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PROVIDER GUIDE

Optometry Management Programme

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

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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 the excellent healthcare to which they have become accustomed.



Summary of the Optometry Benefits

The following benefits will apply on the GEMS Tanzanite One and Beryl options for 2025:

- 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 (“Eye Examination Cycle”).
- Examination includes visual, binocular stability and pathology evaluation (including tonometry) and diagnosis.
- One pair of spectacles (frame plus lenses) at the applicable package tariff per beneficiary per 24-month period, calculated from the date services were last rendered 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/dependant every two (2) years
Beryl	Limit of R1 924 per beneficiary/dependant every two (2) years

- The frame choice will be from the provider-designated range and the lenses will be 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 member will be liable for the difference.
- The benefits are for either spectacles or contact lenses, not both.
- No cash refund or credit is available in lieu of the optometry benefit.
- All network providers to 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 Prescribed Minimum Benefit (PMB) entitlement for post cataract surgery is: Bifocal lenses and frame up to the value of R1 744 with a sub-limit of R293 for the frame will apply where the Optometry benefit is exhausted.





The following benefits will apply on the GEMS Emerald, Emerald Value and Onyx options:

- One optometric examination per beneficiary per 12-month period calculated from the date which services were last rendered to the beneficiary.
- A comprehensive examination (11001) includes visual, binocular stability and pathology evaluation (including tonometry) and diagnosis.
- One pair of spectacles (frame plus lenses) per beneficiary per 24-month period, calculated from the date which services were last rendered 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 Value	Annual family limit available of R5 942 Limit of R3 099 per beneficiary/dependant every two (2) years Frame is limited to R 1 636. Fitting (nylon or rimless, etc.) will not be covered.
Emerald	Annual family limit available of R5 942 Limit of R3 099 per beneficiary/dependant every two (2) years Frame is limited to R 1 636. Fitting (nylon or rimless, etc.) will not be covered.
Onyx	Annual family limit available of 7 033 Limit of R3 659 per beneficiary/dependant every two (2) years. Frame is limited to R2 645. Fitting (nylon or rimless, etc.) will not be covered.

- The benefits are for either spectacles or contact lenses, not both.
- All network providers should use the GEMS Optometry Network tariff codes.
- Accounts from non-network optometrists will be considered for refund to the member as per 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 when subject to available benefits and qualifying clinical criteria.
- The Prescribed Minimum Benefit (PMB) entitlement for post cataract surgery is: Bifocal lenses and frame up to the value of R1 744 with a sub-limit of R293 for the frame will apply where the Optometry benefit is exhausted.
- 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 clinical criteria.

The following benefits will apply on the Ruby option for 2025:

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

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

- The benefits are for either spectacles or contact lenses, not both.
- All network providers should use the GEMS Optometry Network tariff codes
- Accounts from non-network optometrists will be considered for refund to the member per 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.
- The Prescribed Minimum Benefit (PMB) entitlement for post cataract surgery is: Bifocal lenses and frame up to the value of R1 744 with a sub-limit of R293 for the frame will apply where the Optometry benefit is exhausted.



Childhood screening (all options) for 2025:

- 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 across all options for beneficiaries from 3 months up to and including age seven. This is a once in a lifetime benefit and is paid from the preventative screening benefit thus preserving the Optical benefit.
- Optometrists are encouraged to utilise the screening benefit available for qualifying beneficiaries.
- Screening benefits, when billed cannot be billed in combination with an eye examination.

Tariff code	Code description	Network tariff amount	Non-network tariff amount	Service
94000	Individual Child Screening	R 110.10	R 76.70	Screening only

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 color blindness or deficiency
- Stereo acuity (depth perception): To ascertain that depth can be seen in binocular views
- Ocular motilities, cover test and near point of convergence (NPC): Assessment of ocular movements, alignment of the eyes and to 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).



Optometry tariffs for 2025

The GEMS Optometry Network and non-network tariffs for 2025 are available on the GEMS website www.gems.gov.za.

The following tariffs will apply to both the Tanzanite One and Beryl options:

Tariff code	Code description	Network tariff amount	Service
90011	Vision Exam (when no Material Supplied)	R 288.00	Consultation only
93200	Combined V/ Exam+Frame+S/Vision Standard	R 1,016.70	Consultation, frame and Single Vision Standard Lenses
93201	Combined V/ Exam+Frame+S/Vision Surfaced	R 1,090.90	Consultation, frame and Single Vision Surfaced Lenses
93300	Combined V/ Exam+Frame+Bifocal	R 1,734.30	Consultation, frame and Bifocal lenses

- The benefits will not be paid if these codes are not reflected in your claim.
- 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 on the Tanzanite One and Beryl options will 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 2025 will apply to the Ruby, Emerald Value, Emerald 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 will apply on the GEMS Tanzanite and Beryl options for 2025:

- 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 2025:

- Unaided visual acuity of 6/9 (Snellen rating) or worse for distance or near (where appropriate).
- Refractive error of minimum of 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 by members, directly to the participating Optometrist at no more than the relevant GEMS Optometry network tariff.
- The Scheme will not fund claims received for items excluded from benefits as per the Scheme rules.
- Should members on the Tanzanite 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 towards the frame. The balance is for the member's account.
- All additional out-of-benefit items are to be reflected on the claim, but they will not be funded. Please discuss this with the member. 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 2025 registered Scheme Rules, Optometry Management Programme and in the event of a dispute the Registered Scheme Rules takes precedence.

The benefits may also be subjected 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 1 January. Benefits on the Ruby option are available per one (1) financial year from 1 January to 31 December of the same year.

The insured benefits confirmations will ideally not change provided:

- The member has no outstanding accounts which will impact the benefit limits,
- The membership is active.
- The claim is in line with the requirements of 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 accordingly. 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 or desirable.



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