

PG 26
PROVIDER GUIDE

Optometry Management Programme

GEMS strives to provide members with access to excellent, comprehensive, and affordable healthcare.

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BRILLIANCE
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01

Introduction

Welcome to the GEMS Optometry Management Programme. GEMS always strives to provide members with access to excellent, comprehensive and affordable healthcare. To achieve this, GEMS understands that Optometrists play an essential role in the provision of quality optometry care to our members. Our enhancement to the optometry benefits demonstrates our commitment to improving members' access to excellent healthcare.

GEMS Practitioner Network



How to join the practitioner network

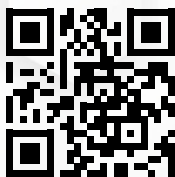
To join the GEMS practitioner network, new service providers should begin by contacting the GEMS Call Centre. A Call Centre agent will record your contact details and initiate the onboarding process. A Provider Liaison Officer will then send the required application documents, verify your submission, and facilitate your registration. To conclude the process, please email a signed electronic copy of the contract to **networkscontracting@gems.gov.za**.



Practice details update

To ensure that GEMS members can reach your practice without difficulty, providers are reminded to keep their contact details up to date. Providers who may require a change in telephone number or email address must send the request to **enquiries@gems.gov.za**. Any change of physical address should be submitted to GEMS via **networkscontracting@gems.gov.za**.

Practitioner App and Portal



Register on the GEMS Healthcare Practitioner Portal/APP on **<https://hcp.gems.gov.za>** or scan the QR code, to track the status of your claims and access related information.



A video tutorial on how to register on the portal can be viewed by scanning the QR code or visit **<https://www.gems.gov.za/-/media/Project/video/GEMS-Practitioner-App.mp4>**

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Summary of the 2026 Optometry benefits

The following benefits apply to the GEMS Tanzanite One and Beryl options for 2026:

- Each beneficiary is entitled to one eye examination within a 12-month period, calculated from the month in which the last examination was claimed by the beneficiary, subject to the benefit limit. The Eye Examination Cycle includes visual, binocular stability and pathology evaluation (including tonometry) examination and diagnosis.
- One pair of spectacles (frame plus lenses) at the applicable package tariff per beneficiary per 24-month period. The calculation is based on the date when the services were last provided to the beneficiary, subject to the benefit limit.

The table below indicates the limits applicable per option:

Benefit Option	Limit Available
Tanzanite One	Limit of R1 519 per beneficiary/ dependent every two (2) years.
Beryl	Limit of R1 924 per beneficiary/ dependent every two (2) years.

- The frame choice should be from a provider-designated range. Lenses are standard-quality lenses, single vision or bifocal (where appropriate).
- Should the beneficiary select a frame from outside the designated range, R293 must be credited towards this frame in lieu of the 'package' frame, and the member will be liable for the difference.
- The benefits apply to either spectacles or contact lenses, not both concurrently.
- No cash refund or credit is available in lieu of the optometry benefit.
- All network providers must use the GEMS Optometry Network tariff codes.
- Accounts from non-network Optometrists will be rejected.
- Upgrades or services outside of the benefit option will not be covered by the Scheme and will be for the patient's account.



The following are applicable to the GEMS Emerald, Emerald Value and Onyx options for 2026:

- One Optometric examination per beneficiary per 12-month period, calculated from the date which services were last rendered to the beneficiary, subject to available limits.
- A comprehensive examination and diagnosis. (11001), which includes visual, binocular stability and pathology evaluation (including tonometry).
- One pair of spectacles (frame plus lenses) per beneficiary per 24-month period. The calculation is based on the date when services were last provided to the beneficiary, subject to the applicable limits and Scheme rate.

The table below indicates the limits applicable per option:

Benefit Option	Limit Available
Emerald	Annual family limit available of R5 942. Limit of R3 099 per beneficiary/ dependent every two (2) years. Frame is limited to R1 636. Fitting (nylon or rimless, etc.) will not be covered.
Emerald Value	Annual family limit available of R5 942. Limit of R3 099 per beneficiary/ dependent every two (2) years. Frame is limited to R1 636. Fitting (nylon or rimless, etc.) will not be covered.
Onyx	Annual family limit available of R7 033. Limit of R3 659 per beneficiary/ dependent/dependent every two (2) years. Frame is limited to R2 645. Fitting (nylon or rimless, etc.) will not be covered.

- The benefits apply to either spectacles or contact lenses, not both concurrently.
- All network providers must use the GEMS Optometry Network tariff codes.
- Accounts from non-network optometrists will be considered for a refund to the member in line with the Scheme refund process OR in accordance with the Scheme refund process that the member must adhere to. Refunds to the member, when approved, will be paid according to non-network tariffs, the Scheme Rules and funding protocols.
- Upgrades or services outside the benefit option will not be covered by the Scheme but are for the patient's account.
- Spectacles with accommodative single vision lenses or intermediate to near multifocal lenses will be covered subject to available benefits and qualifying clinical criteria.
- For beneficiaries with Keratoconus, the family and beneficiary limits specified above shall be subject to an additional optometry booster benefit of R 2 751 per family per annum for scleral contact lenses subject to meeting clinical criteria.

The following is applicable to the GEMS Ruby option for 2026:

- One Optometric examination per beneficiary per financial year, starting on 01 January and ending 31 December of the same year.
- A comprehensive examination and diagnosis. (11001), which includes visual, binocular stability and pathology evaluation (including tonometry).
- One pair of spectacles (frame plus lenses) per beneficiary per financial year, starting on 01 January and ending 31 December of the same year, limited to the available benefits in either the personal medical savings account or the block benefit, subject to prescribed minimum benefits.

The below table indicates the limits applicable on the Ruby option:

Benefit Option	Limit Available
Ruby	Limited to PMSA and Block Benefit. Frame is limited to R 1 636. Fitting (nylon or rimless, etc.) will not be covered.

- The benefits apply to either spectacles or contact lenses, not both concurrently.
- All network providers to use the GEMS Optometry Network tariff codes.
- Accounts from non-network optometrists will be considered for a refund to the member. Refunds to the member, when approved will be paid according to non-network tariffs.
- Upgrades or services outside the benefit option will not be covered by the Scheme but are for the patient's account.
- Spectacles with accommodative single vision lenses or intermediate to near multifocal lenses will be covered, subject to available benefits and qualifying clinical criteria.

Prescribed Minimum Benefit (PMB)

Members have a PMB entitlement for post-cataract surgery, which includes bifocal lenses and a frame up to the value of R1 744. A sub-limit of R293 for the frame will apply where the optometry benefit is exhausted.

Childhood screening (all options) for 2026:

- Preventative health screening is one of the most important healthcare strategies to facilitate early diagnosis and treatment of disease, as well as to improve quality of life.
- GEMS offers a childhood Optometry screening benefit, once per beneficiary, from 3 months up to and including age seven, across all options.
- This benefit is paid from the preventative screening benefit, thus preserving the Optical benefit.
- Optometrists are encouraged to utilise the screening benefit available for qualifying beneficiaries.
- The code to use for Child screening is 94000.

Signed consent must be obtained from the child's parent/guardian before screening takes place (this consent and the patient report must be produced on request).

In line with industry norms, the following is performed during child screening:

- Unaided visual acuity: Assessment of the habitual acuity at distance and near.
- Acuity through a +1.50-dioptre sphere lens: To eliminate the possibility of the patient accommodating during the assessment of his/her habitual visual acuity test.
- Colour vision: To determine the presence of colour blindness or deficiency.
- Stereo acuity (depth perception): To ascertain that depth can be seen binocular views.
- Ocular motilities, cover test and near point of convergence (NPC): Assessment of ocular movement, alignment of the eyes, and determine any convergence weakness.

Ophthalmoscopy

To detect and evaluate various retinal vascular diseases or eye diseases and pupil response. Any deviation from clinically accepted industry norms, will require a comprehensive eye examination (the screening will then be void, and only an eye examination must be charged).

Expanded Scope

Optometrists with the appropriate ocular therapeutics training and certification (sub discipline 002 on the PCNS/ BHF file) are authorised to prescribe both topical and oral pharmaceutical substances for schedules 1 to 4 for adult and pediatric patients, within their scope of practice in accordance with the Schedules to Medicines and Substances Act.

GEMS covers medication prescribed by authorised optometrists, provided it is included in the GEMS formulary and adheres to the medication rules of the specific option. Formularies can be accessed on the website at <https://www.gems.gov.za/en/Healthcare-Providers/Formularies-List>.

Glaucoma Screening

GEMS promotes wellness and preventative care, offering glaucoma screening for beneficiaries aged 40 and older. This benefit is available once per benefit year and is paid from the risk benefit, preserving the optometry benefit. The applicable codes are:

- 11202 - Tonometry without anaesthetic
- 11212 - Tonometry with anaesthetic

Optometrists are encouraged to utilise this benefit for eligible beneficiaries. Please note that glaucoma screening cannot be billed together with a normal eye examination.

03

Optometry tariffs for 2026

The GEMS Optometry Network and non-network tariffs for 2026 can be accessed on the GEMS website. Visit <https://www.gems.gov.za/Healthcare-Providers/Tariff-Files> and select the Optometry file, to access the tariff list.

Please take note of the following important requirements:

- Benefits will not be paid if these codes are not reflected in your claim.
- Benefits on Tanzanite One and Beryl options are subject to the use of package tariffs. When billing for a single vision or bifocal package, the claim must reflect the package tariff code, which covers the eye examination, frame, and lenses, rather than individual service codes. The applicable codes are as follows:
 - 90011 - Vision exam (when no material is supplied)
 - 93200 - Combined V/Exam+Frame+S/Vision Standard
 - 93300 - Combined V/Exam+Frame+Bifocal
- For a single vision or bifocal package, your claim must reflect only the package tariff code and not the additional consultation code, e.g., for the bifocal package, the claim must reflect code 93300 which is inclusive of the vision exam, frame and lenses.
- Disposable or permanent contact lenses for the Tanzanite One and Beryl options are to be billed by using the appropriate product tariff code and rate per the approved GEMS tariff file for Optometry services.

The GEMS Optometry network and non-network tariffs for 2026 will apply to the Ruby, Emerald, Emerald Value and Onyx options.



Qualifying Criteria

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

The following apply to the GEMS Tanzanite One and Beryl options for 2026:

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



The following are applicable to the GEMS Ruby, Emerald, Emerald Value and Onyx options for 2026:

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

Claims for spectacles and lenses that do not meet the qualifying criteria for benefits will be rejected.



Out-of-benefit upgrades

- Out-of-benefit upgrades are payable directly to the participating Optometrist at no more than the relevant GEMS Optometry network tariff, by members.
- The Scheme will not fund claims received for items excluded from benefits as per the Scheme Rules.
- Should members on the Tanzanite One and Beryl options select a non-designated frame, the claim must reflect the package code tariff as well as the selected frame at the marked price less R293. Only R293 will be paid for the frame. The balance is for the member's account.
- All additional out-of-benefit items are to be reflected in the claim, but they will not be funded. Please discuss this with the members. Split billing is prohibited on all claims.
- No sunglasses or lenses with a tint over 35% will be covered (spectacles including frame, will be rejected) unless for albinism and proven photophobia, subject to pre-authorisation. Excludes variable tint and photochromic lenses.

Disclaimer applicable on benefit confirmations

The benefits listed are subject to the 2026 registered Scheme Rules, Optometry Management Programme and in the event of a dispute, the Registered **Scheme Rules** take precedence.

The benefits may also be subject to a beneficiary limit every two (2) financial years, calculated from 01 January of the year within which any optical service was first rendered to any beneficiary following the end of such previous two-year period (if any) ended on 31 December. The family limit is calculated per option annually as of 01 January. Benefits for the Ruby Option are available per one (1) financial year from 01 January to 31 December of the same year.



Insured benefit confirmations will ideally not change, provided:

- The member has no outstanding accounts, which will impact the benefit limits,
- The membership is active and
- The claim is in line with the requirements of the Optometry Management Programme.

Optometrists are encouraged to educate members on the different treatment options and what is available per the member's benefit option. Where members change options, optometry benefits may be affected.

Providers are encouraged to check the benefit option at each visit to be able to discuss treatment vs available benefit and potential shortfalls with the member prior to rendering services. Benefit limits and tariff rates may vary from option to option and are subject to available limits (per family, or per beneficiary) and in line with the option structure.

The Scheme does not cover optometry devices that are not regarded as clinically essential.



04

Claims

Healthcare providers can submit claims on behalf of registered members or their dependents. GEMS has two payment runs per month (one mid-month and another one at the end of the month). The claim payment run dates are available on the GEMS website <https://www.gems.gov.za/Information/Claims-guide>.

Providers are encouraged to submit claims electronically.

Required information on claims

- Main member details such as membership number, option, name and contact details.
- Patient details, including date of birth, name and identity number.
- Provider details, including a valid Board of Healthcare Funders (BHF) practice number, name and contact details.
- Relevant tariff codes.
- Associated costs.
- Member prescription.
- ICD-10 codes.
- Date of service.
- Proof of payment if the member has settled the account.

Please ensure the above information is included on the claim. Any omissions may result in rejection and require resubmission with the necessary corrections.

Stale claims



Claims must be received by the Scheme no later than the last day of the fourth month following the date of service. For instance, if a service was provided on 28 February 2026, the claim should reach us by 30 June 2026. In line with the Regulations of the Medical Schemes Act, GEMS will not process or pay claims submitted after this four-month (120 day) period.

Escalations



If an agent is unable to resolve an enquiry, ask to speak to a Team Leader who will attempt to resolve the enquiry. If not resolved during the call, please submit escalations to gemesescalations@optics.co.za.

05

Underwriting

Underwriting is a risk management process applied by medical schemes in line with the Medical Schemes Act. It involves assessing a new member or beneficiary's risk profile to determine whether waiting periods should be imposed, to reduce the Scheme's exposure to anti-selection or non-disclosure.

GEMS may apply two types of waiting periods to new members:

- **General Waiting Period (GWP):** Up to three (3) months, during which a beneficiary is not entitled to claim any benefits, except in certain cases for Prescribed Minimum Benefit (PMB) conditions.
- **Condition-Specific Waiting Period (CSWP):** Up to twelve (12) months, during which a beneficiary is not entitled to claim benefits for a condition for which medical advice, diagnosis, care, or treatment was received or recommended within the twelve months prior to applying for membership.

When verifying eligibility or submitting claims, providers should take note of any applicable waiting periods on the member's profile. Services rendered during a waiting period may not be reimbursed unless they relate to a valid PMB condition.



06

Ethical Billing

Providers are reminded that services should only be billed for the specific member who received the care. It is unethical to claim for services not rendered or to use another beneficiary's benefits to cover shortfalls.

GEMS has a zero tolerance for fraud, waste and abuse and values the ethical standards that regulate the health industry. Please report any fraud, waste, and abuse by calling 0800 21 2202. Calls can be made anonymously.



07

Upcoming events in 2026

The following schedule outlines key GEMS stakeholder and practitioner engagements for 2026, enabling providers to plan ahead and participate in relevant provincial and national events.

20 March 2026 – Annual GEMS Stakeholder Golf Day

Healthcare Practitioner Summits

28 March 2026 – Western Cape

16 May 2026 – Limpopo

25 July 2026 – Eastern Cape

19 September 2026 – Free State

Contact Details:



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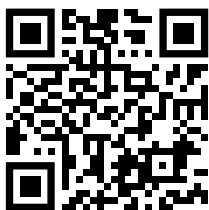
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