

2024

Marketing Brochure



**The GEMS
Difference:**
Tailored for
You and
Your Loved
Ones



DISCOVER THE
BRILLIANCE
OF **GEMS**

About GEMS

The Government Employees Medical Scheme (GEMS) is a restricted medical scheme providing accessible, affordable, and enhanced benefits to qualifying Public Service employees and their nominated beneficiaries. GEMS currently provides quality healthcare to over **844 000 members and 2.2 million beneficiaries.**



Who can join the GEMS family?

GEMS is specifically designed to offer the following qualifying Public Service employees, affordable and accessible healthcare:

- 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 for more information.



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



GEMS provides **greater access to quality healthcare** through a wide array of networks.



No late joiner penalties.

Broadest definition of beneficiaries – **up to 5 generations can be covered!**

The GEMS Advantage



Contributions based on income and family size.

Close collaboration with Trade Unions and government stakeholders.

Up to **100% subsidy for qualifying employees** on salary levels 1 – 5 on the Tanzanite One option (terms and conditions may apply).

2024 Benefit Enhancements Designed with You in Mind



Continuous Glucose Monitoring (CGM) and insulin pumps

The Scheme will now fund CGM and insulin pumps subject to a limit of **R56 913 per family per annum**, this is limited to one device per beneficiary every five years for beneficiaries under 18 years with type one diabetes. A limit of **R27 078 for consumables per beneficiary per annum**. Subject to Scheme Rules.



Cone Beam Computed Tomography (CBCT)

The Scheme will fund one Cone Beam Computed Tomography (CBCT) per beneficiary per lifetime.



Dermatologist specialist network

Currently, the Scheme does not have any designated dermatologists in its network of specialists. **The Scheme will introduce a network of dermatologists in quarter 2 of 2024.**



Conscious sedation in rooms for certain dental procedures

The age for funding conscious sedation in children will increase from **six years to nine years**.



Probiotics

The Scheme will fund prescribed probiotics for children six years and under.



Intra-oral radiographs

The Scheme will in 2024 increase the current quantity limit for intra-oral radiographs from six to ten per beneficiary per annum for periapical x-rays and from four to six per beneficiary per annum for bitewing x-rays.



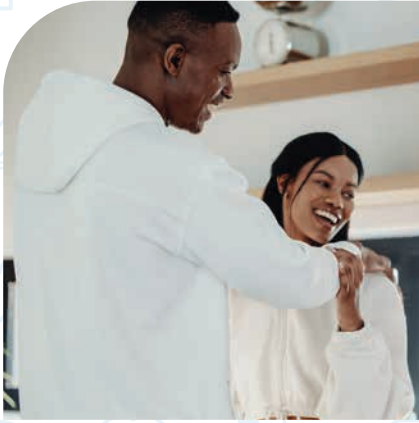
Hospital benefits for all options

An increase of 5.2% of all In-Hospital and Out-of-Hospital monetary benefit limits.



Impacted teeth

The Scheme will fund impacted teeth removal from the overall annual limit when the procedure is authorized at **100%** of the Scheme's rate and at **200%** when done in the rooms.



2024 Benefit Enhancements Tailored to Your Needs: What's New Across All Options

Ruby, Emerald, EVO, and Onyx Benefit Options:

Dentistry preventative benefit for children

Polish is added to the preventative care services for children from the ages of three to nine; this benefit will be paid for from the Risk Benefit (this means that your dental benefits will not be affected).

Implant-supported crowns and crowns retainers

The Scheme will pay for phase 3 implant crowns, bridges, and dentures from the dental financial limit when pre-authorized.



Emerald and EVO Benefit Options:

Extender benefit enhancement

The Scheme will significantly increase the primary extender benefit from **R 863** per beneficiary per annum to **R1 972** per beneficiary per annum.

This benefit is available for:

1. Network general practitioner consultations;
2. Acute prescribed medicine obtained at a network pharmacy; and
3. Pathology tests performed at a preferred pathology laboratory.

This benefit will be automatically activated once the standard benefits for these services have run out.

Social workers and registered counselors

The limit will be increased to **R1 579** per family per year.

Emerald, EVO, Onyx

Optometry Benefit (Keratoconus)

An additional **R2 630 optometry booster** benefit per family per year for members with Keratoconus.



Did you know that as an EVO member, you receive the same benefits as Emerald?

This is subject to care coordination rules. By switching from Emerald to EVO, you can lower your monthly contributions by up to 19%.

Emerald members can now switch to EVO until 31 October 2024.

You can switch in the following ways:

- Dial ***134*20018#**;
- Use the Member Portal by clicking on “**Login**” at **www.gems.gov.za**;
- Use the self-help facility by calling **0860 00 4367** and following the voice prompts;
- At a GEMS walk-in centre;
- On the **GEMS Member App**;
- Send an email to **enquiries@gems.gov.za** or
- Send a fax to **0861 00 4367**.

Get the most out of your network options by adhering to care coordination rules.



1 Nominate a GP on the GEMS Network. Your and your dependent(s) can each nominate one GP to take care of all your healthcare needs.

3 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.

2 Specialist Visits. If you need specialist care, your GP can refer you to one as part of coordinated care.

4 Authorisations. You won't need a new authorisation from GEMS to keep up with chronic treatments you're on already.

5 Getting more for less. Members on Tanzanite One have access to a network of private hospitals, GP visits and Specialist consultations, subject to care coordination rules.
Members moving from Emerald to EVO experience a reduction in premiums.



A FINANCIAL PERSPECTIVE

Your 2024 monthly contributions

The tables below show the full contributions for the year and do not include any subsidies, which you may qualify for. If you qualify for a subsidy*, your employer will pay part of the contribution and you will be required to pay the balance.



TANZANITE ONE



R0 - R10 506.00	R1 363	R1 077	R587
R10 506.00 - R14 743.00	R1 429	R1 145	R633
R14 743.00 - R25 256.00	R1 520	R1 203	R670
R25 256.01 +	R1 778	R1 505	R852

EMERALD VALUE



R0 - R15 821.00	R2 975	R2 273	R1 106
R15 821.01 - R27 324.00	R3 293	R2 552	R1 241
R27 324.01 +	R3 689	R2 836	R1 382

BERYL



R0 - R10 506.00	R1 538	R1 534	R863
R10 506.01 - R14 743.00	R1 669	R1 656	R952
R14 743.01 - R25 256.00	R1 821	R1 821	R1 022
R25 256.01 +	R2 187	R2 187	R1 241

EMERALD



R0 - R15 821.00	R3 554	R2 707	R1 319
R15 821.01 - R27 324.00	R3 933	R3 041	R1 478
R27 324.01 +	R4 410	R3 381	R1 649

RUBY



R0 - R15 821.00	R3 180	R2 385	R1 230
R15 821.01 - R27 324.00	R3 540	R2 660	R1 380
R27 324.01 +	R3 920	R2 995	R1 520

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

ONYX



R0 - R15 821.00	R6 162	R4 718	R1 853
R15 821.01 - R33 712.00	R6 413	R4 883	R2 013
R33 712.01 +	R6 924	R5 322	R2 246

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

*Subsidy contribution portion: these figures are only a guide, member to contact his/her HR office to confirm subsidy receivable.

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



Salary level
Refers to a 'Salary'
(i.e. monthly salary)



Member
Refers to a 'Member'
(i.e. a principal member)



Adult
Refers to any
'Adult Dependent'



Child
Refers to any
'Child Dependent'

Choose a cover from one of our five options or the EVO sub-option

TANZANITE ONE

This is an entry-level network benefit option, tailored for Level 1-5 employees, 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 dependents will each nominate a GP.

All members on TANZANITE ONE have access to a Network of Hospitals! GEMS has negotiated with a number of Private hospitals that have agreed to bill at rates negotiated with them, to offer ALL members on TANZANITE ONE quality healthcare.

Using 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;
- Comprehensive Out-of-Hospital benefits for healthcare services, which are typically rendered by healthcare providers on the GEMS Network, subject to Network GP Nomination and Specialist Referral Rules;
- Access to Tanzanite One GEMS network providers and obtain medicine on the applicable GEMS Formulary list, which is accessible on the GEMS website;
- Three additional non-PMB chronic conditions; and
- Access to public healthcare facilities.



BERYL

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

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



RUBY

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

- Offers members comprehensive In-Hospital benefits for healthcare services rendered in 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;
- Eight additional non-PMB chronic conditions; and
- Access to public healthcare facilities.



EMERALD VALUE OPTION

This is an efficiency discounted sub-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, which are 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 obtain medicine on the applicable GEMS Formulary list, which is accessible on the GEMS website;
- Members on Emerald who switch to EVO will experience greater savings on their monthly contribution while enjoying the exact same benefits as they would on Emerald, however you must nominate a Network GP;
- A Primary Care extender benefit for GP consultations, medicine claims and pathology claims;
- Forty-one additional non-PMB chronic conditions; and
- Access to public healthcare facilities.

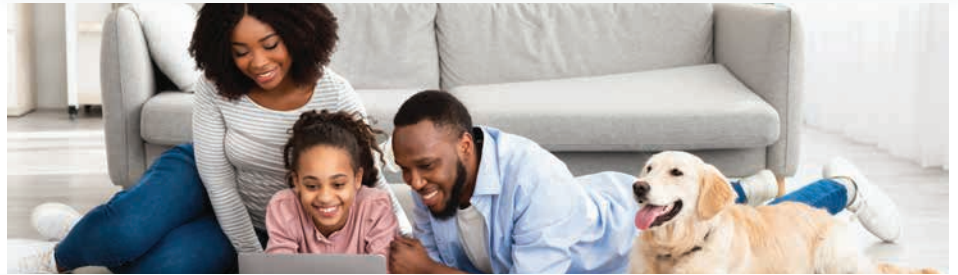




EMERALD

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

- Offers members comprehensive In-Hospital benefits for healthcare services;
- Comprehensive Out-of-Hospital benefits for healthcare services;
- A Primary Care extender benefit for GP consultations, medicine claims and pathology claims;
- Forty-one additional non-PMB chronic conditions; and
- Access to public healthcare facilities



ONYX

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

- Offers members comprehensive In-Hospital benefits for healthcare services;
- Comprehensive Out-of-Hospital benefits for healthcare services
- Forty-one additional non-PMB chronic conditions; and
- Access to public healthcare facilities



NOTE

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

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

Get Ready for an Exciting Wave of Enhanced Benefits in 2024!



Benefit enhancement	Benefit affected	Description of change	Out-of-Hospital	In-Hospital	Tanzanite One	Beryl	Ruby	Emerald Value Option	Emerald	Onyx
Extender Benefit	Primary Care extender benefit	The Scheme will significantly increase the Primary Care extender benefit. The limit increase will reduce out-of-pocket payments for out-of-hospital, GP consultations, acute medicine and pathology claims.	✓					✓	✓	
Conscious sedation in rooms	Dental benefit	The scheme will increase the age for conscious sedation from 6 to 9 years of age.	✓		✓	✓	✓	✓	✓	✓
Access to PMSA	PMSA	This change allows beneficiaries on the Ruby option to fund legitimate benefit shortfalls using their PMSA limited to amounts over R100.	✓				✓			
Social workers and registered counsellors	Social Worker & Registered Counsellor benefit	The Scheme will increase the limit to R1 579 per family per year.	✓					✓	✓	
Dermatologist specialist network	Day-to-day benefits	The Scheme will introduce a network of dermatologists. The introduction of this benefit is expected to reduce member out-of-pocket costs and to protect the Scheme from payments above the Scheme tariff rate in emergency cases.	✓		✓	✓	✓	✓	✓	✓
Optometry benefit (Keratoconus)	Optical benefit	The Scheme will include an additional R 2 630 booster benefit is included in the optometry benefit per family per year for beneficiaries with Keratoconus.	✓					✓	✓	✓

Benefit enhancement	Benefit affected	Description of change	Out-of-Hospital	In-Hospital	Tanzanite One	Beryl	Ruby	Emerald Value Option	Emerald	Onyx
CGM and insulin pumps	Additional appliance benefit limit (Insulin Pumps & CGM). Chronic medicine benefit (consumables)	The Scheme will fund CGM and insulin pumps subject to a limit of R 56 913 per family per annum. This is limited to one device per beneficiary every five years and a further limit of R 27 078 per annum for the consumables. Limited to Type 1 diabetics under the age of 18.	✓		✓	✓	✓	✓	✓	✓
Intra-oral radiographs	Dental benefit	The Scheme will increase the current quantity limit for intra-oral radiographs from six to ten per beneficiary per annum for periapical and from four to six per beneficiary per annum for bitewing.	✓				✓	✓	✓	✓
CBCT scans	Dental benefit	The Scheme will now cover one Cone Beam Computed Tomography (CBCT) per beneficiary per lifetime.	✓		✓	✓	✓	✓	✓	✓
Implant supported crowns and crowns retainers	Dental benefit	The Scheme will pay for phase 3 implant crowns, bridges, and dentures from the dental financing limit when pre-authorized.	✓				✓	✓	✓	✓
Impacted teeth	Dental benefit	The Scheme will pay for dental impacted teeth removal from the OAL benefit when the procedure is authorised at 100% Scheme rate and at 200% when done in the rooms on all options.	✓	✓	✓	✓	✓	✓	✓	✓
Dentistry preventative benefits (polishing)	Risk benefit (OAL)	As part of preventative care, the Scheme will fund polishing of teeth for children between the ages of 3 and 9. These services will be funded from the Risk Benefit.	✓				✓	✓	✓	✓
Probiotics (under 6)	Day-to-day benefits	The Scheme will fund probiotics for children aged 6 years and younger. This benefit is limited to prescription only.	✓		✓	✓	✓	✓	✓	✓





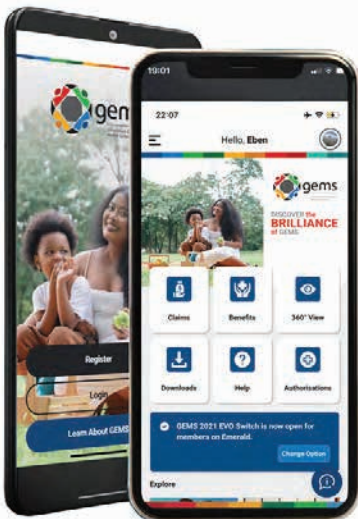
GET THE LATEST INFORMATION ABOUT GEMS USING OUR **SELF-HELP** DIGITAL CHANNELS

Our self-help digital channels provide easy access to GEMS information. They also offer a richer user experience to our members and you can update your information, view benefits and documents, submit claims, and manage your membership, all at your fingertips!

GEMS website

Get all the information you need to manage your membership by visiting the GEMS website on www.gems.gov.za.

Navigate with ease, and access membership forms, the Member Guide, locate network providers and so much more!



Mobile App and Member Portal

Download the mobile Member App or register on the Member Portal and experience the BRILLIANT features!

You can do the following on these channels:

- Update your personal details under the profile section.
- Don't have your membership card? Login and access your digital membership card.
- Filter your claims - You can now submit a claim, view your claims history and download your claims statement.
- Benefit management - Manage and view your benefit usage, access your documents (member certificate or tax certificate), request a new card, and view your option and dependent(s) information.
- Documents - Download your Personal Health Record, tax certificates, and membership certificate.



ACCESS THIS AND MORE ON THE MEMBER PORTAL AND MOBILE APP. DOWNLOAD THE MOBILE APP OR CREATE YOUR ACCOUNT FOR THE MEMBER PORTAL TODAY.



Here's how we stay in touch with you!



GEMS News

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

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



Quarterly G-Health Digital Magazine

Our quarterly G-Health Digital Magazines are an effective way for us to keep our members informed and involved with the Scheme. The digital magazines are distributed to our members on a quarterly basis and shared on our website and social media platforms.



GEMS Day Events

GEMS places a high priority on the well-being of every member. In light of this, GEMS continues to hold both physical and virtual GEMS days to inform our members about the value of their health and well-being. We also make use of this chance to inform members about the various GEMS options and benefits. The topics discussed during the GEMS days are carefully selected based on the feedback from our members and with the aim to cover what is topical during that period.



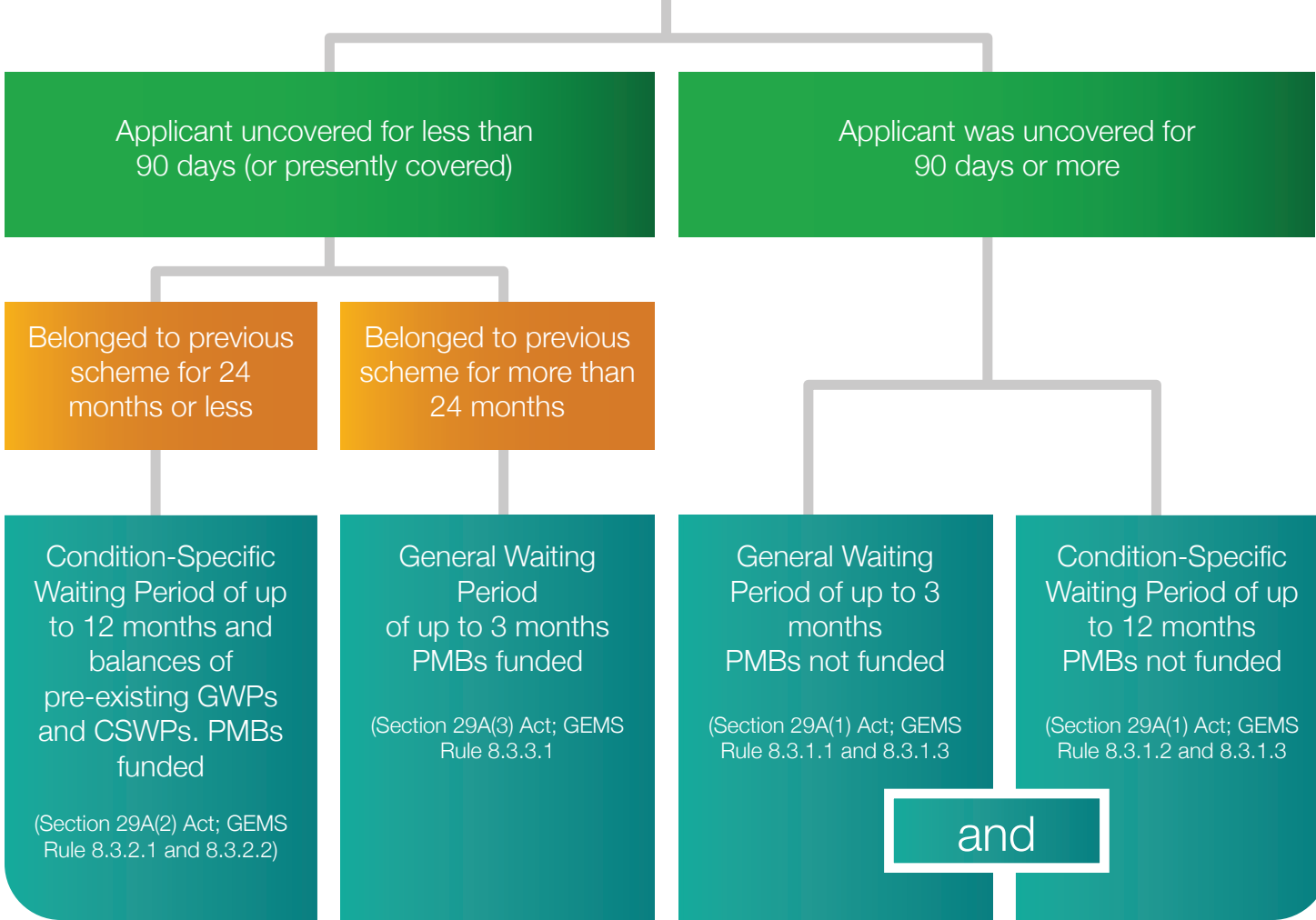


Understanding Underwriting

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



Applications to be tested for waiting periods



Prescribed Minimum Benefits (PMBs)	✓ MC U C	Oncology (chemotherapy and radiotherapy)	✓ % PMB A P C H
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	Limited to R302 398 for non-PMB/family/year ✓ % PMB MC P H	Organ and tissue transplants	R26 770 /beneficiary for corneal grafts ✓ % PMB MC P
Alcohol and drug dependencies	✓ % PMB MC P	Pathology and Medical Technology	✓ % PMB MC A P H
Allied health services	Limited to R1 936 /family and R1 210 /beneficiary/year ✓ % PMB MC P H	Physiotherapy	R3 025 /beneficiary/year ✓ % PMB P C
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P	Medical and surgical appliances and prostheses	Limited to R35 590 /family/year for prostheses generally and R35 590 /family/year for joint revisions only ✓ % PMB P H
Blood transfusion	✓ % PMB A P C	Radiology (advanced)	Sub-limit of R9 677 , or R14 515 if R9 677 sub-limit is exceeded with first CT/MRI scan/beneficiary/year (shared) ✓ % PMB A P C H
Dental services (conservative, restorative and specialised)	Limited to one (1) root canal treatment per Beneficiary per year, which includes one (1) emergency Out-of-Network visit per Beneficiary per year, subject to PMBs Includes periodontal programme paid from risk, subject to periodontal treatment benefits ✓ % PMB A P H	Radiology (basic)	✓ % PMB A H
Emergency services (casualty department)	✓ % PMB A P C	Renal dialysis	✓ % PMB MC A P C H
GP and Specialist services	✓ % PMB MC P H	Surgical procedures (including maxillofacial surgery)	Maxillofacial surgery subject to sub-limit of R27 928 ✓ % PMB A P H
Mental health	R6 048 /beneficiary/year Further shared sub-limit with out-of-hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC P C		



Available



Not Available

% 100% Scheme rates apply PMB Limited to PMBs MC Subject to managed care rules

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

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

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

OUT-OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)		Medical and surgical appliances and prostheses	Limited to R8 376 /family/year PMB MC
Allied health services	Limit of R1 210 /beneficiary and R1 936 /family PMB F	Mental health (consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	R6 048 /beneficiary/year Further shared sub-limit with in-hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists PMB MC
Audiology, occupational therapy and speech therapy	PMB MC P C F	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	Limit of R1 452 /beneficiary for every 2 years PMB MC
Block benefit (day-to-day benefit)		Pathology and Medical Technologists	PMB F
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme PMB MC	Physiotherapy	Included in Allied Health services PMB MC P C F
Circumcision	Global limit of R1 906 /beneficiary incl. post-op care within 1 month of procedure PMB MC P C H	Prescribed medicine and injection material	R706 family limit/family/year for homeopathic medicine. Limited to R115 /beneficiary/event, and R319 /beneficiary/year, Contraceptives limited to R3 592 /beneficiary/year PMB MC C
Dental services (conservative, dentistry including acute medicine)	PMB MC	Preventative care services	All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R908 per Beneficiary per annum. PMB MC
Emergency assistance (road and air)	PMB MC	Primary care extender	
General Practitioner (GP) and Specialist services	PMB MC F	Screening services	PMB P
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)		Radiology (advanced)	Sub-limit shared with in-hospital limit of R9 677 , or R14 515 if R9 677 sub-limit is exceeded with first CT/MRI scan/beneficiary/year PMB A P C
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme PMB MC	Radiology (basic)	PMB MC U F
Infertility	PMB MC P C	Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event PMB MC
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols PMB MC		

































































































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













IN-HOSPITAL BENEFITS

Prescribed Minimum Benefits (PMBs)			
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	Limited to R1 396 465 for non-PMB/family/year 	Oncology (chemotherapy and radiotherapy)	Sub-limit of R279 288 /family/year
Alcohol and drug dependencies		Organ and tissue transplants	R788 624 /beneficiary/year, R26 770 /beneficiary for corneal grafts
Allied health services	Limited to R4 068 /family and R2 706 /beneficiary/year (shared) 	Pathology and Medical Technology	
Alternatives to hospitalisation (sub-acute hospitals and private nursing)		Physiotherapy	R6 065 /beneficiary/year
Blood transfusion		Medical and surgical appliances and prostheses	Limited to R41 896 /family/year for prostheses generally and R41 896 /family/year for joint revisions only
Dental services (conservative, restorative and specialised)	Limited to one (1) root canal treatment per Beneficiary per year, which includes one (1) emergency Out-of-Network visit per Beneficiary per year, subject to PMBs Includes periodontal programme paid from risk, subject to periodontal treatment benefits 	Radiology (advanced)	Sub-limit of R26 985 (shared)
Emergency services (casualty department)		Radiology (basic)	
GP and Specialist services		Renal dialysis	Sub-limit of R279 288 /beneficiary/year for chronic renal dialysis
Mental health	Sub-limit of R22 489 /beneficiary/year less the beneficiary's usage of the sub-limit of R12 688 /family/year out of hospital Further shared sub-limit with out-of-hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists 	Surgical procedures (including maxillofacial surgery)	Maxillofacial surgery subject to sub-limit of R27 928

- Available
 Not Available
 100% Scheme rates apply
 Limited to PMBs
 Subject to managed care rules
 Subject to other sub-limits, refer to the GEMS Rules
 Subject to the service being related to admissions under the annual hospital benefit
 Pre-authorisation is needed
 100% of cost, subject to PMB legislation
 Subject to annual hospital limit
 Unlimited, refer to Scheme rules
 Subject to referral by network GP

OUT-OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)		Medical and surgical appliances and prostheses	Limited to R13 964 /family/year    
Allied health services	Limit of R2 706 /beneficiary and R4 068 /family    	Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	Sub-limit of R12 688 /family/year Further shared sub-limit with in-hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists
Audiology, occupational therapy and speech therapy	     	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	Limit of R1 839 /beneficiary for every 2 years    
Block benefit (day-to-day benefit)		Pathology and Medical Technologists	    
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme    	Physiotherapy	Included in Allied Health services       
Circumcision	Global limit of R1 906 /beneficiary incl. post-op care within 1 month of procedure      	Prescribed medicine and injection material	R706 family limit/family/year for homeopathic medicine. Limited to R115 /beneficiary/event, and R319 /beneficiary/year, Contraceptives limited to R3 592 /beneficiary/year     
Dental services (conservative, dentistry including acute medicine)	   	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 R908 per Beneficiary per annum.    
Emergency assistance (road and air)	   	Primary care extender	
General Practitioner (GP) and Specialist services	   	Screening services	   
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)		Radiology (advanced)	Sub-limit shared with in-hospital limit of R26 985 /family/year       
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme    	Radiology (basic)	     
Infertility	     	Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols    		

-  Available
-  Not Available
-  100% Scheme rates apply
-  Limited to PMBs
-  Subject to managed care rules
-  Subject to other sub-limits, refer to the GEMS Rules
-  Subject to the service being related to admissions under the annual hospital benefit
-  Pre-authorisation is needed
-  100% of cost, subject to PMB legislation
-  Subject to annual hospital limit
-  Unlimited, refer to Scheme rules
-  Subject to referral by network GP

IN-HOSPITAL BENEFITS

Prescribed Minimum Benefits (PMBs)	✓ % PMB U C	Oncology (chemotherapy and radiotherapy)	Sub-limit of R425 863 /family/year ✓ % PMB A P C
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P H C	Organ and tissue transplants	R788 624 /beneficiary/year, R26 770 /beneficiary for corneal grafts ✓ % PMB MC P
Alcohol and drug dependencies	✓ % PMB MC P	Pathology and Medical Technology	✓ % PMB MC A P
Allied health services	Limited to PMSA and block benefit ✓ % PMB MC P	Physiotherapy	R6 380 /beneficiary/year ✓ % PMB P C
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P	Medical and surgical appliances and prostheses	Limited to R53 663 /family/year (shared) generally, plus R53 663 /family/year for joint revisions only ✓ % PMB MC P
Blood transfusion	✓ % PMB A P C	Radiology (advanced)	Sub-limit of R28 388 (shared) ✓ % PMB A P C
Dental services (conservative, restorative and specialised)	Shared limit with out-of-hospital benefit of R4 292 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits ✓ % PMB A P H	Radiology (basic)	✓ % PMB A
Emergency services (casualty department)	Paid from out-of-hospital GP services for non-PMB and unauthorised events ✓ % PMB A P C	Renal dialysis	Sub-limit of R337 974 /beneficiary/year for chronic dialysis ✓ % PMB MC A P C
GP and Specialist services	✓ % PMB MC P	Surgical procedures (including maxillofacial surgery)	Unlimited, includes maxillofacial surgery ✓ % PMB A P
Mental health	R23 658 /family/year Further shared sub-limit with out-of-hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC P C		



Available



Not Available

% 100% Scheme rates apply **PMB** Limited to PMBs **MC** Subject to managed care rules

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

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

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

OUT-OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)	20% of total annual gross contributions made by member during the financial year ✓ % PMB	Medical and surgical appliances and prostheses	Limited to R53 663 /family/year ✓ % PMB MC
Allied health services	Subject to PMSA and block benefit ✓ % PMB	Mental health (consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	Limited to PMSA Further shared sub-limit with in hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists
Audiology, occupational therapy and speech therapy	Subject to PMSA and block benefit ✓ % PMB		✓ % PMB MC
Block benefit (day-to-day benefit)	R2 877 /family/year ✓ % PMB	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	Limited to PMSA and block benefit ✓ % PMB MC
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme ✓ % PMB MC	Pathology and Medical Technologists	Subject to PMSA and block benefit ✓ % PMB
Circumcision	Global limit of R1 906 /beneficiary incl. post-op care within 1 month of procedure ✓ % PMB MC P C H	Physiotherapy	Subject to PMSA and block benefit ✓ % PMB
Dental services (conservative, dentistry including acute medicine)	Shared with in-hospital limit of R4 292 /beneficiary/year ✓ % PMB MC	Prescribed medicine and injection material	Subject to PMSA and limited to R240/beneficiary/event for OTC and a limit of R706 /family/year for homeopathic medicine ✓ % PMB MC C
Emergency assistance (road and air)	✓ % PMB MC	Preventative care services	All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R908 per Beneficiary per annum. ✓ % PMB MC
General Practitioner (GP) and Specialist services	Limited to PMSA ✓ % PMB MC	Primary care extender	✗
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	1 additional consultation at network GP once PMSA and block benefit are exhausted ✓ % PMB MC	Screening services	✓ % PMB P
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme ✓ % PMB MC	Radiology (advanced)	Sub-limit shared with in-hospital limit of R28 388 /family/year ✓ % PMB A P C
Infertility	✓ % PMB MC P C	Radiology (basic)	Subject to PMSA ✓ % PMB MC
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols ✓ % PMB MC	Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event ✓ % PMB MC



Available



Not Available



100% Scheme rates apply



Limited to PMBs



Subject to managed care rules



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



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



Pre-authorisation is needed



100% of cost, subject to PMB legislation



Subject to annual hospital limit



Unlimited, refer to Scheme rules



Subject to referral by network GP

IN-HOSPITAL BENEFITS

Prescribed Minimum Benefits (PMBs)	✓ % PMB U C	Oncology (chemotherapy and radiotherapy)	Sub-limit of R473 179 /family/year ✓ % PMB A P C
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P C U	Organ and tissue transplants	R788 624 /beneficiary/year, R26 770 /beneficiary for corneal grafts ✓ % PMB MC P
Alcohol and drug dependencies	✓ % PMB MC P	Pathology and Medical Technology	✓ % PMB MC A P U
Allied health services	Shared limit with in-hospital benefit of R2 034 /family/year ✓ % PMB MC P	Physiotherapy	R6 380 /beneficiary/year ✓ % PMB P C
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P U	Medical and surgical appliances and prostheses	Limited to R53 663 /family/year (shared) generally, plus R53 663 /family/year for joint revisions only ✓ % PMB MC P
Blood transfusion	✓ % PMB A P C U	Radiology (advanced)	Sub-limit of R28 388 (shared) ✓ % PMB A P C
Dental services (conservative, restorative and specialised)	Shared limit with out-of-hospital benefit of R6 597 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits ✓ % PMB A P	Radiology (basic)	✓ % PMB A U
Emergency services (casualty department)	Paid from out-of-hospital GP services for non-PMB and unauthorised events ✓ % PMB A P C	Renal dialysis	Sub-limit of R337 974 /beneficiary/year for chronic dialysis ✓ % PMB MC A P C
GP and Specialist services	✓ % PMB MC P U	Surgical procedures (including maxillofacial surgery)	✓ % PMB A P U
Mental health	R23 658 /family/year Further shared sub-limit with out-of-hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC P C		



Available



Not Available


















































% 100% Scheme rates apply PMB Limited to PMBs MC Subject to managed care rules

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

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

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

OUT-OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)		Medical and surgical appliances and prostheses	Limited to R53 663 /family/year   PMB MC
Allied health services	Shared limit with in-hospital Allied health services of R2 034   PMB	Mental health (consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	Sub-limit shared with in-hospital benefit of R23 658 /family/year Further shared sub-limit with in-hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists   PMB MC
Audiology, occupational therapy and speech therapy	Shared limit of R2 879 /beneficiary/year and R5 769 /family/year shared with pathology and medical technology, sub-limit of R2 317 /beneficiary and R4 627 /family/year   PMB	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	Limit of R2 963 /beneficiary for every 2 years   PMB MC
Block benefit (day-to-day benefit)	Limited to R5 902 /beneficiary and R11 808 /family/year, subject to GP nomination and specialist referral rules   PMB A P	Pathology and Medical Technologists	Shared sub-limit with Audiology, occupational therapy and speech therapy of R2 879 /beneficiary and R5 769 /family/year   PMB F
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme   PMB MC	Physiotherapy	Shared with day-to-day block benefit limit, sub-limit of R2 931 /beneficiary and R5 862 /family/year   PMB MC
Circumcision	Global limit of R1 906 /beneficiary incl. post-op care within 1 month of procedure   PMB MC P C H	Prescribed medicine and injection material	Limit of R4 732 /beneficiary and R14 194 /family/year, sub-limit of R706 for homeopathic medicine/family/year - Chronic medical conditions, limit of R14 194 /beneficiary and R28 582 for non-PMB conditions/family/year. Event limit of R319 /beneficiary. Sub-limit of R1 192 /beneficiary/year. Annual family limit of R1 906 . Contraceptives sub-limit of R3 592 /beneficiary/year   PMB MC
Dental services (conservative, dentistry including acute medicine)	Shared with in-hospital limit of R6 597 /beneficiary/year   PMB MC	Preventative care services	All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R908 per Beneficiary per annum.   PMB MC
Emergency assistance (road and air)	  PMB MC	Primary care extender	Shared limit with GP services, pathology, medical technology and prescribed medication, R1 972 additional benefit/beneficiary/year once the block benefit or specific sub-limits are exhausted   PMB MC
General Practitioner (GP) and Specialist services	Shared limit with day-to-day block benefit   PMB MC F	Screening services	Sub-limit shared with in-hospital limit of R28 388 /family/year   PMB P
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	2 additional consultations at network GP once day-to-day block benefit is exhausted   PMB MC P	Radiology (advanced)	Sub-limit of R4 713 /beneficiary and R8 637 /family/year   PMB A
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme   PMB MC	Radiology (basic)	Sub-limit of R4 713 /beneficiary and R8 637 /family/year   PMB MC
Infertility	  PMB MC P C	Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event   PMB MC
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols   PMB MC		



Available



Not Available



100% Scheme rates apply



Limited to PMBs



Subject to managed care rules



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



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



Pre-authorisation is needed



100% of cost, subject to PMB legislation



Subject to annual hospital limit



Unlimited, refer to Scheme rules



Subject to referral by network GP

IN-HOSPITAL BENEFITS

Prescribed minimum benefits (PMBs)	✓ % PMB U C DSP	Oncology (chemotherapy and radiotherapy)	Sub-limit of R473 179 /family/year ✓ % PMB A P C
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P C U	Organ and tissue transplants	R788 624 /beneficiary/year, R26 770 /beneficiary for corneal grafts ✓ % PMB MC P
Alcohol and drug dependencies	✓ % PMB MC P	Pathology and Medical Technology	✓ % PMB MC A P U
Allied health services	Shared limit with in-hospital benefit of R2 034 /family/year ✓ % PMB MC P	Physiotherapy	R6 380 /beneficiary/year ✓ % PMB P C
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P U	Medical and surgical appliances and prostheses	Limited to R53 663 /family/year (shared) generally, plus R53 663 /family/year for joint revisions only ✓ % PMB MC P
Blood transfusion	✓ % PMB A P C U	Radiology (advanced)	Sub-limit of R28 388 (shared) ✓ % PMB A P C
Dental services (conservative, restorative and specialised)	Shared limit with out-of-hospital benefit of R6 597 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits ✓ % PMB A P	Radiology (basic)	✓ % PMB A U
Emergency services (casualty department)	Paid from out-of-hospital GP services for non-PMB and unauthorised events ✓ % PMB A P C	Renal dialysis	Sub-limit of R337 974 /beneficiary/year for chronic dialysis ✓ % PMB MC A P C
GP and Specialist services	✓ % PMB MC P U	Surgical procedures (including maxillofacial surgery)	✓ % PMB A P U
Mental health	R23 658 /family/year Further shared sub-limit with out-of-hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC P C		



Available



Not Available



100% Scheme rates apply



Limited to PMBs



Subject to managed care rules



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



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



Pre-authorisation is needed



100% of cost, subject to PMB legislation



Subject to annual hospital limit




















































Unlimited, refer to Scheme rules



Subject to referral by network GP

OUT-OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)		Medical and surgical appliances and prostheses	Limited to R53 663 /family/year   PMB MC
Allied health services	Shared limit with in-hospital Allied health services of R2 034   PMB	Mental health (consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	Sub-limit shared with in-hospital benefit of R23 658 /family/year Further shared sub-limit with in-hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists   PMB MC
Audiology, occupational therapy and speech therapy	Shared limit of R2 879 /beneficiary/year and R5 769 /family/year shared with pathology and medical technology, sub-limit of R2 317 /beneficiary and R4 627 /family/year   PMB	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	Limit of R2 963 /beneficiary for every 2 years   PMB MC
Block benefit (day-to-day benefit)	Limited to R5 902 /beneficiary and R11 808 /family per year   PMB A P	Pathology and Medical Technologists	Shared sub-limit with Audiology, occupational therapy and speech therapy of R2 879 /beneficiary and R5 769 /family/year   PMB
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme   PMB MC	Physiotherapy	Shared with day-to-day block benefit limit, sub-limit of R2 931 /beneficiary and R5 862 /family/year   PMB MC P
Circumcision	Global limit of R1 906 /beneficiary incl. post-op care within 1 month of procedure   PMB MC P C H	Prescribed medicine and injection material	Limit of R4 732 /beneficiary and R14 194 /family/year, sub-limit of R706 for homeopathic medicine/family/year - Chronic medical conditions, limit of R14 194 /beneficiary and R28 582 for non-PMB conditions/family/year. Event limit of R319 /beneficiary. Sub-limit of R1 192 /beneficiary/year. Annual family limit of R1 906 Contraceptives sub-limit of R3 592 /beneficiary/year   PMB MC C
Dental services (conservative, dentistry including acute medicine)	Shared with in-hospital limit of R6 597 /beneficiary/year   PMB MC	Preventative care services	All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R908 per Beneficiary per annum.   PMB MC
Emergency assistance (road and air)	  PMB MC	Primary care extender	Shared limit with GP services, pathology, medical technology and prescribed medication, R1 972 additional benefit/beneficiary/year once the block benefit or specific sub-limits are exhausted   PMB MC
General Practitioner (GP) and Specialist services	Shared limit with day-to-day block benefit   PMB MC F	Screening services	  PMB P
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	2 additional consultations at network GP once day-to-day block benefit is exhausted   PMB MC P	Radiology (advanced)	Sub-limit shared with in-hospital limit of R28 388 /family/year   PMB A P C
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme   PMB MC	Radiology (basic)	Sub-limit of R4 713 /beneficiary and R8 637 /family/year   PMB MC U F
Infertility	  PMB MC P C	Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event   PMB MC
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols   PMB MC		



Available



Not Available

 100% Scheme rates apply **PMB** Limited to PMBs **MC** Subject to managed care rules

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

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

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

IN-HOSPITAL BENEFITS

Prescribed minimum benefits (PMBs)	✓ % PMB U C DSP	Oncology (chemotherapy and radiotherapy)	Sub-limit of R621 051 /family/year ✓ % PMB A P C
Annual hospital benefit (public and private hospitals, registered unattached theatres, day clinics and psychiatric facilities)	✓ % PMB MC P C	Organ and tissue transplants	R788 624 /beneficiary/year, R26 770 /beneficiary for corneal grafts ✓ % PMB MC P
Alcohol and drug dependencies	✓ % PMB MC P	Pathology and Medical Technology	✓ % PMB MC A P U
Allied health services	Subject to day-to-day block benefit ✓ % PMB MC P	Physiotherapy	R6 380 /beneficiary/year ✓ % PMB P C
Alternatives to hospitalisation (sub-acute hospitals and private nursing)	✓ % PMB MC P U	Medical and surgical appliances and prostheses	Limited to R72 489 /family/year (shared) generally, plus R72 489 /family/year for joint revisions only ✓ % PMB MC P
Blood transfusion	✓ % PMB A P C U	Radiology (advanced)	Sub-limit of R35 490 (shared) ✓ % PMB A P C
Dental services (conservative, restorative and specialised)	Shared limit with out-of-hospital benefit of R11 769 /beneficiary/year Includes periodontal programme paid from risk, subject to periodontal treatment benefits ✓ % PMB A P	Radiology (basic)	✓ % PMB A U
Emergency services (casualty department)	Paid from out-of-hospital GP services for non-PMB and unauthorised events ✓ % PMB A P C	Renal dialysis	Sub-limit of R337 974 /beneficiary/year for chronic dialysis ✓ % PMB MC A P C
GP and Specialist services	✓ % PMB MC P	Surgical procedures (including maxillofacial surgery)	✓ % PMB A P U
Mental health	R49 681 /family/year Further shared sub-limit with out-of-hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists ✓ % PMB MC P C		



Available



Not Available


























% 100% Scheme rates apply **PMB** Limited to PMBs **MC** Subject to managed care rules



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

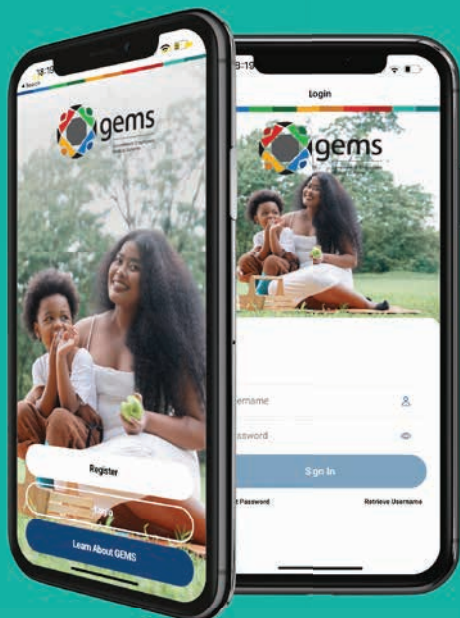
P Pre-authorisation is needed **C** 100% of cost, subject to PMB legislation **H** Subject to annual hospital limit

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

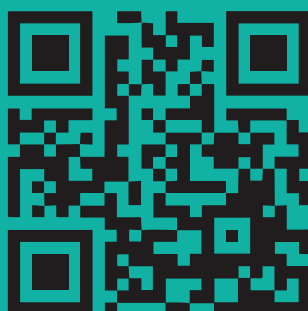
OUT-OF-HOSPITAL BENEFITS

Personal Medical Savings Account (PMSA)		Medical and surgical appliances and prostheses	Limited to R72 489 /family/year  % PMB MC
Allied health services	 % PMB	Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist or Psychologist)	Shared with day-to-day block benefit limit. Further shared sub-limit with in hospital Mental Health of R2 752 /family/year for services by Educational and Industrial Psychologists
Audiology, occupational therapy and speech therapy	 % PMB	Optical services (eye examinations, frames, lenses, permanent or disposable contact lenses and acute medicine)	 % PMB MC Limit of R3 498 /beneficiary for every 2 years  % PMB MC
Block benefit (day-to-day benefit)	Includes GP and specialist services, basic radiology, pathology, allied health services, physiotherapy, occupational therapy and speech therapy, mental health, maternity and contraceptives. Limited to R12 415 /beneficiary and R24 831 /family/year  % PMB A P	Pathology and Medical Technologists	Shared sub-limit day-to-day block benefit  % PMB
Chronic Back and Neck Rehabilitation Programme	Subject to registration on Chronic Back and Neck Rehabilitation Programme  % PMB MC	Physiotherapy	Shared with day-to-day block benefit limit  % PMB MC P
Circumcision	Global limit of R1 906 /beneficiary incl. post-op care within 1 month of procedure  % PMB MC P C H	Prescribed medicine and injection material	Limit of R7 976 /beneficiary and R22 340 /family/year, sub-limit of R706 for homeopathic medicine/family/year - Chronic medical conditions, limit of R24 238 /beneficiary and R49 681 for non-PMB conditions/family/year. Event limit of R397 /beneficiary. Sub-limit of R1 454 /beneficiary/year. Annual family limit of R2 408  % PMB MC C
Dental services (conservative, dentistry including acute medicine)	Shared with in-hospital limit of R11 769 /beneficiary/year  % PMB MC	Preventative care services	All other vaccinations (in addition to the existing Influenza, Pneumococcal and HPV vaccinations), where clinically appropriate, subject to a financial limit of R908 per Beneficiary per annum.  % PMB MC
Emergency assistance (road and air)	 % PMB MC	Primary care extender	
General Practitioner (GP) and Specialist services	Shared limit with day-to-day block benefit  % PMB MC F	Screening services	 % PMB P
GP network extender benefit (for beneficiaries with chronic conditions registered on a DMP)	1 additional consultation at network GP once day-to-day block benefit is exhausted  % PMB MC P	Radiology (advanced)	Sub-limit shared with in-hospital limit of R35 490 /family/year  % PMB A P C
HIV infection, AIDS and related illness	Subject to registration on the HIV Disease Management Programme  % PMB MC	Radiology (basic)	Shared sub-limit with day-to-day block benefit  % PMB MC U F
Infertility	 % PMB MC P C	Renal dialysis	If a non-network provider is voluntarily used, a co-payment of 30% will be applied per event  % PMB MC
Maternity (ante- and post-natal care). Subject to registration on the programme	Subject to Maternity Programme Protocols  % PMB MC		

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



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



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



CONTACT DETAILS:



GEMS CONTACT CENTRE
0860 00 4367



WEB
www.gems.gov.za



FAX
0861 00 4367



EMAIL
enquiries@gems.gov.za



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



GEMS FRAUD HOTLINE
**0800 212 202
gems@thehotline.co.za**



GEMS EMERGENCY SERVICES
0860 44 4367

Client Liaison Office (CLO)

Driving empowerment through education.

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

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

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

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Disclaimer

This brochure contains a summary of the healthcare benefits offered by GEMS for the year 2024 and the required monthly contributions/premiums associated therewith ("2024 GEMS Benefits and Contributions").

The 2024 GEMS Benefits and Contributions forms part of the GEMS Rules, which are subject to the approval of the Council for Medical Schemes ("CMS"). 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 2024 GEMS Benefits and Contributions, kindly refer to Annexures B, C, D, E, F and G of the GEMS Rules, which may be found on the GEMS website at **www.gems.gov.za**. You may also contact us directly on **0860 00 4367** to request a copy.