year. Chronic medical conditions limit of R12 728 /beneficiary and R25 631 for non-PMB conditions/family/year. Event limit of R286 /beneficiary. Sub-limit of R1 069 /beneficiary/year. Annual family limit of R1 709 . Contraceptives sub-limit of R3 221 /beneficiary/year % PMB MC C
Preventative care services	✓ All other vaccinations (in addition to the existing Influenza, Pneumococcal, and HPV vaccinations), where clinically appropriate, subject to a financial limit of R814 per beneficiary per annum % PMB MC
Primary care extender	✓ Shared limit with GP services, Pathology, Medical Technology, and prescribed medication. R814 additional benefit/beneficiary/year, once the Block Benefit or specific sub-limits are exhausted % PMB MC
Screening services	✓ % PMB P
Radiology (advanced)	✓ Sub-limit shared with in-hospital limit of R25 458 /family/year % PMB A P C
Radiology (basic)	✓ Sub-limit of R4 226 /beneficiary and R7 745 /family/year % PMB MC U F
Renal dialysis	✓ If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event % PMB MC

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EMERALD

In-Hospital Benefits	
Prescribed minimum benefits (PMBs)	✓ % PMB C U
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P C U
Alcohol and drug dependencies	✓ % PMB MC P
Allied health services	✓ Shared limit with in-hospital benefit of R1 824/family/year % PMB MC P
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P U
Blood services	✓ % PMB A P C U
Dental services (conservative, restorative and specialised)	✓ Shared limit with out-of-hospital benefit of R5 916/beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits % PMB A P
Emergency services (casualty department)	✓ Paid from out-of-hospital GP services for non-PMB and unauthorised events % PMB A P C
GP and Specialist services	✓ % PMB MC P U
Mental health	R21 216/family/year ✓ Further shared sub-limit with out-of-hospital Mental Health benefit of R2 468/family/year for services by Educational and Industrial Psychologists % PMB MC P C
Oncology (chemotherapy and radiotherapy)	✓ Sub-limit of R424 330/family/year % PMB A P C
Organ and tissue transplants	✓ R707 210/beneficiary/year, R24 007/beneficiary/year for corneal grafts % PMB MC P
Pathology and Medical Technology	✓ % PMB MC A P U
Physiotherapy	✓ R5 722/beneficiary/year % PMB P C
Medical and surgical appliances and prostheses	✓ Limited to R48 123/family/year (shared) generally, plus R48 123/family/year for joint revisions only % PMB MC P
Radiology (advanced)	✓ Sub-limit of R25 458 (shared) % PMB A P C
Radiology (basic)	✓ % PMB A U
Renal dialysis	✓ Sub-limit of R303 083/beneficiary/year for chronic dialysis % PMB MC A P C
Surgical procedures (including maxillofacial surgery)	✓ Unlimited, includes maxillofacial surgery % PMB A P U

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

EMERALD



Out-of-Hospital Benefits	
Personal Medical Savings Account (PMSA)	✗
Allied health services	✓ Shared limit with in-hospital Allied Health services of R1 824 % PMB
Audiology, occupational therapy and speech therapy	✓ Shared limit of R2 582 /beneficiary/year and R5 174 /family/year shared with Pathology and Medical Technology. Sub-limit of R2 077 /beneficiary and R4 149 /family/year % PMB
Block benefit (day-to-day benefit)	✓ Limited to R5 292 /beneficiary and R10 589 /family/year % PMB
Chronic Back and Neck Rehabilitation Programme	✓ Subject to registration on Chronic Back and Neck Rehabilitation Programme % PMB MC
Circumcision	✓ Global limit of R1 639 /beneficiary, including post-operative care within one (1) month of procedure % PMB MC P C H
Dental services (conservative, dentistry including acute medicine)	✓ Shared with in-hospital limit of R5 916 /beneficiary/year % PMB MC
Emergency assistance (road and air)	✓ % PMB MC
GP and Specialist services	✓ Shared limit with day-to-day Block Benefit % PMB MC F
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	✓ Two (2) additional consultations at a Network GP once day-to-day block benefit is exhausted % PMB MC P
HIV infection, AIDS and related illness	✓ Subject to registration on the HIV Disease Management Programme % PMB MC
Infertility	✓ % PMB MC P C
Maternity (ante- and post-natal care). Subject to registration on the programme	✓ Subject to Maternity Programme Protocols % PMB MC
Medical and surgical appliances and prostheses	✓ Limited to R48 123 /family/year % PMB MC
Mental health (Consultations, assessments, treatments and/or counselling by GP, Psychiatrist or Psychologist)	✓ Sub-limit shared with in-hospital benefit of R21 216 /family/year Further shared sub-limit with in-hospital Mental Health benefit of R2 468 /family/year for services by Educational and Industrial Psychologists % PMB MC
Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	✓ Limit of R2 658 /beneficiary every two (2) years % PMB MC
Pathology and Medical Technologists	✓ Shared sub-limit with Audiology, Occupational Therapy, and Speech Therapy of R2 582 /beneficiary and R5 174 /family/year % PMB
Physiotherapy	✓ Shared with day-to-day Block Benefit limit, sub-limit of R2 628 /beneficiary and R5 257 /family/year % PMB MC P
Prescribed medicine and injection material	✓ Limit of R4 243 /beneficiary and R12 728 /family/year, sub-limit of R633 for homoeopathic medicine/family/year. Chronic medical conditions limit of R12 728 /beneficiary and R25 631 for non-PMB conditions/family/year. Event limit of R286 /beneficiary. Sub-limit of R1 069 /beneficiary/year. Annual family limit of R1 709 . Contraceptives sub-limit of R3 221 /beneficiary/year % PMB MC C
Preventative care services	✓ All other vaccinations (in addition to the existing Influenza, Pneumococcal, and HPV vaccinations), where clinically appropriate, subject to a financial limit of R814 per beneficiary per annum % PMB MC
Primary care extender	✓ Shared limit with GP services, Pathology, Medical Technology, and prescribed medication. R814 additional benefit/beneficiary/year once the Block Benefit or specific sub-limits are exhausted % PMB MC
Screening services	✓ % PMB P
Radiology (advanced)	✓ Sub-limit shared with in-hospital limit of R25 458 /family/year % PMB A P C
Radiology (basic)	✓ Sub-limit of R4 226 /beneficiary and R7 745 /family/year % PMB MC U F
Renal dialysis	✓ If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event % PMB MC

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ONYX

In-Hospital Benefits	
Prescribed minimum benefits (PMBs)	✓ % PMB C U
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P C
Alcohol and drug dependencies	✓ % PMB MC P
Allied health services	✓ Subject to day-to-day Block Benefit % PMB MC P
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P U
Blood services	✓ % PMB A P C U
Dental services (conservative, restorative and specialised)	✓ Shared limit with out-of-hospital benefit of R10 554 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits % PMB A P
Emergency services (casualty department)	✓ Paid from out-of-hospital GP services for non-PMB and unauthorised events % PMB A P C
GP and Specialist services	✓ % PMB MC P
Mental health	✓ R44 552 /family/year Further shared sub-limit with out-of-hospital Mental Health benefit of R2 468 /family/year for services by Educational and Industrial Psychologists % PMB MC P C
Oncology (chemotherapy and radiotherapy)	✓ Sub-limit of R556 937 /family/year % PMB A P C
Organ and tissue transplants	✓ R707 210 /beneficiary/year, R24 007 /beneficiary/year for corneal grafts % PMB MC P
Pathology and Medical Technology	✓ % PMB MC A P U
Physiotherapy	✓ R5 722 /beneficiary/year % PMB P C
Medical and surgical appliances and prostheses	✓ Limited to R65 006 /family/year (shared) generally, plus R65 006 /family/year for joint revisions only % PMB MC P
Radiology (advanced)	✓ Sub-limit of R31 826 (shared) % PMB A P C
Radiology (basic)	✓ % PMB A U
Renal dialysis	✓ Sub-limit of R303 083 /beneficiary/year for chronic dialysis % PMB MC A P C
Surgical procedures (including maxillofacial surgery)	✓ % PMB A P U

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

Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA)	✗	
Allied health services	✓	Shared limit as per day-to-day Block Benefit % PMB
Audiology, occupational therapy and speech therapy	✓	Subject to day-to-day Block Benefit % PMB
Block benefit (day-to-day benefit)	✓	Includes GP and Specialist services, basic Radiology, Pathology, Allied Health services, Physiotherapy, Occupational Therapy, Speech Therapy, Mental Health, Maternity and contraceptives. Limited to R11 133 /beneficiary and R22 268 /family/year % PMB
Chronic Back and Neck Rehabilitation Programme	✓	Subject to registration on Chronic Back and Neck Rehabilitation Programme % PMB MC
Circumcision	✓	Global limit of R1 709 /beneficiary, including post-operative care within one (1) month of procedure % PMB MC P C H
Dental services (conservative, dentistry including acute medicine)	✓	Shared with in-hospital limit of R10 554 /beneficiary/year % PMB MC
Emergency assistance (road and air)	✓	% PMB MC
GP and Specialist services	✓	Shared limit with day-to-day Block Benefit % PMB MC F
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	✓	One (1) additional consultation at network GP once day-to-day block benefit is exhausted % PMB MC P
HIV infection, AIDS and related illness	✓	Subject to registration on the HIV Disease Management Programme % PMB MC
Infertility	✓	% PMB MC P C
Maternity (ante- and post-natal care). Subject to registration on the programme	✓	Subject to Maternity Programme Protocols % PMB MC
Medical and surgical appliances and prostheses	✓	Limited to R65 006 /family/year % PMB MC
Mental health (Consultations, assessments, treatments and/or counselling by GP, Psychiatrist or Psychologist)	✓	Shared with day-to-day Block Benefit limit Further shared sub-limit with in-hospital Mental Health benefit of R2 468 /family/year for services by Educational and Industrial Psychologists % PMB MC
Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	✓	Limit of R3 137 /beneficiary every two (2) years % PMB MC
Pathology and Medical Technologists	✓	Shared sub-limit day-to-day Block Benefit % PMB
Physiotherapy	✓	Shared with day-to-day Block Benefit limit % PMB MC P
Prescribed medicine and injection material	✓	Limit of R7 153 /beneficiary and R20 034 /family/year, sub-limit of R633 for homoeopathic medicine/family/year. Chronic medical conditions limit of R21 736 /beneficiary and R44 552 for non-PMB conditions/family/year. Event limit of R356 /beneficiary. Sub-limit of R1 304 /beneficiary/year. Annual family limit of R2 159 % PMB MC C
Preventative care services	✓	All other vaccinations (in addition to the existing Influenza, Pneumococcal, and HPV vaccinations), where clinically appropriate, subject to a financial limit of R814 per beneficiary per annum % PMB MC
Primary care extender	✗	(No requirement due to rich day-to-day block benefit)
Screening services	✓	% PMB P
Radiology (advanced)	✓	Sub-limit shared with in-hospital limit of R31 826 /family/year % PMB A P C
Radiology (basic)	✓	Shared sub-limit with day-to-day Block Benefit % PMB MC U F
Renal dialysis	✓	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event % PMB MC