

Experience The GEMS Difference Option Selection

Start the new year knowing that you and your dependants are covered by the best option for your needs.



Working towards a healthier you

What's new in 2018



Benefit limits have been adjusted by an average of 5.4%



1 Sapphire & Beryl receive one additional GP visit before authorisation is required



All beneficiaries can now access flu vaccine benefits



A larger group of high risk beneficiaries can now access the Pneumococcal vaccines every five years for asthma and chronic obstructive pulmonary disease benefits, subject to managed care protocols



You now have access to one individual and one group psychologist consultation per day



Beneficiaries under the age of six are entitled to anaesthesia for dental treatment – motivation is required thereafter



Four bitewing X-rays per beneficiary per year has been included



Sub-limits on prosthesis and appliances added for crutches, wheelchairs and hearing aids per beneficiary per year



Orthopaedic disease management programme introduced through Document-Based Care



Additional maternity services for expectant mothers to help them through the birth process and beyond



Enhanced home-based care benefits available, subject to Scheme rules



Preventative care services and screening tests at network pharmacies now funded



Two additional visits to your nominated GP through the Extended Benefit on EVO



Use a Renal Dialysis Network provider for renal dialysis to avoid a co-payment



The non-PMB day case benefit limit has been removed, subject to risk



New GEMS Member App – check your balance, authorisations, tax certificates, FAQs, locate a healthcare provider and other functions





Experience the difference of care coordination

Emerald Value

The Emerald Value option (EVO) improves healthcare through care coordinated by your nominated General Practitioner (GP).

Care coordination allows you to have a team of healthcare professionals working together to streamline your healthcare experience. By having your GP as your primary healthcare provider, there is no duplication of services or procedures such as blood tests, X-rays and medicine. This helps improve your wellbeing and preserve your and your family's benefits so that they are not depleted when you need them most.

How it works:

On EVO, you get the same great benefits as the Emerald option, subject to the following specific criteria:

- Nominate a network GP to manage all your healthcare needs. If you do not make use of your nominated network GP, you will incur a 30% co-payment.
- Get a referral from your nominated GP before you see a specialist.
- Use a GEMS EVO network hospital (see enclosed EVO network hospital list) for all in-hospital requirements. Check if there is a GEMS EVO Network Hospital list in your area before choosing this option. If you do not use a network hospital, you will be liable for up to a R10,000.00 co-payment, except under certain circumstances.

On average, Emerald members switching to EVO in 2018 can expect up to a 19% discount* after subsidy. See below scenario:

A member on the lowest salary band with one adult dependant and two child dependants would have paid R5 641, before subsidy on Emerald in 2017. The same member will pay R5 443, before subsidy if they switch to Emerald Value in 2018. Their total contribution would be R1 565, a saving of R541 after subsidy in out-of-pocket contributions.

* Subsidy subject to the Minister for Public Service and Administration's approval on the Determination on Medical Assistance for the 2018 year.



Your 2018 monthly contributions

GEMS is pleased to announce an **average contribution increase of 8.6%** across all benefit options for 2018, 6.4% lower than 2017. This increase ranges from 6.9% for EVO up to 10.9% for Onyx*. 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.

OPTION	TOTAL		
Sapphire			
R0 - R8 473.00	945	726	403
R8 473.01 - R11 890.00	990	770	434
R11 890.01 - R20 369.00	1 052	810	460
R20 369.00 +	1 170	962	554
Beryl			
R0 - R8 473.00	1 090	1 055	605
R8 473.01 - R11 890.00	1 182	1 139	668
R11 890.01 - R20 369.00	1 290	1 253	717
R20 369.01 +	1 547	1 508	870
Ruby			
R0 - R12 760.00	2 230	1 635	860
R12 760.01 - R22 037.00	2 485	1 825	965
R22 037.01 +	2 760	2 025	1 065
Please note: 20% of Ruby contributions will go towards the Personal Medical Savings Account.			

* Annual contribution increase will vary depending upon number of dependants, salary level and option selected.

As defined under Section 4 “Definitions” of the main body of the GEMS Rules:



Refers to a “Member” (i.e. a principal member)



Refers to any “Adult Dependant”



Refers to any “Child Dependant”

OPTION	TOTAL		
Emerald Value Option			
R0 - R12 760.00	2 194	1 631	809
R12 760.01 - R22 037.00	2 428	1 832	908
R22 037.01 +	2 721	2 036	1 011
Emerald			
R0 - R12 760.00	2 483	1 845	916
R12 760.01 - R22 037.00	2 749	2 073	1 027
R22 037.01 +	3 081	2 305	1 145
Onyx			
R0 - R12 760.00	4 108	3 072	1 229
R12 760.01 - R27 189.00	4 275	3 179	1 334
R27 189.01 +	4 616	3 465	1 488

Easy steps to choosing your option for 2018

Start the new year knowing that you and your dependants are covered by the best option for your needs.

1 Understand your options and benefits

Read through the 2018 benefit schedule and contribution table to understand each option's benefits and costs.

2 Consider your needs

Carefully consider your healthcare needs and budget for the year ahead.

3 Make your choice

Decide if you should remain on the same option, or need to change to a different option for 2018.

DECIDED TO CHANGE YOUR OPTION FOR 2018?

Let GEMS know between 7 November and 7 December 2017 via any of these channels:



Option selection form	24-hour automated self-service facility	Online	Cellphone
<p>Complete the Make your choice for 2018 form, ensure all your details are correct. Then send the completed form to any of the following:</p> <ul style="list-style-type: none">Email: enquiries@gems.gov.zaFax: 0861 00 4367Post: GEMS, Private Bag X782, Cape Town 8000Or, hand it in at your nearest GEMS walk-in centre, or your Client Liaison Officer (CLO)	<ul style="list-style-type: none">Call our 24-hour automated self-service facility on 0860 00 4367 and select option two (2).Select the language in which you want to be assisted.Press 1 and then press zero (0) to change your option.As the main member you will need to enter your membership number, ID number and cellphone number.	<ul style="list-style-type: none">Sign into Member Online via www.gems.gov.za (click on "Sign In" on the top right-hand corner of your screen).Click the Option Selection icon under Navigate on the Menu to make your option change.	<ul style="list-style-type: none">Dial *134*4367#Enter your member number.Enter your ID number.Select your option.Confirm your selection.

Benefit Schedule **Glossary**

ACDL: Additional Chronic Disease List. A list of chronic diseases the Scheme covers in addition to the CDL.

Benefit option: Each of the six GEMS benefit options – Sapphire, Beryl, Ruby, Emerald Value, Emerald and Onyx – have a different cost and range of healthcare benefits.

Benefit schedule: A list of the benefits provided by each benefit option.

CDL: Chronic Disease List. The 26 specific chronic diseases we provide a minimum level of cover for, as stated by law.

CT and MRI scans: Special X-rays taken of the inside of your body to try to find the cause of a medical condition.

DMP: Disease Management Programme. Specific care programmes to help members manage various chronic conditions.

DSP: Designated Service Provider. A healthcare provider the Scheme has an agreement with to provide specific services to members at specific prices.

DTP: Diagnosis and Treatment Pairs. The 270 PMBs in the Medical Schemes Act linked to the broad treatment for specific conditions.

GP: General Practitioner. A doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital.

MEL: Medicine Exclusion List. Medicines that GEMS does not pay for.

MPL: Medicine Price List. A reference GEMS uses to work out the prices of groups of medicines.

Pre-authorisation (PAR): The process of informing GEMS of a planned procedure before the event, so that we can assess whether we will cover it. Pre-authorisation must be obtained at least 48 hours before the event. In emergency cases authorisation must be obtained within one working day after the event. Failing to get authorisation will incur a co-payment of R1 000 per admission.

PDF: Professional Dispensing Fee. A maximum fee that a pharmacist or dispensing doctor may charge for their services, as set out in South African law.

PMSA: Personal Medical Savings Account. The portion of your monthly contribution allocated to a savings account to pay for your out-of-hospital medical expenses. Only applicable to the Ruby option.

PMBs: Prescribed Minimum Benefits. Basic benefits that GEMS provides for certain medical conditions. GEMS, like all other medical schemes in South Africa, must offer these benefits according to the law.

Scheme rate: The price agreed by the Scheme to pay for healthcare services that service providers give to members of the Scheme.

SEP: Single Exit Price. The one price that a medicine manufacturer or importer charges for medicine to all its customers, as set out in South African law.

TTO: Treatment Taken Out. The medicine you receive when you are discharged from hospital. Usually lasts for seven days.

SAPPHIRE – In-Hospital Benefits

Prescribed minimum benefits (PMBs) – R208 237 per family per annum, subject to PMB legislation • Service provided by DSP • PMBs override all benefit limitations 

Yearly hospital benefit (public hospitals, GEMS-approved private hospitals, registered unattached theatres, day clinics and psychiatric facilities) – Includes accommodation in a general ward, high care ward and intensive care unit (ICU), theatre fees, medicines, materials and hospital equipment (including bone cement for prostheses) and neonatal care • Service provided by DSP • Chronic medicine provided by chronic DSP • Subject to yearly hospital limit of R208 237 per family per year • TTO limited to 7 days • No limit per maternity confinement event, but subject to yearly hospital limit and registration on Scheme's Maternity Programme • Co-payment of R1 000 per admission if pre-authorisation not obtained    

Alcohol and drug dependencies – Subject to PMBs, pre-authorisation, managed care protocols and the use of a DSP    

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, orthoptists, acupuncturists and Chinese medicine practitioners • Limited to PMBs • Subject to referral by network GP and services being related to admission diagnosis   

Alternatives to hospitalisation (sub-acute hospitals and private nursing) – Subject to yearly hospital limit and sub-limit of R20 823 per family per year • Excludes frail care • Includes home nursing    – Hospice • 100% of cost, subject to PMB legislation

Blood transfusion – Includes cost of blood, blood equivalents, blood products and transport thereof   

Breast reduction – No benefit

Dental services (conservative, restorative and specialised) – Only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 6 years • Subject to yearly hospital limit and out-of-hospital dentistry limit • Excludes osseo-integrated implants, all implant related procedures, orthognathic surgery and specialised dentistry • Subject to list of approved services and use of day theatres and DSP hospitals   

Emergency services (casualty department) –    

GP services – Consultations and visits • Subject to yearly hospital limit • Reimbursement according to Scheme-approved tariff file for maternity confinement, applicable to both caesarian and non-caesarian delivery  

Maternity (hospital, home birth and accredited birthing unit (public hospitals and designated private hospitals)) – Subject to registration on the Maternity Programme • Elective caesarian may be subject to second opinion • Hospitalisation in designated private hospitals for post-discharge complications for newborns limited to 6 weeks • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained    

Medical technologists – Includes materials • Limited to PMBs • Subject to event pre-authorisation   

Mental health – Accommodation, theatre fees, medicine, hospital equipment, professional fees of General Practitioners, Psychiatrists and Psychologists • Subject to pre-authorisation and managed care protocols • Educational and industrial psychologists excluded • Limited to PMBs    

Oncology (chemo and radiotherapy) – In and out of hospital • Includes medicine and materials • Subject to clinical guidelines used in public facilities and MPL • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorised    

Organ and tissue transplants – Subject to pre-authorisation and clinical guidelines used in public facilities • Subject to PMBs • Includes materials   

Pathology – Subject to yearly hospital limit   

Physiotherapy – Post-hip, knee and shoulder replacement or revision surgery physiotherapy • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery    

Prostheses – Covers prostheses and surgically implanted internal devices, including all temporary prostheses and all accompanying temporary or permanent devices used to assist with the guidance, alignment and delivery of internal prostheses • Subject to the yearly hospital limit and a sub-limit of R23 790 per family per year • Bone cement paid from in-hospital benefits • Shared sub-limits with out-of-hospital prosthetics and appliances of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year. Foot orthotics and prosthetics subject to formulary • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R4 500 per hearing aid per beneficiary per year • Subject to internal and external devices being related to admission diagnosis and procedure • Subject to PMBs    

Radiology (advanced) – Subject to list of approved services    

Radiology (basic) – Subject to yearly hospital limit • Includes 2 x 2D ultrasound scans per pregnancy   

Renal dialysis – In hospital • Includes materials and related pathology tests • Subject to clinical guidelines used in public facilities    

Specialist services – Consultations and visits • 100% of Scheme Rate for non-network providers • 130% of Scheme Rate for established network specialists • Subject to yearly hospital limit • Reimbursement according to Scheme-approved tariff file 

Surgical procedures (including maxillo-facial surgery) – Subject to yearly hospital limit • Subject to case management • Maxillo-facial surgery subject to yearly sub-limit of R20 823 per family • Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery 

Key:

 Pre-authorisation is needed

 100% of Scheme rate

 100% of cost, subject to PMB legislation

 Subject to managed care rules

 Limited to PMBs

SAPPHIRE – Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA) – No PMSA

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, orthoptists, acupuncturists and Chinese medicine practitioners • Subject to referral by network GP **C PMB**

Audiology, occupational therapy and speech therapy – Subject to referral by network GP **C PMB MC**

Block benefit (day-to-day benefit) – No block benefit

Circumcision – Subject to use of network GP • Global fee of R1 421 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only **P % MC**

Contraceptives (oral, insertables, injectables and dermal) – No benefit, unless PMB

Dental services (conservative and restorative dentistry including acute medicine) – Subject to list of approved services and use of DSP **% MC** – **Conditions with pain and sepsis, fillings, clinically indicated dental services including extractions and emergency root canal procedure, intra-oral radiography** • Panoramic X-rays limited to one X-ray every three years per beneficiary • 4 bitewing X-rays per beneficiary per year • Fluoride treatment excluded for beneficiaries older than 16 years • Emergency out-of-network visits limited to 1 event per beneficiary per year **PMB** – **Dentures (plastic)** • Subject to approved Scheme tariff – **Examinations and preventative treatment** • 2 treatment episodes per beneficiary per year – **Specialised dentistry and other dentures** • In accordance with the Scheme-approved tariff **PMB**

Emergency assistance (road and air) – Subject to use of emergency services DSP • Unlimited, subject to PMB legislation **C MC**

General Practitioner (GP) services – Reimbursement at 200% of Scheme Rate for procedures performed in doctors' rooms instead of in hospital **MC** – **Network GP** • Consultations and approved minor procedures • Unlimited **% MC** – **Voluntary use of non-network providers** • Any out-of-hospital visit to a non-network GP • 80% of Scheme Rate (20% member co-payment) • Limited to 3 visits per family per year and R1 029 per event – **Emergency medical conditions and involuntary use of non-network provider** • Unlimited for PMBs • Treatment at DSP or registered emergency medical facility **%**

GP network extender benefit – No benefit

HIV infection, AIDS and related illness – Pre-exposure prophylaxis included for high risk beneficiaries subject to Scheme's managed care protocols and registration on the HIV Disease Management Programme **C PMB MC**

Infertility – Subject to use of DSP • Subject to PMBs and managed care protocols • Pre-exposure prophylaxis included for high risk beneficiaries **P C PMB MC**

Maternity (ante- and post-natal care) – Subject to registration on the Maternity Programme and referral from network GP • Includes 2 x 2D ultrasound scans per pregnancy **% PMB MC**

Maternity Benefit Programme (ante- and post-natal care) – No benefit

Medical and surgical appliances and prostheses – Includes hearing aids, wheelchairs, mobility scooters, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • Applicable in and out of hospital • Subject to prescription by network GP • Limited to R6 245 per family • Shared sub-limit with in-hospital prosthetics and appliances of R4 407 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R4 500 per hearing aid per beneficiary per year • Bilateral hearing aids every 36 months • Subject to PMBs **P % PMB MC**

Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist and Psychologist) – Subject to the use of network GP and specialist network and PMBs • Educational and industrial psychologist services excluded • Subject to the use of DSP/Network General Practitioner and Specialist Network • Limited to PMBs **C PMB MC**

Optical services (eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medicine) – Subject to use of optometry network and approved list of frames • Limit of R4 051 per family every second year • Limited to 1 eye examination per beneficiary every second year, 1 frame and 1 pair of either single vision or bifocal lenses OR 4 boxes of disposable contact lenses OR 1 set of permanent contact lenses per beneficiary every second year • Acute medicine prescribed by a DSP general practitioner and subject to the medicine formulary • Benefit not pro-rated • Post-cataract surgery, optical PMB benefit limited to the cost of a bifocal lens not more than R1 061 for both lens and frame, with a sub-limit of R210 for the frame • Either spectacles or contact lenses will be funded in a benefit year, not both • Includes tinted lenses up to 35% tint for albinism and proven photophobia, subject to pre-authorisation • Excludes variable tint and photochromic lenses **%**

Orthopedic Disease Management Programme – Negotiated rate • Subject to managed care protocols and processes **MC**

Pathology – Subject to referral by network GP or other accredited service provider and list of approved tests • Tests requested by specialist are covered subject to the list of approved services, if referred by network GP and the specialist visit was pre-authorised • Pre-authorisation is required for certain tests as stipulated on the Managed Care Pathology Request Form • Unlimited **%**

Physiotherapy – Subject to referral by network GP – **Post-hip, knee and shoulder replacement or revision physiotherapy** • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery **P C PMB MC**

Prescribed medicine and injection material – Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL – **Acute medical conditions** • Subject to formulary and prescription by network GP • Unlimited, except for a R527 family limit per family per year for homeopathic medicine • Obtainable from network dispensing GP or network pharmacy • Medicine prescribed by a specialist only covered if patient is referred to the specialist by a network GP and visit is pre-authorised • 30% co-payment on out-of-formulary medicine or voluntary use of non-network pharmacy or non-network GP – **Chronic medical conditions** • Limited to CDL and DTP PMB chronic conditions • Subject to prior application and approval, the Formulary, MPL and prescribed by a network GP • Unlimited, subject to PMB legislation • Medicine prescribed by a specialist only covered if patient referred by a network GP and visit is pre-authorised • 30% co-payment on out-of-formulary medicine or voluntary use of non-DSP pharmacy **P – Self-medicine (OTC)** • To be obtained for minor ailments • Subject to managed care, formulary and DSP • Limited to R61 per event, 5 events and R312 per family per year • Only schedule 0, 1 and 2 medicines covered

Preventative care services – Payable from risk • Includes Influenza vaccination, HPV vaccination and Pneumococcal vaccination • Influenza vaccination and HPV vaccination (for female beneficiaries) limited to 1 per year unless indicated otherwise • Pneumococcal vaccination once every 5 years for beneficiaries at risk • Subject to managed care protocols and processes • Includes screening services provided by network pharmacies **% MC**

Screening services – Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood test, Thyrotropin (TSH) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Limited to 1 of each of the stated preventative services per beneficiary per year • Neonatal Hypothyroidism screening test – TSH (Thyrotropin) tariff 4507 only • Includes screening services provided by network pharmacies

Radiology (advanced) – **P C PMB MC**

Radiology (basic) – Subject to referral by network GP and list of approved services • Includes 2 x 2D ultrasound scans per pregnancy provided for by Maternity Programme • Examinations requested by specialist are covered subject to list of approved services, if referred by the network GP and the specialist visit is pre-authorised • Unlimited **P %**

Renal dialysis – Out of hospital • Includes materials and related pathology tests • Subject to pre-authorisation, managed care protocols and processes • Limited to PMBs • Subject to use of a Renal Dialysis Network DSP • If a non-network provider is voluntarily used, a co-payment of 15% will be applied per event in accordance with network rules **P PMB MC**

Specialist services – 100% of Scheme Rate for non-network providers • 130% of Scheme Rate for established network specialists • Subject to network GP referral • Antenatal visits subject to Maternity Programme protocols • Includes 2 x 2D ultrasound scans per pregnancy, subject to out-of-hospital basic radiology benefit • Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital • Reimbursement at 200% of Scheme Rate for cataract procedures performed by ophthalmologists in their rooms **P % MC**

BERYL – In-Hospital Benefits

Prescribed minimum benefits (PMBs) – R1 041 200 per family per annum, subject to PMB legislation • Service provided by DSP • PMBs override all benefit limitations 

Yearly hospital benefit (public hospitals, GEMS-approved private hospitals, registered unattached theatres, day clinics and psychiatric facilities) – Services rendered by DSP • Includes accommodation in a general ward, high care ward and intensive care unit (ICU), theatre fees, medicines, materials and hospital equipment (includes bone cement for prostheses), confinements and midwives and neonatal care • Chronic medicine provided by chronic DSP • Subject to yearly hospital limit of R1 041 200 per family per year • TTO limited to 7 days • Co-payment of R1 000 per admission if pre-authorisation not obtained    

Alcohol and drug dependencies – Subject to use of DSP    

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, orthoptists, acupuncturists, Chinese medicine practitioners and registered counsellors • Subject to referral by network GP • Subject to services being related to admission diagnosis • Managed care protocols and processes apply • Yearly limit of R2 075 per beneficiary and R3 122 per family, subject to PMBs • Sub-limit of R1 517 per family for social workers and registered counsellors   

Alternatives to hospitalisation (sub-acute hospitals and private nursing) – Subject to yearly hospital limit and sub-limit of R20 823 per family per year • Includes home nursing • Includes physical rehabilitation for approved conditions • Excludes frail care and recuperative holidays    

Blood transfusion – Includes cost of blood, blood equivalents, blood products and transport thereof • Subject to yearly hospital limit and sub-limit of R20 823 per family per year  

Breast reduction – No benefit

Dental services (conservative, restorative and specialised) – Subject to list of approved services and use of day theatres and DSP hospitals • Only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 6 years • Subject to yearly hospital limit and out-of-hospital dentistry limit • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery   

Emergency services (casualty department) –    

GP services – Consultations and visits • Subject to yearly hospital limit • Reimbursement according to Scheme-approved tariff, applicable to both caesarian and non-caesarian delivery and childbirth by a GP  

Maternity (hospital, home birth and accredited birthing unit (public hospitals and designated private hospitals)) – Subject to registration on the Maternity Programme • Unlimited, subject to PMB • Includes complications for mother and newborn • Elective caesarian may be subjected to second opinion • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained   

Medical technologists – Subject to yearly hospital limit and sub-limit of R20 823 per family per year   

Mental health – Accommodation, theatre fees, medicine, hospital equipment, professional fees from general practitioners, Psychiatrists and Psychologists • Subject to pre-authorisation and managed care protocols • Educational and industrial psychologists excluded • Limited to PMBs    

Oncology (chemo and radiotherapy) – In and out of hospital • Includes medicine and materials • Subject to clinical guidelines used in public facilities programme • Subject to yearly hospital limit and sub-limit of R208 236 per family per year • Subject to MPL • Unlimited for PMBs • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorised    

Organ and tissue transplants – Subject to clinical guidelines used in public facilities • Includes materials   

Pathology – Subject to yearly hospital limit   

Physiotherapy – Post-hip, knee and shoulder replacement or revision surgery physiotherapy • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery    

Prostheses – Covers prostheses and surgically implanted internal devices, including all temporary prostheses and all accompanying temporary or permanent devices used to assist with the guidance, alignment and delivery of internal prostheses • Subject to yearly hospital limit and a sub-limit of R31 238 per family per year • Unlimited for PMBs once benefit limit is depleted • Scheme may obtain competitive quotes or arrange supply of prostheses • Bone cement paid from in-hospital benefits • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Foot orthotics and prosthetics subject to formulary • Subject to internal and external devices being related to admission diagnosis and procedure • Subject to PMBs    

Radiology (advanced) – Subject to list of approved services    

Radiology (basic) – Subject to yearly hospital limit • Includes 2 x 2D ultrasound scans per pregnancy   

Renal dialysis – In hospital • Includes materials and related pathology tests • Subject to yearly hospital limit and sub-limit of R208 236 per family per year • Unlimited for PMBs • Subject to clinical guidelines used in public facilities programme   

Specialist services – Consultations and visits • Subject to yearly hospital limit • 100% of Scheme Rate for non-network specialist • 130% of Scheme Rate for network specialist • Reimbursement according to Scheme-approved tariff   

Surgical procedures (including maxillo-facial surgery) – Subject to yearly hospital limit • Subject to case management • Maxillo-facial surgery subject to yearly sub-limit of R20 823 per family • Excludes osseointegrated implants and orthognathic surgery  

Key:

 Pre-authorisation is needed

 100% of Scheme rate

  100% of cost, subject to PMB legislation

 Subject to managed care rules

 Limited to PMBs

BERYL – Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA) – No PMSA

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, registered counsellors and Chinese medicine practitioners • Subject to referral by network GP • Yearly limit of R2 017 per beneficiary and R3 033 per family • Sub-limit of R1 517 per family for social workers and registered counsellors **% PMB**

Audiology, occupational therapy and speech therapy – Subject to referral by network GP • Included in allied health services benefit limit, unless PMB **% MC PMB**

Block benefit (day-to-day benefit) – No block benefit

Circumcision – Subject to use of network GP • Global fee of R1 421 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only **P % MC**

Contraceptives (oral, insertables, injectables and dermal) – No benefit, unless PMB

Dental services (conservative and restorative dentistry including acute medicine) – Subject to list of approved services and use of DSP **% MC** – **Examinations and preventative treatment** • 2 treatment events per beneficiary per year **% MC** – **Conditions with pain and sepsis** • 2 events per beneficiary per year **% PMB MC** – **Fillings** • Unlimited at DSP **% MC** – **Clinically indicated dental services including extraction and emergency root canal procedure, intra-oral radiography** • 1 event per beneficiary per year **PMB MC** – **Emergency non-DSP visit** • Limited to 1 event per beneficiary per year, provided that panoramic X-rays are limited to one X-ray every three years per beneficiary • 4 bitewing X-rays per beneficiary per year • Fluoride treatment excluded for beneficiaries older than 16 years – **Dentures and specialised dentistry** • Limit of R3 434 per beneficiary per year

Emergency assistance (road and air) – Subject to use of emergency services DSP • Unlimited, subject to PMB legislation **C MC**

General Practitioner (GP) services – Consultations and approved minor procedures at network GP • Unlimited • Reimbursement at 200% of Scheme Rate for diagnostic procedures performed in doctors' rooms instead of in hospital **% MC** – **Emergency medical conditions and involuntary use of non-network GP for PMBs** • Unlimited, subject to PMB legislation **C** – **Voluntary use of non-network GP** • Any out-of-hospital visit to non-network GP • 80% of Scheme Rate (20% member co-payment) • Limited to 3 visits per family per year and R1 030 per event

GP network extender benefit – No benefit

HIV infection, AIDS and related illness – Pre-exposure prophylaxis included for high risk beneficiaries • Subject to the Scheme's managed care protocols and registration on the HIV Disease Management Programme **C PMB MC**

Infertility – Subject to use of DSP **P C PMB MC**

Maternity (ante- and post-natal care) – Subject to registration on the Maternity Programme • Subject to referral from network GP • Includes 2 x 2D ultrasound scans per pregnancy • Part of specialists benefit **P % PMB MC**

Maternity Benefit Programme (ante- and post-natal care) – No benefit

Medical and surgical appliances and prostheses – Includes hearing aids, mobility scooters, wheelchairs, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In and out of hospital • Subject to prescription by a network GP • Subject to yearly hospital limit and sub-limit of R10 412 per family per year • Shared sub-limit with in-hospital prosthetics of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Bilateral hearing aids every 36 months • Subject to PMBs **% PMB MC**

Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist and Psychologist) – Subject to use of network GP and specialist network • Subject to yearly hospital limit and combined with out-of-hospital sub-limit of R9 460 per family per year, unless PMB • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded • All limits are subject to PMBs **% MC PMB**

Optical services (eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medicine) – Subject to use of optometry network and approved list of frames • 1 eye examination per beneficiary per benefit year • 1 frame and a pair of either single vision or bifocal lenses OR 4 boxes of disposable contact lenses OR 1 set of permanent contact lenses • Limited to R1 371 per beneficiary every second year • Acute medicine prescribed by network GP and subject to formulary • Benefits not pro-rated • Post-cataract surgery, optical PMB benefit limited to the cost of a bifocal lens not more than R1 061 for both lens and frame, with a sub-limit of R210 for the frame • Either spectacles or contact lenses will be funded in an optical appliance cycle, not both • Includes tinted lenses up to 35% tint for albinism and proven photophobia, subject to pre-authorisation • Excludes variable tint and photochromic lenses **%**

Orthopedic Disease Management Programme – Negotiated rate • Subject to managed care protocols and processes **MC**

Pathology – Subject to referral by network practitioner and list of approved tests • Tests requested by specialist are covered subject to the list of approved services, if referred by DSP Practitioner and the visit is pre-authorised • Unlimited • Pre-authorisation required for certain examinations as per the Managed Care Radiology Request Form **%**

Physiotherapy – Subject to referral by network practitioner • Included in allied health services benefit limit unless PMB **% MC** – **Post-hip, knee and shoulder replacement or revision physiotherapy** • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery **P % MC**

Prescribed medicine and injection material – Prescribed and administered by a professional legally entitled to do so • Subject to MPL • Prescription by a specialist is only covered if referred by network GP and the visit is pre-authorised **% MC** – **Acute medical conditions** • Subject to formulary • Unlimited at network dispensing GP or network pharmacy • Subject to prescription by network GP • 30% co-payment on out-of-formulary medicine or voluntary use of non-network pharmacy – **Chronic medical conditions (limited to CDL and DTP PMB chronic conditions)** • Subject to prior application, approval, formulary and use of DSP practitioner • Subject to prescription by network GP • Unlimited, except for the R527 limit per family per year for homeopathic medicine • 30% co-payment on out-of-formulary medicine or voluntary use of non-network pharmacy – **Self-medicine (OTC)** • To be obtained for minor ailments • Subject to formulary and use of network pharmacy • Limited to R61 per event, 5 events and R312 per family per year • Only schedule 0, 1 and 2 covered

Preventative care services – Payable from risk • Includes Influenza vaccination, HPV vaccination and Pneumococcal vaccination • Influenza vaccination and HPV vaccination (for female beneficiaries) limited to 1 per year unless indicated otherwise • Pneumococcal vaccination once every 5 years for beneficiaries at risk • Subject to managed care protocols and processes • Includes screening services provided by network pharmacies **% MC**

Screening services – Serum cholesterol, bone density scan (including liquid-based cytology), pap smear, prostate-specific antigen, glaucoma screening, serum glucose, occult blood, Thyrotropin (TSH) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Pap smears include liquid-based cytology • Neonatal Hypothyroidism screening test – TSH (Thyrotropin) tariff 4507 only • Includes screening services provided in network pharmacies

Radiology (advanced) – Shared with in-hospital advanced radiology limit of R31 238 per family per year **P % MC PMB**

Radiology (basic) – Subject to referral by network GP and list of approved services • 2 x 2D ultrasound scans per pregnancy provided for by maternity benefit • Examinations requested by specialist are covered subject to list of approved services, if referred by network GP and the visit is pre-authorised • Unlimited • Pre-authorisation required for certain examinations as per the Managed Care Radiology Request Form **%**

Renal dialysis – Out of hospital • Includes materials and related pathology tests • Subject to pre-authorisation, managed care protocols and processes • Limited to PMBs • Subject to use of a Renal Dialysis Network DSP • If a non-network provider is voluntarily used, a co-payment of 15% will be applied per event in accordance with network rules **P PMB MC**

Specialist services – 100% Scheme Rate for non-network providers • 130% Scheme Rate for network specialists • Subject to network GP referral and list of approved services for radiology and pathology and treatment plans care protocols • Limited to 5 consultations or R3 747 per family per year or 3 consultations or R2 498 per beneficiary per year • Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital • Reimbursement at 200% of Scheme Rate for cataract procedures performed by ophthalmologists in their rooms **P % MC PMB**

RUBY – In-Hospital Benefits

Prescribed minimum benefits (PMBs) – Unlimited, subject to PMB legislation • Service provided by DSP • PMBs override all benefit limitations 

Yearly hospital benefit (public hospitals, GEMS-approved private hospitals, registered unattached theatres, day clinics and psychiatric facilities) – Unlimited • Services rendered by DSP • Includes accommodation in a general ward, high care ward and intensive care unit (ICU), theatre fees, medicines, materials and hospital equipment (including bone cement for prostheses) and neonatal care • Accommodation in private ward subject to motivation by attending practitioner • Co-payment of R1 000 per admission if pre-authorisation not obtained  

Alcohol and drug dependencies – Subject to pre-authorisation and managed care    

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapists, social workers, orthoptists, acupuncturists and Chinese medicine practitioners • Limited to PMSA and block benefit  

Alternatives to hospitalisation (sub-acute hospitals and private nursing) – Unlimited • Excludes frail care and recuperative holidays • Includes physical rehabilitation for approved conditions and home nursing   – **Hospice** • Unlimited, subject to PMB legislation  

Blood transfusion – Unlimited, subject to PMB legislation • Includes cost of blood, blood equivalents, blood products and transport thereof • Includes erythropoietin   

Breast reduction – No benefit, unless PMB

Dental services (conservative, restorative and specialised) – Subject to list of approved services and use of day theatres • General anaesthesia and conscious sedation subject to managed care rules • Only applicable for beneficiaries with severe trauma, impacted third molars or under the age of 6 years • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • Professional fees subject to shared limit with out-of-hospital dentistry benefit of R3 200 per beneficiary per year • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery  

Emergency services (casualty department) – Paid from out-of-hospital GP services for non-PMB and unauthorised events    

GP services – Consultations and visits • Reimbursement according to Scheme-approved tariff file, applicable to both caesarian delivery and non-caesarian delivery 

Maternity (hospital, home birth and accredited birthing unit (public hospitals and designated private hospitals)) – Subject to registration on the Maternity Programme prior to admission • Unlimited, subject to PMB legislation • Elective caesarian may be subject to second opinion • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained    

Medical technologists – Unlimited  

Mental health – Accommodation, theatre fees, medicine, hospital equipment, professional fees of GPs, Psychiatrists and Psychologists • Limited to R17 639 per family per year • Maximum of 3 days' hospitalisation by GP • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded • All limits are subject to PMBs   

Oncology (chemo and radiotherapy) – In and out of hospital • Includes medicine and materials • Limit of R317 522 per family per year • Sub-limit of R240 004 per family per year for biological and similar specialised medicines • Includes cost of pathology, related radiology benefit, medical technologists and oncology medicines • Subject to MPL • Erythropoietin included in blood transfusion benefit • Excludes new chemo-therapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorised   

Organ and tissue transplants – Subject to clinical guidelines used in public facilities • Includes materials • Limited to R587 996 per beneficiary per year • Limit includes all costs associated with transplant, including immuno-suppressants • Authorised erythropoietin included in blood transfusion benefit • Organ harvesting limited to South Africa, except in the case of corneal grafts • Sub-limit of R19 960 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care rules)  

Pathology – Unlimited • Subject to pathology tests being related to admission diagnosis • Managed care rules apply 

Physiotherapy – Limited to R4 757 per beneficiary per year    – **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery

Prostheses – Covers prostheses and surgically implanted internal devices, including all temporary prostheses, or/and all temporary or permanent devices used to assist with the guidance, alignment or delivery of internal prostheses and devices • Shared with medical and surgical appliances as well as external prostheses benefit of R40 010 per family per year • Scheme may obtain competitive quotes or arrange supply of prostheses • Bone cement paid from in-hospital benefit • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Foot orthotics and prosthetics subject to formulary • Subject to internal and external devices being related to admission diagnosis and procedure • Subject to PMBs   

Radiology (advanced) – Shared with out-of-hospital advanced radiology limit of R21 166 per family per year • Specific authorisation (in addition to hospital pre-authorisation) required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies   

Radiology (basic) – Unlimited • Managed care rules apply 

Renal dialysis – Subject to clinical guidelines used in public facilities • In hospital • Includes materials and related pathology tests • Limited to R251 993 per beneficiary per year for chronic dialysis • Acute dialysis included in the in-hospital benefit • Includes cost of pathology, radiology, medical technologists and immuno-suppressants • Erythropoietin included in blood transfusion benefit   

Specialist services – 100% of Scheme Rate for non-network specialists • 130% of Scheme Rate for established network specialists • Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff file

Surgical procedures (including maxillo-facial surgery) – Unlimited • Excludes osseointegrated implants, all implant related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms  

Key:

 Pre-authorisation is needed

 100% of Scheme rate

 100% of cost, subject to PMB legislation

 Subject to managed care rules

 Limited to PMBs

RUBY – Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA) – Excludes PMB claims • 20% of annual gross contributions made by member during the financial year • Benefits pro-rated from join date %

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, physiotherapists, social workers, orthoptists, acupuncturists, and Chinese medicine practitioners • Limited to PMSA and block benefit % PMB

Audiology, occupational therapy and speech therapy – Limited to PMSA and block benefit %

Block benefit (day-to-day benefit) – Claims paid against this benefit once PMSA limit is reached • Limited to R1 671 per family per year • Benefit is pro-rated from join date %

Circumcision – Global fee of R1 421 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out of hospital only P % MC

Contraceptives (oral, insertables, injectables and dermal) – Subject to PMSA % MC

Dental services (conservative and restorative dentistry including acute medicine) – Shared with in-hospital dentistry limit of R3 200 per beneficiary per year • No pre-authorisation for metal base partial dentures • General anaesthesia and conscious sedation require pre-authorisation and are subject to managed care rules (only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 8 years) • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • 200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms • Panoramic X-rays limited to 1 X-ray every 3 years per beneficiary • 4 bitewing X-rays per beneficiary per year • Fluoride treatment excluded for beneficiaries older than 16 years P % MC

Emergency assistance (road and air) – Subject to use of emergency services DSP • Unlimited, subject to PMB legislation C MC

General Practitioner (GP) services – Consultations, visits and all other services • Limited to PMSA and block benefit • Benefit is pro-rated from join date • Reimbursement at 200% of Scheme Rate for diagnostic procedures performed in doctors' rooms instead of in hospital % MC

GP network extender benefit – For beneficiaries with chronic conditions registered on the disease management programme • 1 additional consultation at network GP once PMSA and block benefit is exhausted % MC

HIV infection, AIDS and related illness – Includes 1 consultation for diagnosis and initial counselling • Subject to PMBs and managed care • Pre-exposure prophylaxis included for high risk beneficiaries C PMB MC

Infertility – Subject to use of DSP P C PMB MC

Maternity (ante- and post-natal care) – Subject to registration on the Maternity Programme • Subject to PMSA • Includes 2 x 2D ultrasound scans per pregnancy % PMB MC

Maternity Benefit Programme (ante- and post-natal care) – No benefit

Medical and surgical appliances and prostheses – Includes hearing aids, wheelchairs, mobility scooters, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In and out of hospital • Shared limit with in-hospital internal prostheses of R40 010 per family per year • Sub-limit of R15 611 per family per year for medical and surgical appliances • Shared sub-limit with in-hospital prosthetics of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Bilateral hearing aids every 36 months • Diabetic accessories and appliances, except for glucometers, to be claimed from the chronic medicine benefit • Scheme may obtain competitive quotes for foot orthotics and prosthetics subject to formulary • Subject to PMBs % MC PMB

Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist and Psychologist) – Consultations, assessments, treatments and/or counselling by GPs, psychiatrists and psychologists • Limited to PMSA and 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded • If offered as alternative to hospitalisation, then hospital benefits will apply • Limited to PMBs C MC PMB

Optical services (eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medicine) – Subject to optical managed care programme • Limited to PMSA and block benefit • Limited to 1 eye examination per beneficiary per year • Benefit not pro-rated • Frame sub-limit of R1 289 per beneficiary • Post-cataract surgery, optical PMB benefit limited to the cost of a bifocal lens not more than R1 061 for both lens and frame, with a sub-limit of R210 for the frame • Either spectacles or contact lenses will be funded in a benefit year, not both • Includes tinted lenses up to 35% tint for albinism and proven photophobia, subject to pre-authorisation • Excludes variable tint and photochromic lenses P %

Orthopedic Disease Management Programme – Negotiated rate • Subject to managed care protocols and processes MC

Pathology – Limited to PMSA and block benefit • Includes liquid-based cytology pap smear % MC

Physiotherapy – Limited to PMSA and block benefit – **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery P % MC PMB

Prescribed medicine and injection material – Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL % MC – **Acute medical conditions** • Subject to PMSA and a limit of R527 per family per year for homeopathic medicine • Subject to formulary • 30% co-payment on out-of-formulary medicine • Includes prescribed maternity vitamin supplements – **Chronic medical conditions** • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Unlimited for CDL and DTP PMB conditions • All other non-PMB conditions subject to PMSA • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP C – **Prescribed medicine from hospital stay (TTO)** • Subject to PMSA • TTO limited to 7 days and must be related to admission diagnosis and procedure • Payable from risk once PMSA is depleted – **Self-medicine (OTC)** • Subject to formulary • Schedule 0, 1 and 2 medicine covered • Subject to PMSA and limited to R178 per beneficiary per event

Preventative care services – Payable from risk • Includes Influenza vaccination, HPV vaccination and Pneumococcal vaccination • Influenza vaccination and HPV vaccination (for female beneficiaries) limited to 1 per year unless indicated otherwise • Pneumococcal vaccination once every 5 years for beneficiaries at risk • Subject to managed care protocols and processes • Includes screening services provided by network pharmacies % MC

Screening services – Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood test, Thyrotropin for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Neonatal hypothyroidism screening test TSH (Thyrotropin) tariff 4507 • Includes screening services provided in network pharmacies

Radiology (advanced) – Shared with in-hospital advanced radiology limit of R21 166 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies P % MC PMB

Radiology (basic) – X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit • Subject to PMSA %

Renal dialysis – Out of hospital • Includes materials and related pathology tests • Subject to pre-authorisation, managed care protocols and processes • Limited to PMBs • Subject to use of a Renal Dialysis Network DSP • If a non-network provider is voluntarily used, a co-payment of 15% will be applied per event in accordance with network rules P PMB MC

Specialist services – Consultations, visits and all other services • 100% of Scheme Rate for non-network providers • 130% of Scheme Rate for network specialists • Specialist consultations subject to referral by GP • Limited to PMSA and block benefit • Benefit is pro-rated from join date • Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in-hospital • Reimbursement at 200% of Scheme Rate for cataract procedures performed by ophthalmologists in their rooms % MC

EMERALD VALUE – In-Hospital Benefits

Prescribed minimum benefits (PMBs) – Unlimited, subject to PMB legislation • Service provided by DSP • PMBs override all benefit limitations **P**

Yearly hospital benefit (public hospitals, GEMS-approved private hospitals, registered unattached theatres, day clinics and psychiatric facilities) – Unlimited • GEMS hospital network • Includes accommodation in a general ward, high care ward and intensive care unit (ICU), theatre fees, medicines, materials and hospital equipment (including bone cement for prostheses) and neonatal care • Subject to use of network providers • A co-payment of R10 000 will apply if a non-network provider is used • Accommodation in private ward subject to motivation by attending practitioner • Co-payment of R1 000 per admission if pre-authorisation not obtained **P % MC**

Alcohol and drug dependencies – Subject to pre-authorisation and managed care and use of network **P C PMB MC**

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, physiotherapist, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • Shared with out-of-hospital limit of R1 517 per family per year • Sub-limit of R759 per family for social workers and registered counsellors • Subject to GP and specialist referral rules • Subject to managed care protocols and services being related to admission diagnosis **% MC PMB**

Alternatives to hospitalisation (sub-acute hospitals and private nursing) – Unlimited • Excludes frail care and recuperative holidays • Includes physical rehabilitation for approved conditions and home nursing **P % MC** • Hospice • Unlimited, subject to PMB legislation **C PMB**

Blood transfusion – Unlimited, subject to PMB legislation • Includes cost of blood, blood equivalents, blood products and transport thereof • Includes erythropoietin **P C MC**

Breast reduction – Unlimited **P C MC**

Dental services (conservative, restorative and specialised) – Subject to list of approved services and use of day theatres within the network • Shared with out-of-hospital dental services • Limited to R4 918 per beneficiary per year • General anaesthesia and conscious sedation subject to managed care rules • Only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 6 years • Lingual and labial frenectomies under general anaesthesia for children under the age of 8 subject to managed healthcare programme • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery **P %**

Emergency services (casualty department) – Subject to use of facility as per in-hospital benefits or other registered emergency facility • Paid from out-of-hospital GP services if pre-authorisation is not obtained **P C PMB MC**

GP services – Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff file • General practitioner nomination rules apply **PMB %**

Maternity (hospital, home birth and accredited birthing unit (public hospitals and designated private hospitals)) – Subject to use of network providers, registration on the Maternity Programme and managed care • Elective caesarian subject to second opinion **P C PMB MC**

Medical technologists – Unlimited • Subject to event pre-authorisation and case management **P % MC**

Mental health – Accommodation, theatre fees, medicine, hospital equipment professional fees of GPs, Psychiatrists, Psychologists and Registered Counsellors • Limited to R17 639 per family per year • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Maximum of 3 days' hospitalisation by GP • GP nomination rules apply • Educational and industrial psychologists excluded • All limits are subject to PMBs **P % PMB MC**

Oncology (chemo and radiotherapy) – In and out of hospital • Subject to use of network • Includes medicine and materials • Limited to R352 801 per family per year • Sub-limit of R240 004 per family per year for biological and similar specialised medicine • Includes cost of pathology, radiology, medical technologist and oncology medicine • Subject to MPL • Erythropoietin included in blood transfusion benefit • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorised **P % PMB MC**

Organ and tissue transplants – Subject to clinical guidelines used in public facilities • Includes materials • Limited to R587 996 per beneficiary per year • Limit includes all costs associated with transplant including immuno-suppressants • Sub-limit of R19 960 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care rules) • Authorised erythropoietin included in blood transfusion benefit • Organ harvesting limited to South Africa, except for corneal tissue **P % PMB MC**

Pathology – Unlimited • Subject to pathology tests being related to admission diagnosis • Managed care rules apply **% MC**

Physiotherapy – Subject to use of network • Limited to R4 757 per beneficiary per year • Subject to PMBs **P % MC PMB** • **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery • GP referral required • Subject to pre-authorisation and managed care protocols and processes **P MC**

Prostheses – Covers prostheses and surgically implanted internal devices, including all temporary prostheses and all temporary or permanent devices used to assist with delivery of internal prostheses • Shared with medical and surgical appliances as well as out-of-hospital external prostheses limit of R40 010 per family per year • Scheme may obtain competitive quotes and arrange supply of prosthesis • Bone cement paid from in-hospital benefits • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Subject to internal and external devices being related to admission diagnosis and procedure • Subject to PMBs **P % MC**

Radiology (advanced) – Shared with out-of-hospital advanced radiology limit of R21 166 per family per year • Specialist referral rules apply • Specific authorisation (in addition to hospital pre-authorisation) required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies **P % MC PMB**

Radiology (basic) – Unlimited • Specialist referral rules apply • Subject to use of network • Managed care rules apply **% MC**

Renal dialysis – Subject to clinical guidelines used in public facilities • In-hospital • Includes materials and related pathology tests • Includes cost of radiology, medical technologists, material and immuno suppressants • Limited to R251 993 per beneficiary per year for chronic dialysis • Acute dialysis included in the in-hospital benefit • Erythropoietin included in blood transfusion benefit • Pathology and radiology test subject to managed care **P % PMB MC**

Specialist services – Consultations and visits • Unlimited • Subject to GP referral and use of network provider • Reimbursement according to Scheme-approved tariff file • 100% of Scheme Rate for non-network providers • 130% of Scheme Rate for established network specialists **PMB %**

Surgical procedures (including maxillo-facial surgery) – Unlimited • Subject to use of network or doctors' rooms • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms **P % MC**

Key:

P Pre-authorisation is needed

% 100% of Scheme rate

C 100% of cost, subject to PMB legislation

MC Subject to managed care rules

PMB Limited to PMBs

EMERALD VALUE – Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA) – No PMSA

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, physiotherapists, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • Shared with in-hospital allied health services limit of R1 517 per family per year • Sub-limit of R759 per family for social workers and registered counsellors • Subject to PMBs **P % MC**

Audiology, occupational therapy and speech therapy – Subject to day-to-day block benefit • Occupational or speech therapy performed in-hospital will be paid from the in-hospital benefit • Shared limit of R2 147 per beneficiary per year and R4 302 per family per year shared with pathology and medical technology • Sub-limit of R1 726 per beneficiary and R3 450 per family per year • GP nomination and specialist referral rules apply

Block benefit (day-to-day benefit) – Out of hospital GP and specialist services, physiotherapy, maternity (where not covered under maternity benefit programme), audiology, occupational therapy, speech therapy, pathology and medical technology • Subject to use of network • Limited to R4 400 per beneficiary and R8 804 per family per year • Benefit is pro-rated from join date %

Circumcision – Global fee of R1 421 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out of hospital only • Subject to pre-authorisation **P % MC**

Contraceptives (oral, insertables, injectables and dermal) – Subject to formulary • Subject to acute medicine benefit limit • Sub-limit of R2 677 per beneficiary per year

Dental services (conservative and restorative dentistry including acute medicine) – Subject to network use • Shared with in-hospital dentistry sub-limit of R4 918 per beneficiary per year • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • General anaesthesia and conscious sedation require pre-authorisation and are subject to managed care rules (only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 6 years) • No pre-authorisation required for metal base dentures • Lingual and labial frenectomies under general anaesthesia for children under the age of 8 subject to managed healthcare programme • 200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms • Panoramic X-rays limited to one X-ray every three years per beneficiary • 4 bitewing X-rays per beneficiary per year • Fluoride treatment excluded for beneficiaries older than 16 years **P % MC**

Emergency assistance (road and air) – Unlimited, subject to PMB legislation • Subject to use of emergency services **DSP C MC**

General Practitioner (GP) services – Member nominated GPs • Subject to day-to-day block benefit and the use of nominated GPs • A 30% co-payment will apply to any out-of-hospital visit to a GP other than the nominated GP, irrespective of the doctor being on the network or not • Limited to R4 400 per beneficiary and R8 804 per family per year shared with specialist services, physiotherapy and maternity • Covers consultations and approved minor procedures at member-nominated network providers • Limit is pro-rated • Reimbursement at 200% of Scheme Rate for procedures specified by managed care performed in doctors' rooms instead of in hospital **% PMB MC**

GP network extender benefit – For beneficiaries with chronic conditions registered on disease management programme • 2 additional GP consultations at a network GP once block benefit is exhausted • The additional GP consultation at a nominated DSP/network provider is subject to pre-authorisation and managed care **P % MC**

HIV infection, AIDS and related illness – Subject to PMBs and managed care • Pre-exposure prophylaxis included for high risk beneficiaries **D PMB MC**

Infertility – Subject to use of DSP **P C PMB MC**

Maternity (ante- and post-natal care) – Subject to day-to-day block benefit where not accessed under the Maternity Programme **% PMB MC**

Maternity Benefit Programme (ante- and post-natal care) – Subject to registration on the Maternity Management Programme and managed care • 2 x 2D ultrasounds per pregnancy

Medical and surgical appliances and prostheses – Includes hearing aids, wheelchairs, mobility scooters, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In and out of hospital • Shared with in-hospital internal prostheses limit of R40 010 per family per year • Sub-limit of R15 611 for medical and surgical appliances per family per year • Shared sub-limit with in-hospital prosthetics of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Bilateral hearing aids every 36 months • Subject to PMBs • GP nomination and specialist referral rules apply **P % MC**

Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist and Psychologist) – Consultations, assessments, treatments and/or counselling by GPs, psychiatrists and psychologists • If out-of-hospital treatment offered as alternative to hospitalisation, then hospital benefits will apply • Shared with in-hospital mental health limit of R17 639 per family per year • Sub-limit of R5 231 for out-of-hospital psychologist consultations • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded • All limits are subject to PMBs **% MC PMB**

Optical services (eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medicine) – All services included in benefit subject to optical managed care programme and network use • Sub-limit of R2 210 per beneficiary every second year and yearly limit of R4 417 per family • Frames limited to R1 289 • Limited to 1 eye examination per beneficiary per benefit year • 1 frame and 1 pair of lenses per beneficiary every second year • No limit will be applied to the number of contact lenses that may be rendered to a beneficiary, aside from the indicated financial benefit limits • Benefit not pro-rated • Post-cataract surgery, optical PMB benefit limited to the cost of a bifocal lens not more than R1 061 for both lens and frame, with a sub-limit of R210 for the frame • Either spectacles or contact lenses will be funded in a benefit year, not both • Includes tinted lenses up to 35% tint for albinism and proven photophobia, subject to pre-authorisation • Excludes variable tint and photochromic lenses **% MC**

Orthopedic Disease Management Programme – Negotiated rate • Subject to managed care protocols and processes **MC**

Pathology – Subject to day-to-day block benefit • Limit of R2 147 per beneficiary per year and R4 302 per family per year shared with audiology, occupational therapy and speech therapy • Includes liquid-based cytology pap smear **% MC**

Physiotherapy – GP nomination and specialist referral rules apply • Subject to managed care and network use • Physiotherapy performed in a network hospital or instead of hospitalisation will be paid from in-hospital benefit • Sub-limit of R2 147 per beneficiary and R4 287 per family per year shared with GP services **% MC** – **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery **P % MC**

Prescribed medicine and injection material – Prescribed and administered by a professional legally entitled to do so • GP nomination and specialist referral rules apply • Subject to MPL and MEL – **Acute medical conditions** • Subject to formulary • Limit R3 528 per beneficiary and R10 583 per family per year, subject to a sub-limit of R527 for homeopathic medicine per family per annum • 30% co-payment on out-of-formulary medicine • Includes prescribed maternity vitamin supplement • Homeopathic and alternative medicine excluded unless prescribed by a network GP – **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Limit of R10 583 per beneficiary and R21 310 per family per year • Unlimited for PMBs, subject to PMB legislation • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP • Once limit is depleted, CDL benefit will be limited • Include benefit for life threatening allergies payable from risk and subject to managed care and formulary **C – Prescribed medicine from hospital stay (TTO)** • Included in acute medicine benefit limit • TTO limited to 7 days and must be related to admission diagnosis and procedure • Payable from risk once acute medication benefit limit is exhausted – **Self-medicine (OTC)** • Subject to formulary • Schedule 0, 1 and 2 medicines covered • Subject to acute medicine benefit limit (event limit of R237 per beneficiary) and sub-limit of R889 per beneficiary per year and a yearly family limit of R1 421 – **Contraceptives** • Subject to formulary • Subject to acute medicine benefit limit and sub-limit of R2 677 per beneficiary per year

Preventative care services – Payable from risk • Includes Influenza vaccination, HPV vaccination and Pneumococcal vaccination • Influenza vaccination and HPV vaccination (for female beneficiaries) limited to 1 per year unless indicated otherwise • Pneumococcal vaccination once every 5 years for beneficiaries at risk • Subject to managed care protocols and processes • Includes screening services provided by network pharmacies **% MC**

Screening services – Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood tests, Thyrotropin (TSH) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Neonatal hypothyroidism screening test – TSH (Thyrotropin) tariff 4507 only • Includes screening services provided by network pharmacies • GP nomination and specialist referral rules apply

Radiology (advanced) – Shared limit with in-hospital advanced radiology of R21 166 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies • GP nomination and specialist referral rules apply **P % PMB MC**

Radiology (basic) – X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit • Sub-limit of R3 513 per beneficiary and R6 439 per family per year • GP nomination and specialist referral rules apply **%**

Renal dialysis – Out of hospital • Includes materials and related pathology tests • Subject to pre-authorisation, managed care protocols and processes • Limited to PMBs • Subject to use of a Renal Dialysis Network DSP • If a non-network provider is voluntarily used, a co-payment of 15% will be applied per event in accordance with network rules **P PMB MC**

Specialist services – Subject to day-to-day block benefit • Consultations, visits and all other services • Shared with GP services • 100% of Scheme Rate for non-network providers • 130% of Scheme Rate for established network specialists • Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital • Reimbursement at 200% of Scheme Rate for cataract procedures performed by ophthalmologists in their rooms • Subject to GP nomination and specialist referral rules • Limit is pro-rated from join date **% PMB MC**

EMERALD – In-Hospital Benefits

Prescribed minimum benefits (PMBs) – Unlimited, subject to PMB legislation • Service provided by DSP • PMBs override all other benefit limitations 
Yearly hospital benefit (public hospitals, GEMS-approved private hospitals, registered unattached theatres, day clinics and psychiatric facilities) – Unlimited • Services rendered by DSP • Includes accommodation in a general ward, high care ward and intensive care unit (ICU), theatre fees, medicines, materials and hospital equipment (including bone cement for prostheses) and neonatal care • Accommodation in private ward subject to motivation by attending practitioner • Co-payment of R1 000 per admission if pre-authorisation not obtained  
Alcohol and drug dependencies – Subject to pre-authorisation and managed care  
Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, phytotherapist, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • Shared with out-of-hospital limit of R1 517 per family per year • Sub-limit of R759 per family for social workers and registered counsellors • Subject to managed care protocols and services being related to admission diagnosis 
Alternatives to hospitalisation (sub-acute hospitals and private nursing) – Unlimited • Excludes frail care and recuperative holidays • Includes physical rehabilitation for approved conditions and home nursing   – Hospice • Unlimited, subject to PMB legislation 
Blood transfusion – Unlimited, subject to PMB legislation • Includes cost of blood, blood equivalents, blood products and transport thereof • Includes erythropoietin   
Breast reduction – Unlimited  
Dental services (conservative, restorative and specialised) – Subject to list of approved services and use of day theatres • Shared with out-of-hospital dental services • Limited to R4 918 per beneficiary per year • General anaesthesia and conscious sedation subject to managed care rules • Only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 6 years • Lingual and labial frenectomies under general anaesthesia for children under the age of 8 subject to managed healthcare programme • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery  
Emergency services (casualty department) – Subject to use of facility as per in-hospital benefits or other registered emergency facility • Paid from out-of-hospital GP services if pre-authorisation is not obtained  
GP services – Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff file 
Maternity (hospital, home birth and accredited birthing unit (public hospitals and designated private hospitals)) – Shared with GP services, where not accessed under the Maternity Programme and managed care elective caesarian subject to second opinion  
Medical technologists – Unlimited • Subject to event pre-authorisation and case management  
Mental health – Accommodation, theatre fees, medicine, hospital equipment, professional fees from GPs, Psychiatrists, Psychologists and Registered Counsellors • Limited to R17 639 per family per year • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Maximum of 3 days' hospitalisation by GP • GP nomination rules apply • Educational and industrial psychologists excluded • All limits are subject to PMBs   
Oncology (chemo and radiotherapy) – In and out of hospital • Includes medicine and materials • Limited to R352 801 per family per year • Sub-limit of R240 004 per family per year for biological and similar specialised medicine • Includes cost of pathology, radiology, medical technologist and oncology medicine • Subject to MPL • Erythropoietin included in blood transfusion benefit • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorised • Subject to PMBs   
Organ and tissue transplants – Subject to clinical guidelines used in public facilities • Includes materials • Limited to R587 996 per beneficiary per year • Limit includes all costs associated with transplant including immuno-suppressants • Sub-limit of R19 960 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care rules) • Authorised erythropoietin included in blood transfusion benefit • Organ harvesting limited to South Africa, except for corneal tissue  
Pathology – Unlimited • Subject to pathology tests being related to admission diagnosis • Managed care rules apply 
Physiotherapy – Limited to R4 757 per beneficiary per year    – Post-hip, knee and shoulder replacement or revision surgery physiotherapy • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery
Prostheses – Covers prostheses and surgically implanted internal devices, including all temporary prostheses and all temporary or permanent devices used to assist with delivery of internal prostheses • Shared with medical and surgical appliances as well as out-of-hospital external prostheses limit of R40 010 per family per year • Scheme may obtain competitive quotes and arrange supply of prosthesis • Bone cement paid from in-hospital benefits • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Subject to internal and external devices being related to admission diagnosis and procedure • Subject to PMBs  
Radiology (advanced) – Shared with out-of-hospital advanced radiology limit of R21 166 per family per year • Specific authorisation (in addition to hospital pre-authorisation) required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies   
Radiology (basic) – Unlimited • Managed care rules apply 
Renal dialysis – Subject to clinical guidelines used in public facilities • In hospital • Includes materials and related pathology tests • Includes cost of radiology, medical technologists, material and immuno-suppressants • Includes related pathology tests done at network provider • Limited to R251 993 per beneficiary per year for chronic dialysis • Acute dialysis included in the in-hospital benefit • Erythropoietin included in blood transfusion benefit • Pathology and radiology test subject to managed care  
Specialist services – Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff file • 100% of Scheme Rate for non-network providers • 130% of Scheme Rate for established network specialists 
Surgical procedures (including maxillo-facial surgery) – Unlimited • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms  

Key:

 Pre-authorisation is needed

 100% of Scheme rate

 100% of cost, subject to PMB legislation

 Subject to managed care rules

 Limited to PMBs

EMERALD – Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA) – No PMSA

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, physiotherapists, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • Shared with in-hospital allied health services limit of R1 517 per family per year • Sub-limit of R759 per family for social workers and registered counsellors • Subject to PMBs **P** **%** **PMB**

Audiology, occupational therapy and speech therapy – Subject to day-to-day block benefit • Occupational or speech therapy performed in-hospital will be paid from the in-hospital benefit • Shared limit of R2 147 per beneficiary per year and R4 302 per family per year shared with pathology and medical technology • Sub-limit of R1 726 per beneficiary and R3 450 per family per year

Block benefit (day-to-day benefit) – Out-of-hospital GP and specialist services, physiotherapy, maternity, audiology, occupational therapy, speech therapy, pathology and medical technology • Limited to R4 400 per beneficiary and R8 804 per family per year • Benefit is pro-rated from join date **%**

Circumcision – Global fee of R1 421 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out of hospital only **P** **%** **MC**

Contraceptives (oral, insertables, injectables and dermal) – Subject to formulary • Subject to acute medicine benefit limit • Sub-limit of R2 677 per beneficiary per year

Dental services (conservative and restorative dentistry including acute medicine) – Shared with in-hospital dentistry sub-limit of R4 918 per beneficiary per year • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • General anaesthesia and conscious sedation require pre-authorisation and are subject to managed care rules (only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 6 years) • No pre-authorisation required for metal base dentures • Lingual and labial frenectomies under general anaesthesia for children under the age of 8 subject to managed healthcare programme • 200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms • Panoramic X-rays limited to one X-ray every three years per beneficiary • 4 bitewing X-rays per beneficiary per year • Fluoride treatment excluded for beneficiaries older than 16 years **P** **%** **MC**

Emergency assistance (road and air) – Unlimited, subject to PMB legislation • Subject to use of emergency services **DSP** **C** **MC**

General Practitioner (GP) services – Subject to day-to-day block benefit • Limited to R4 400 per beneficiary and R8 804 per family per year shared with specialist services, physiotherapy and maternity • Covers consultations and approved minor procedures at GP • Limit is pro-rated • Reimbursement at 200% of Scheme Rate for procedures specified by managed care performed in doctors' rooms instead of in hospital **P** **%** **PMB** **MC**

GP network extender benefit – For beneficiaries with chronic conditions registered on disease management programme • 2 additional GP consultations at a network GP once block benefit is exhausted • Payable from risk **P** **%** **MC**

HIV infection, AIDS and related illness – Subject to PMBs and managed care • Pre-exposure prophylaxis included for high risk beneficiaries **C** **PMB** **MC**

Infertility – Subject to use of **DSP** **C** **PMB** **MC**

Maternity (ante- and post-natal care) – Ante-natal visits subject to Maternity Programme protocols • Subject to registration on the Scheme's Maternity Management Programme and managed care protocols and processes • Includes benefits defined in managed care protocols paid from risk and 2 x 2D ultrasounds per pregnancy **%** **PMB** **MC**

Maternity Benefit Programme (ante- and post-natal care) – No benefit

Medical and surgical appliances and prostheses – Includes hearing aids, wheelchairs, mobility scooters, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In and out of hospital • Shared with in-hospital internal prostheses limit of R40 010 per family per year • Sub-limit of R15 611 for medical and surgical appliances per family per year • Shared sub-limit with in-hospital prosthetics of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Bilateral hearing aids every 36 months • Subject to PMBs **%** **MC** **PMB**

Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist and Psychologist) – Consultations, assessments, treatments and/or counselling by GPs, psychiatrists, psychologists • If out-of-hospital treatment offered as alternative to hospitalisation, then hospital benefits will apply • Shared with in-hospital mental health limit of R17 639 per family per year • Sub-limit of R5 231 for out-of-hospital psychologist consultations • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded • All limits are subject to PMBs **%** **MC**

Optical services (eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medicine) – All services included in benefit subject to optical managed care programme • Sub-limit of R2 210 per beneficiary every second benefit year and yearly limit of R4 417 per family • Frames limited to R1 289 • Limited to 1 eye examination per beneficiary per year • 1 frame and 1 pair of lenses per beneficiary every second year • No limit will be applied to the number of contact lenses that may be rendered to a beneficiary, aside from the indicated financial benefit limits • Either spectacles or contact lenses will be funded in a benefit year, not both • Excludes variable tint and photochromic lenses • Benefit not pro-rated • Post cataract surgery, optical PMB entitlement limited up to the cost of bifocal lens and not more than R1 061 for both lens and frame, with a sub-limit of R210 for frame • Includes tinted lenses up to 35% tint for albinism and proven photophobia, subject to pre-authorisation • Excludes variable tint and photochromic lenses **%** **MC**

Orthopedic Disease Management Programme – Negotiated rate • Subject to managed care protocols and processes **MC**

Pathology – Subject to day-to-day block benefit • Limit of R2 147 per beneficiary per year and R4 302 per family per year shared with audiology, occupational therapy and speech therapy • Includes liquid-based cytology pap smear **%** **MC**

Physiotherapy – Physiotherapy performed in hospital or instead of hospitalisation will be paid from in-hospital benefit • Sub-limit of R2 147 per beneficiary and R4 287 per family per year shared with GP services **%** **MC** **PMB** – **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery **P** **%** **MC**

Prescribed medicine and injection material – Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL **%** **MC** – **Acute medical conditions** • Subject to formulary • Limit R3 528 per beneficiary and R10 583 per family per year, subject to a sub-limit of R527 for homeopathic medicine per family per year • 30% co-payment on out-of-formulary medicine • Includes prescribed maternity vitamin supplement • Homeopathic and alternative medicine excluded unless prescribed by a network GP **%** **MC** – **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Limit of R10 583 per beneficiary and R21 310 per family per year • Unlimited for PMBs, subject to PMB legislation • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP • Once limit is depleted, CDL benefit will be limited • Include benefit for life threatening allergies payable from risk and subject to managed care and formulary **%** **PMB** **MC** – **Prescribed medicine from hospital stay (TTO)** • Included in acute medicine benefit limit • TTO limited to 7 days and must be related to admission diagnosis and procedure • Payable from risk once acute medication benefit limit is exhausted – **Self-medicine (OTC)** • Payable from risk once acute medicine benefit is exhausted • Subject to formulary • Schedule 0, 1 and 2 medicines covered • Subject to acute medicine benefit limit (event limit of R237 per beneficiary) and sub-limit of R889 per beneficiary per year and a yearly family limit of R1 421 and must be related to admission diagnosis and procedure – **Contraceptives** • Subject to formulary • Subject to acute medicine benefit limit and sub-limit of R2 677 per beneficiary per year

Preventative care services – Payable from risk • Includes Influenza vaccination, HPV vaccination and Pneumococcal vaccination • Influenza vaccination and HPV vaccination (for female beneficiaries) limited to 1 per year unless indicated otherwise • Pneumococcal vaccination once every 5 years for beneficiaries at risk • Subject to managed care protocols and processes • Includes screening services provided by network pharmacies **%** **MC**

Screening services – Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood tests, Thyrotropin (TSH) for neonatal hypothyroidism, mammogram and other screening according to evidence-based standard practice • Neonatal hypothyroidism screening test – TSH (Thyrotropin) tariff 4507 only • Includes screening services provided by network pharmacies

Radiology (advanced) – Shared limit with in-hospital advanced radiology of R21 166 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies **P** **%** **MC** **PMB**

Radiology (basic) – X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans provided for by maternity benefit • Sub-limit of R3 513 per beneficiary and R6 439 per family per year **%**

Renal dialysis – Out of hospital • Includes materials and related pathology tests • Subject to pre-authorisation, managed care protocols and processes • Limited to PMBs • Subject to use of a Renal Dialysis Network DSP • If a non-network provider is voluntarily used, a co-payment of 15% will be applied per event in accordance with network rules **P** **PMB** **MC**

Specialist services – Subject to day-to-day block benefit • Consultations, visits and all other services • Shared with GP services • 100% of Scheme Rate for non-network providers • 130% of Scheme Rate for established network specialists • Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital • Reimbursement at 200% of Scheme Rate for cataract procedures performed by ophthalmologists in their rooms • Limit is pro-rated from join date **%** **MC** **PMB**

ONYX – In-Hospital Benefits

Prescribed minimum benefits (PMBs) – Unlimited, subject to PMB legislation • Service provided by DSP • PMBs override all benefit limitations 

Yearly hospital benefit (public hospitals, GEMS-approved private hospitals, registered unattached theatres, day clinics and psychiatric facilities) – Unlimited • Services rendered by DSP • Includes accommodation in a general ward, high care ward and intensive care unit (ICU), theatre fees, medicines, materials and hospital equipment (includes bone cement for prostheses) and neonatal care • Accommodation in a private ward is subject to motivation by attending practitioner • Co-payment of R1 000 per admission if pre-authorisation not obtained  

Alcohol and drug dependencies – Subject to pre-authorisation and managed care    

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, physiotherapists, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • Subject to day-to-day block benefit • Services performed in hospital instead of hospitalisation will be paid from in-hospital benefit • Shared sub-limit of R1 117 per family for social workers and registered counsellors • Subject to services being related to admission diagnosis and managed care  

Alternatives to hospitalisation (sub-acute hospitals and private nursing) – Unlimited • Excludes frail care and recuperative holidays • Includes physical rehabilitation for approved conditions • Includes home nursing    – **Hospice** • Unlimited, subject to PMB legislation 

Blood transfusion – Unlimited • Includes cost of blood, blood equivalents, blood products and the transport thereof • Includes erythropoietin   

Breast reduction – Unlimited  

Dental services (conservative, restorative and specialised) – Subject to list of approved services and use of day theatres • Professional fees shared with out-of-hospital dentistry benefit limit of R8 775 per beneficiary per year • General anaesthesia and conscious sedation subject to managed care rules • Only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 6 years • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • Hospital cost included in in-hospital benefit 

Emergency services (casualty department) – Subject to use of facility as per in-hospital benefits or other registered emergency facility • Paid from out-of-hospital GP services if pre-authorisation is not obtained    

GP services – Consultations and visits • Unlimited • Reimbursement according to Scheme-approved tariff file 

Maternity (hospital, home birth and accredited birthing unit (public hospitals and designated private hospitals)) – Subject to registration on the Maternity Programme prior to admission • Hospital birth unlimited • Subject to PMB legislation • Elective caesarian may be subject to second opinion • Includes midwife services • Co-payment of R1 000 per admission if pre-authorisation not obtained    

Medical technologists – Unlimited  

Mental health – Accommodation, theatre fees, medicine, hospital equipment, professional fees of GPs, Psychiatrists and Psychologists • Limited to R37 042 per family per year • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Maximum of 3 days hospitalisation by GP • Educational and industrial psychologists excluded • All limits are subject to PMBs   

Oncology (chemo and radiotherapy) – In and out of hospital • Includes medicine and materials • Limit of R463 054 per family per year • Sub-limit of R312 979 per family for biological and similar specialised medicines • Includes cost of pathology, related basic radiology above advanced radiology benefit, medical technologist and oncology medicine • Erythropoietin included in blood transfusion benefit • Excludes new chemotherapeutic medicines that have not demonstrated a survival advantage of more than 3 months in advanced and metastatic solid organ malignant tumours unless pre-authorised • Subject to MPL   

Organ and tissue transplants – Subject to clinical guidelines used in public facilities • Includes materials • Limited to R587 996 per beneficiary per year • Sub-limit of R19 960 per beneficiary per year for corneal grafts (imported corneal grafts subject to managed care protocols) • Limit includes all costs associated with transplant, including immuno-suppressants • Authorised erythropoietin included in blood transfusion benefit • Organ harvesting limited to South Africa, except for corneal tissue   

Pathology – Unlimited • Subject to pathology tests being related to admission diagnosis • Managed care rules apply 

Physiotherapy – Limited to R4 757 per beneficiary per year    – **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with out-of-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery

Prostheses – Covers prostheses and surgically implanted internal devices, including all temporary prostheses and all temporary or permanent devices used to assist with delivery of internal prostheses • Shared with medical and surgical appliances and prostheses benefit limit of R54 048 per family per year • Scheme may obtain competitive quotes and arrange supply of prosthesis • Bone cement paid from in-hospital benefits • Shared sub-limit with out-of-hospital prosthetics and appliances of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • Subject to internal and external devices being related to admission diagnosis and procedure • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Subject to PMBs  

Radiology (advanced) – Shared with out-of-hospital advanced radiology limit of R26 461 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies   

Radiology (basic) – Unlimited • Managed care rules apply 

Renal dialysis – Subject to clinical guideline used in public facilities • In hospital • Includes materials and related pathology tests • Limited to R251 993 per beneficiary per year for chronic dialysis • Acute dialysis included in the in-hospital benefit • Includes cost of pathology, radiology medical technologists, material and immuno-suppressants • Erythropoietin included in blood transfusion benefit   

Specialist services – Consultations and visits • Unlimited • Reimbursement according to Scheme approved tariff file • 100% of Scheme Rate for non-network providers • 130% of Scheme Rate for established network specialists  

Surgical procedures (including maxillo-facial surgery) – Unlimited • Excludes osseointegrated implants, all implant related procedures and orthognathic surgery • Includes hospital procedures performed in practitioners' rooms  

Key:

 Pre-authorisation is needed

 100% of Scheme rate

 100% of cost, subject to PMB legislation

 Subject to managed care rules

 Limited to PMBs

ONYX – Out-of-Hospital Benefits

Personal Medical Savings Account (PMSA) – No PMSA

Allied health services – Includes chiropractors, dieticians, homeopaths, podiatrists, physiotherapists, social workers, registered counsellors, orthoptists, acupuncturists and Chinese medicine practitioners • If offered as alternative to hospitalisation, then hospital benefits will apply • Shared sub-limit of R1 117 per family for social workers and registered counsellors **P % MC**

Audiology, occupational therapy and speech therapy – Subject to day-to-day block benefit • If offered in hospital or instead of hospitalisation will be paid from hospital benefits

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 R9 256 per beneficiary and R18 514 per family per year • Benefit is pro-rated from join date **%**

Circumcision – Global fee of R1 421 per beneficiary, which includes all related costs of post-procedure care within month of procedure • Out-of-hospital benefit only **P % MC**

Contraceptives (oral, insertables, injectables and dermal) – Sub-limit of R3 356 per family per year **% MC**

Dental services (conservative and restorative dentistry including acute medicine) – Shared limit with in-hospital dentistry of R8 775 per beneficiary per year • Excludes osseointegrated implants, all implant-related procedures and orthognathic surgery • General anaesthesia and conscious sedation subject to pre-authorisation (only applicable to beneficiaries with severe trauma, impacted third molars or under the age of 6 years) • No pre-authorisation for metal base dentures • 200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms • Lingual and labial frenectomies under general anaesthesia for beneficiaries under the age of 8 years, subject to managed healthcare programme and pre-authorisation • Panoramic X-rays limited to 1 X-ray every 3 years per beneficiary • 4 bitewing X-rays per beneficiary per year • Fluoride treatment excluded for beneficiaries older than 16 years **P % MC**

Emergency assistance (road and air) – Unlimited, subject to PMB legislation • Subject to use of emergency services **DSP C MC**

General Practitioner (GP) services – Consultation, visits and all other services • Limit is pro-rated from the join date • Reimbursement at 200% of Scheme Rate for procedures performed in doctors' rooms instead of in hospital • Consultations and approved minor procedures at GP **% PMB MC**

GP network extender benefit – For beneficiaries with chronic conditions registered on disease management programme • 1 additional GP consultation at a network GP once block benefit is exhausted **P % MC**

HIV infection, AIDS and related illness – Subject to PMBs and managed care • Pre-exposure prophylaxis included for high risk beneficiaries **© PMB MC**

Infertility – Subject to use of DSP **P C PMB MC**

Maternity (ante- and post-natal care) – Subject to PMBs • Ante-natal visits where not accessed under the Maternity Programme **% PMB MC**

Maternity Benefit Programme (ante- and post-natal care) – Subject to registration on the Scheme's Maternity Management Programme and managed care protocols and processes • 2 x 2D ultrasounds per pregnancy

Medical and surgical appliances and prostheses – Includes hearing aids, wheelchairs, mobility scooters, oxygen cylinders, nebulisers, glucometers, colostomy kits, diabetic equipment, foot orthotics and external prostheses • In and out of hospital • Shared with in-hospital prostheses limit of R54 048 per family per year • Sub-limit of R18 069 for medical and surgical appliances per family per year • Diabetic accessories and appliances, except for glucometers, to be claimed from the chronic medicine benefit • Shared sub-limit with in-hospital prosthetics and appliances of R4 394 for foot orthotics and prosthetics with a sub-limit of R1 255 for orthotic shoes, foot inserts and levelers per beneficiary per year • Foot orthotics and prosthetics subject to formulary • R500 for crutches per beneficiary per year • R5 500 for wheelchairs per beneficiary per year • R8 000 per hearing aid per beneficiary per year • Bilateral hearing aids every 36 months • Subject to PMBs **P % MC**

Mental health (Consultations, assessments, treatment and/or counselling by GP, Psychiatrist and Psychologist) – Consultations, assessments, treatments and/or counselling by GPs, psychiatrists and psychologists • If offered as alternative to hospitalisation, then hospital benefits will apply • Limited to 1 individual psychologist consultation and 1 group psychologist consultation per day • Educational and industrial psychologists excluded • Subject to PMBs **% MC PMB**

Optical services (eye examinations, frames, lenses, contact lenses (permanent or disposable) and acute medicine) – Sub-limit of R2 608 per beneficiary every two benefit years and yearly limit of R5 229 per family • Frames limited to R2 085 • Limited to 1 eye examination per beneficiary per year • 1 frame and 1 pair of lenses per beneficiary every second year • No limit will be applied to the number of contact lenses that may be rendered to a beneficiary, aside from the indicated financial benefit limits • Either spectacles or contact lenses will be funded in a benefit year, not both • Benefit is not pro-rated • Post-cataract surgery, optical PMB entitlement limited to the cost of a bifocal lens and not more than R1 061 for both lens and frame, with a sub-limit of R210 for frame • Includes tinted lenses up to 35% tint for albinism and proven photophobia, subject to pre-authorisation • Excludes variable tint and photochromic lenses **% MC**

Orthopedic Disease Management Programme – Negotiated rate • Subject to managed care protocols and processes **MC**

Pathology – Includes liquid-based cytology pap smears **% MC**

Physiotherapy – If offered in hospital or instead of hospitalisation will be paid from hospital benefits **% MC** – **Post-hip, knee and shoulder replacement or revision surgery physiotherapy** • 10 post-surgery physiotherapy visits (shared with in-hospital visits) up to a limit of R5 021 per beneficiary per event used within 60 days of surgery **P % MC**

Prescribed medicine and injection material – Prescribed and administered by a professional legally entitled to do so • Subject to MPL and MEL – **Acute medical conditions** • Subject to formulary • Limit of R5 947 per beneficiary and R16 657 per family per year, subject to a sub-limit of R527 per family per year for homeopathic medicine • 30% co-payment on out-of-formulary medicine – **Chronic medical conditions** • CDL and DTP PMB chronic conditions • Subject to prior application and approval and use of chronic medicine pharmacy DSP • Includes benefit for life threatening allergies payable from risk and subject to managed care and formulary • Limit of R18 072 per beneficiary and R37 042 per family per year • Unlimited for PMBs, subject to PMB legislation • 30% co-payment on out-of-formulary medicine and voluntary use of non-DSP • Once limit is depleted, CDL benefit will be limited **©** – **Prescribed medicine from hospital stay (TTO)** • Payable from risk once acute medicine benefit is exhausted • Included in acute medicine benefit limit • TTO limited to 7 days and must be related to admission diagnosis and procedure – **Self-medicine (OTC)** • Only schedule 0, 1 and 2 covered • Subject to acute medicine benefit limit and sub-limit of R1 795 per family per year, R1 084 per beneficiary per year and R296 per beneficiary per event

Preventative care services – Payable from risk • Includes Influenza vaccination, HPV vaccination and Pneumococcal vaccination • Influenza vaccination and HPV vaccination (for female beneficiaries) limited to 1 per year unless indicated otherwise • Pneumococcal vaccination once every 5 years for beneficiaries at risk • Subject to managed care protocols and processes • Includes screening services provided by network pharmacies **% MC**

Screening services – Serum cholesterol, bone density scan, pap smear (including liquid-based cytology), prostate specific antigen, glaucoma screening, serum glucose, occult blood test, Thyrotropin (TSH) practice • Neonatal Hypothyroidism screening test – TSH (Thyrotropin) tariff 4507 only • Includes screening services provided by network pharmacies

Radiology (advanced) – Shared limit with in-hospital advanced radiology of R26 461 per family per year • Specific authorisation required for angiography, CT scans, MDCT, coronary angiography, MUGA scans, PET scans, MRI scans and radio-isotope studies **P % PMB MC**

Radiology (basic) – X-rays and soft tissue ultrasound scans • 2 x 2D ultrasound scans per pregnancy provided for by maternity benefit **%**

Renal dialysis – Out of hospital • Includes materials and related pathology tests • Subject to pre-authorisation, managed care protocols and processes • Limited to PMBs • Subject to use of a Renal Dialysis Network DSP • If a non-network provider is voluntarily used, a co-payment of 15% will be applied per event in accordance with network rules **P PMB MC**

Specialist services – Consultation, visits and all other services • 100% of Scheme Rate for non-network providers • 130% of Scheme Rate for established network specialists • Specialist consultations subject to GP referral • Limit is pro-rated from the join date • Reimbursement at 200% of Scheme Rate for procedures specified by managed care done in doctors' rooms instead of in hospital • Reimbursement at 200% of Scheme Rate for cataract procedures performed by ophthalmologists in their rooms **% PMB MC**

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Make use of the multi-function GEMS 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.



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Disclaimer

This brochure contains a summary of the medical benefits and the required monthly contributions/premiums associated therewith, as offered by GEMS for 2018. Should a dispute arise, the Rules of the Scheme will apply. The Rules of the Scheme are available on the GEMS website at www.gems.gov.za, under About Us. You may also contact us directly to request a copy.

The 2018 benefits summarised in this brochure are still subject to approval by the Council for Medical Schemes (CMS), and may be subject to change. The final benefit information will be made available on the GEMS website at www.gems.gov.za once CMS approval has been obtained.