

Working towards a healthier you

PUBLIC SECTOR COORDINATING BARGAINING COUNCIL (PSCBC) - GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)

WORKSHOP

25 February 2025



AGENDA



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01

SETTING THE SCENE

DR STAN MOLOABI

GEMS MANDATE



“The state as an employer seeks to ensure that there is adequate provisioning of healthcare coverage to public service employees that is efficient, cost-effective and equitable”



GEMS BOARD OF TRUSTEES



- An **independent** Board of Trustees is responsible for **providing the Scheme's strategic direction, overseeing the implementation of the Scheme's strategic plan** by Scheme Management and **overseeing the management of risk**
- The GEMS Board of Trustees comprise of **12 persons** who are deemed fit and proper to be trustees. **50% of the trustees are elected by members** by means of a ballot process while **50% are appointed by the Minister for the Public Service and Administration**
- Minister must appoint trustees with the following **qualifications**:
 - Legal Profession
 - Auditing or Actuarial Profession
 - Medical Profession
- All trustees appointed and elected, and all independent committee members must be **fit and proper persons** capable of holding and discharging an office of trust
- Trustees serve for a **period of 6 years** limited to not more than 3 terms

GEMS BOARD OF TRUSTEES



Dr Nomzamo Tutu
Chairperson



Mr. Siyabulela Tsengiwe
Deputy Chairperson



Mr Alvin Rapea



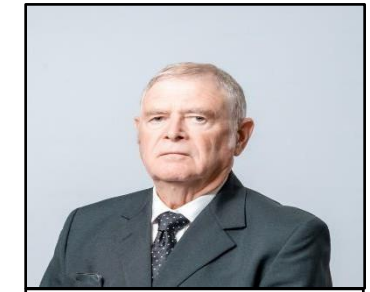
Dr Mpho Rabada



Ms Constance Ntshane



Ms Lebohang Khumalo



Dr Jacobus Van Zyk



Mr Neville Ndumo



Adv Sibongile Sigodi



Mr Pierre De Villiers



Dr Hendrik Pieter Punt



Dr Johan Smith

GEMS MEASURES TO ADDRESS THE PSCBC BOARD COMPOSITION REQUEST



Medical Schemes Act 131 of 1998 (MSA)

Section 57(2)

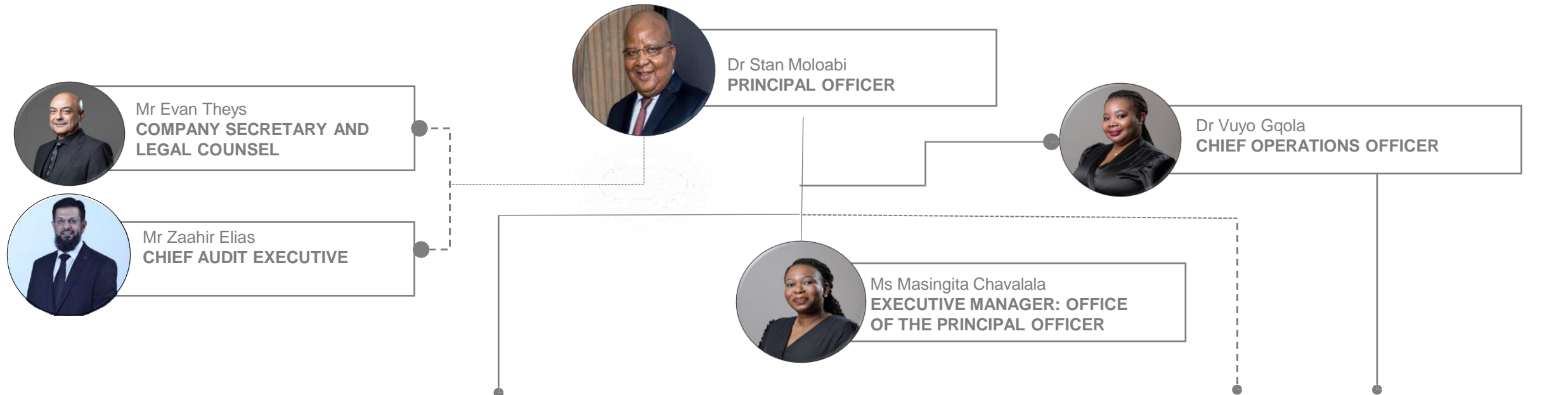
"At least 50 per cent of the members of the board of trustees shall be elected from amongst members"

The Registrar's Office interprets this as meaning that 50% of the Board of Trustees members must be elected by members.

Steps taken by GEMS to address the request of the PSCBC on Board Composition:

- Applied for an exemption in terms of Section 8(h) to allow representatives of labour on the board – exemption denied;
- Appealed to the CMS Appeal Committee against the refusal to allow the above exemption – appeal denied; and
- Applied for an exemption in terms of Section 8(h) to allow representatives of labour on the board (2nd exemption application with added information) – exemption denied.

GEMS EXECUTIVE MANAGEMENT LEADERSHIP



FUND		ADMINISTRATION	
 Ms Karyna van Lingen CHIEF FINANCIAL OFFICER	 Dr Audrey Mareme (Acting) CHIEF CORPORATE SERVICES OFFICER	 Ms Malinda Lubbe (Acting) CHIEF MARKETING OFFICER	 Ms Gloria Nkademeng CHIEF INFORMATION OFFICER
 Dr Selaelo Mametja CHIEF RESEARCH OFFICER	 Mr Andre Cowley CHIEF COMPLIANCE OFFICER	 Ms Marjorie Nqala (Acting) CHIEF HEALTHCARE OFFICER	 Mr Reginald Sadiki CHIEF ADMINISTRATION OFFICER

GEMS FORMATION



- The Government Employees Medical Scheme (GEMS) was registered as a medical aid scheme on 1 January 2005 in terms of the Medical Schemes Act, 131 of 1998
- It became operational effective 1 January 2006.
- Public Service Coordinating Bargaining Council signed off the PSCBC Resolution 1 of 2006 making the employer subsidy applicable to employees who join GEMS effective 1 June 2006.
- The Minister for Public Service and Administration is responsible for the review of the employer subsidy through the issue of Determination.

PSCBC RESOLUTIONS ON GEMS



- **PSCBC Resolution 1 of 2006:** Linking the improved employer subsidy to the Government Employees Medical Scheme (GEMS) for employees appointed from 1 July 2006. Introduction of 100% subsidy for employees on salary level 1 – 5 who join the Sapphire Option (Tanzanite One).
- **PSCBC Resolution 3 of 2015:** Review of GEMS in terms of the operating model and the objectives GEMS was set up are being fulfilled.
- **PSCBC Resolution 4 of 2017:** Establish the Joint Working Committee to consider the performance of GEMS and consult on seven objectives.
- **PSCBC Resolution 1 of 2018:** To amend Resolution 4 of 2017 to add one objective, i.e. *to develop a benefit product specifically for members earning on salary levels 1-5 that will enhance medical cover on an ongoing and accessible basis.*
- **PSCBC Resolution 1 of 2022:** Adoption of the declaration on PSCBC Summit on Collective Bargaining. Declaration on Governance, Benefits and GEMS Model

PSCBC PUBLIC SERVICE SUMMIT: 28 – 31 MARCH 2022

PSCBC RESOLUTION 1 OF 2022



Declaration: Governance

- “Parties must ensure the full implementation of PSCBC Resolution 4 of 2017 giving effect to the transformation of GEMS allowing the Board to reflect the demographics of the membership of the Scheme. This transformation should also enhance and expedite the provisions for the implementation of NHI”.

Declaration: Benefits

- “Product Development in GEMS must improve the health care benefits of its members and funding for those benefits should be prioritized from the savings incurred by the Scheme”.

Declaration: GEMS Model

- “Parties mandate GEMS to undertake a study on ensuring a staff complement suitable to build capacity and capability to insource its administrative functions that would result in cost savings for the Scheme”.



EMPLOYER SUBSIDY LINKED TO GEMS

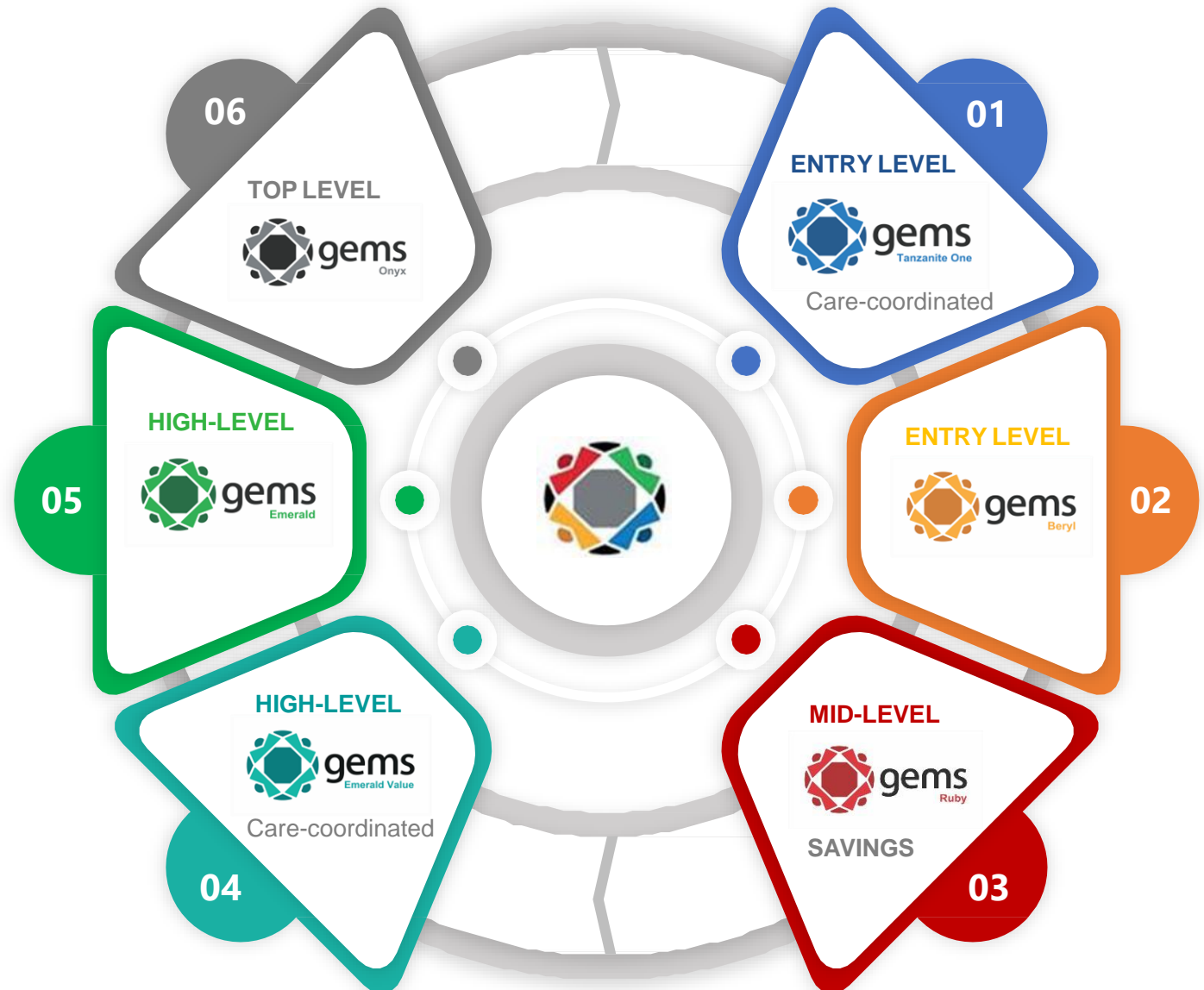


- An employee who joins GEMS is eligible for an employer subsidy of 75% of the employee's membership fees limited to maximum amount.
- An employee who joins GEMS on the Tanzanite One Option and on salary level 1 – 5 qualify for 100% employer subsidy limited to maximum amount.
- Employer subsidy is adjusted yearly for in-service employees based on the Medical Price Inflation.

Member Profile	1 January 2025 Monthly Employer Subsidy
Single Principal Member	R1 918
Principal Member with one dependant	R3 836
Principal Member with two dependants	R5 008
Principal Member with three dependants	R6 180
Principal Member with four dependants	R7 352

PRODUCT OFFERING

- GEMS was registered on 1 January 2005 specifically to meet the healthcare needs of government employees
- We offer six excellent healthcare benefit options
- Our goal is to help public service employees and their families to have the best possible options for healthcare cover at the most affordable rate



SCHEME PROFILE



Key member indicators	2025 (YTD)
Principal members	882 189
Beneficiaries	2 398 684
Average age per beneficiary	33.20
Average family size	2.72
Pensioner Ratio	10.02%
Reserve Ratio	28.08%

02

GEMS STRATEGY **MS MASINGITA CHAVALALA**

GEMS STRATEGIC JOURNEY

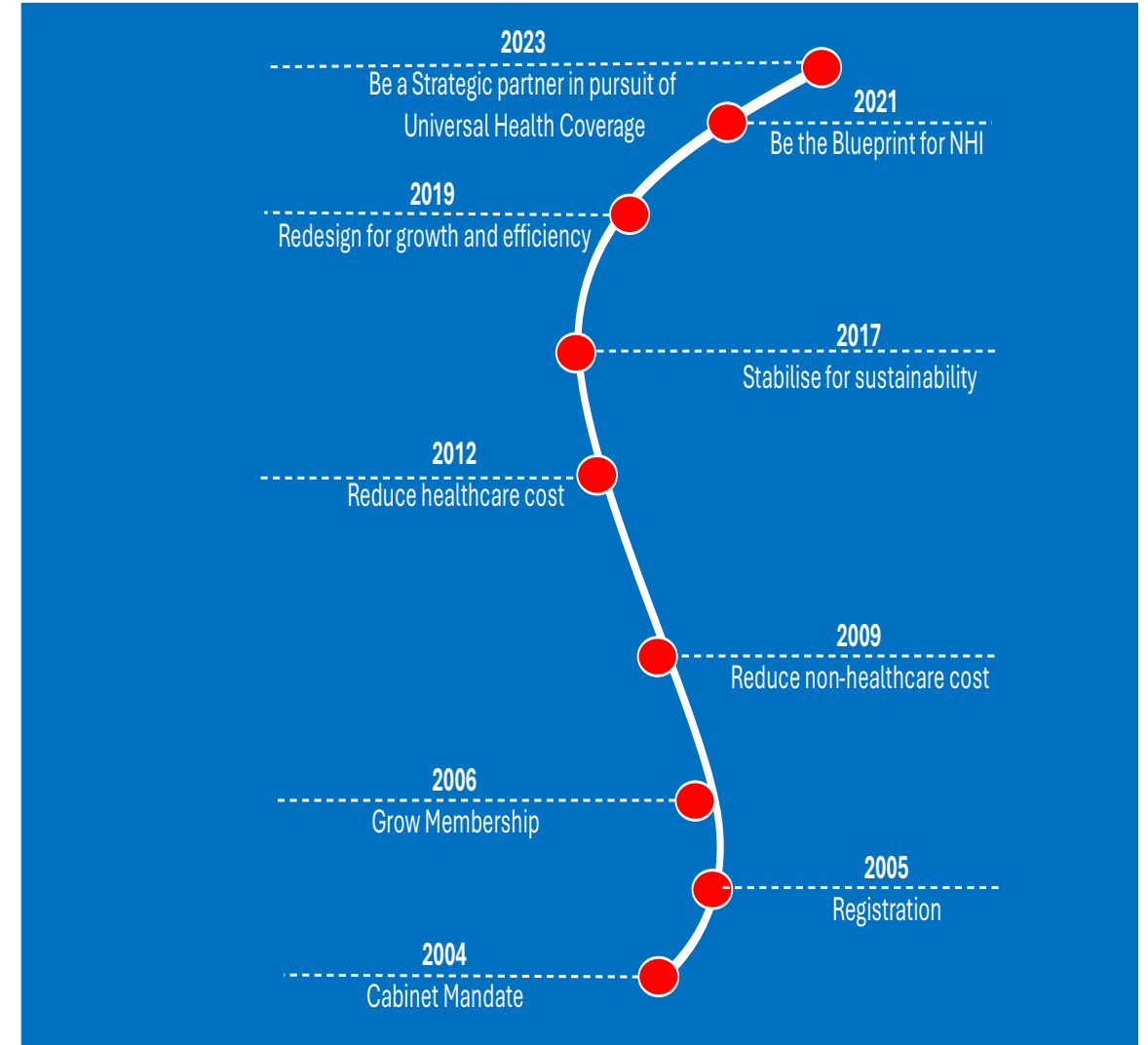
The public service is the country's largest employer with approximately 1.3 million employees

In fulfilment of its obligation as an employer, the public service provides its employees with a remunerative package structured to include and cover:











- Retirement/Pensions (GEPF/GPAA)
- Housing Benefits (Allowance)
- **Medical Benefits (Subsidy)**

Prior to 2005, one of the challenges faced by the employer was that a significant and growing number of its employees were unable to gain entry into existing medical schemes due to the high cost structure

- It was resolved to establish a single restricted membership medical scheme to cover public service employees



OVERVIEW: GEMS STRATEGY

VISION	To be an excellent, sustainable and effective medical scheme that drives transformation in the healthcare industry, aligned with the principles of Universal Health Coverage											
MISSION	To provide all members with equitable access to affordable and comprehensive healthcare, promoting member wellbeing.											
STRATEGIC THRUST	Be a strategic partner in pursuit of Universal Health Coverage.											
STRATEGIC OBJECTIVES	Be effective in communication and decision-making		Maintain the scheme's position of financial strength		Support the progressive realisation of UHC		Be an agile, data-driven scheme		Retain and grow membership		Be a good corporate citizen	
HOW WILL WE ACHIEVE OUR STRATEGIC OBJECTIVES?	Be responsive to our changing environment to create value for our key stakeholders		Drive transformation and sustainability through the optimisation of the other capitals		Through solutions like NHI, strategic purchasing, insourcing of capabilities and other integrated and coordinated care		Leverage research, information, technology and platforms		Through organic and inorganic streams		Prevent or reduce negative impacts on the environment, functioning as an ethical, caring, innovative healthcare leader in South Africa	
PRIORITIES	Stakeholder satisfaction 	Financial strength 	B-BBEE transformation 	Fit-for-purpose capability build 	Healthcare strategic purchasing 	ICT infrastructure and optimisation 	Membership growth 	Consolidation of schemes 	Ethical culture 	Social responsibility 		
STRATEGIC PILLARS	Progress			Position			Possess			Protect		
	<ol style="list-style-type: none"> 1. Transform our operating model 2. Plan & capacitate our human resources 3. Commission <i>Intelligems</i>, including EWRP system and CIMS 			<ol style="list-style-type: none"> 1. Build, define and articulate the value proposition for GEMS 2. Advance the development of a well-capacitated, cost-effective Administration arm 			<ol style="list-style-type: none"> 1. Capitalise on the full adoption of Intelligems, owned data and automation 2. Capitalise on the adopted BBP model in line with UHC 			<ol style="list-style-type: none"> 1. Financial assets 2. Brand and reputation 3. Environment 		



COLLABORATION



MEMBER VALUE



EXCELLENCE



INNOVATION



INTEGRITY

03

AFFORDABILITY AND COST COMPARISONS

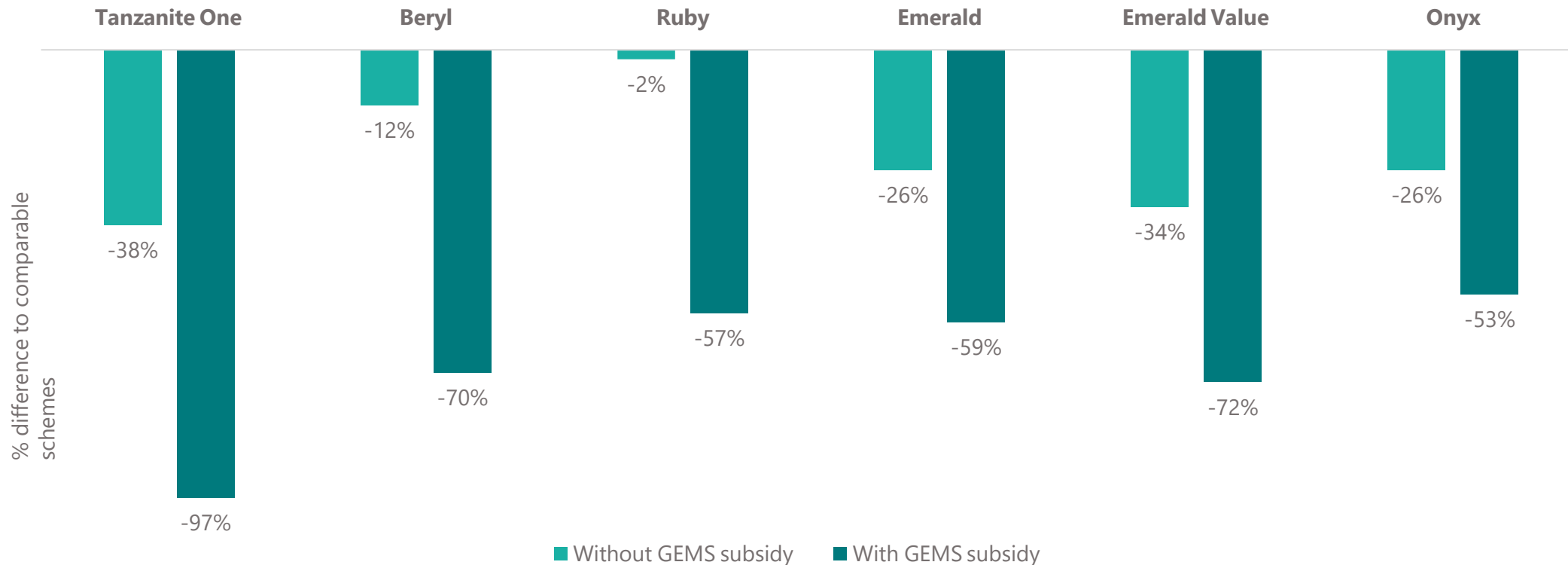
MRS KARYNA VAN LINGEN

GEMS VS OTHER SCHEMES



GEMS contributions are **25% lower than other medical schemes**, even before applying your subsidy and **67% lower after the subsidy for a typical family**. This means on average a family pays **R2 029 less before subsidy and R4 361 less after subsidy**.

Below, we compare GEMS contributions to the average for other schemes, based on a typical family.

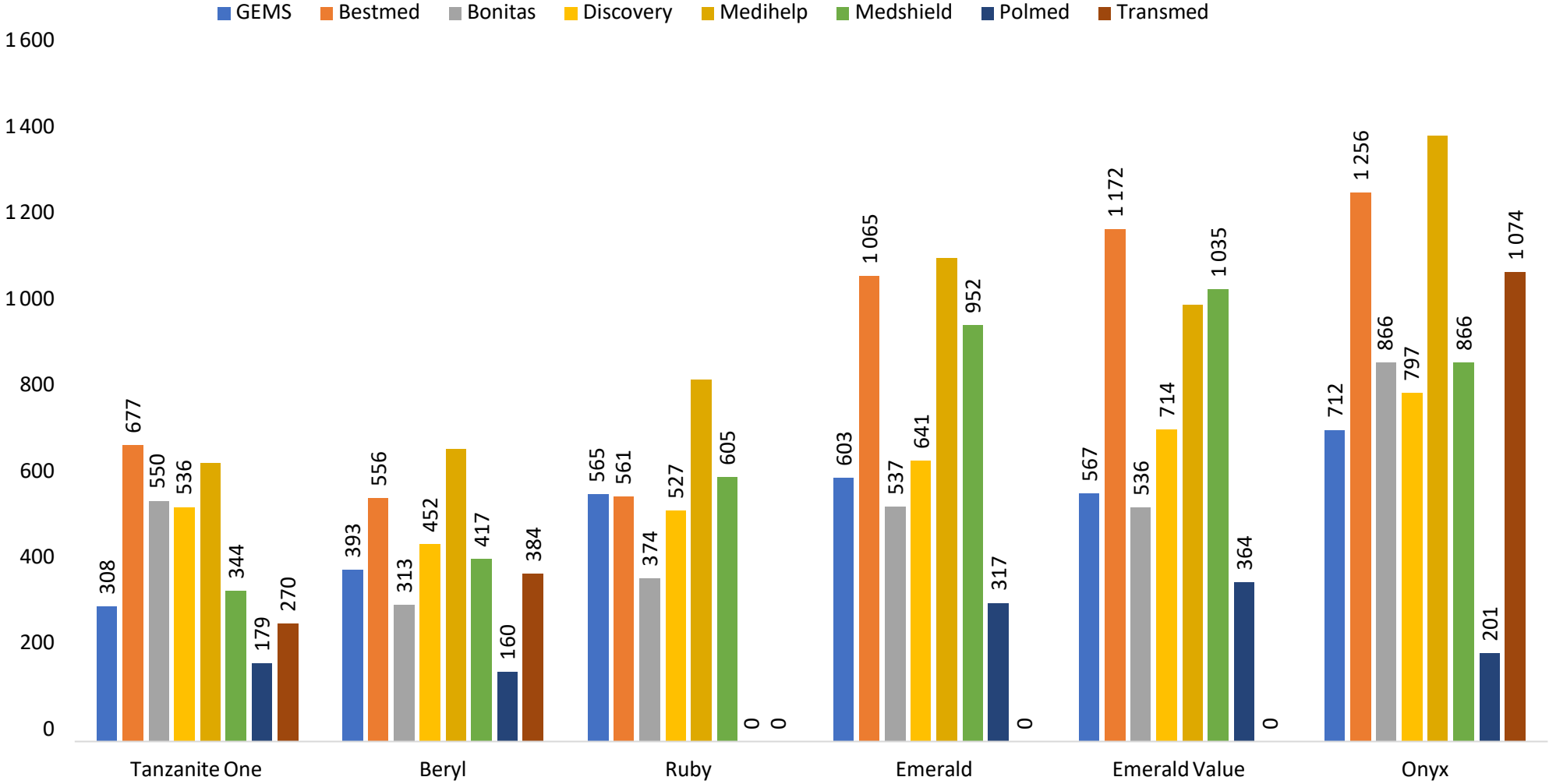


GEMS CONTRIBUTION VS COMPETING OPTIONS



Option	% difference between GEMS average family contribution and average family contribution of competing schemes <u>before subsidy</u>	% difference between GEMS average family contribution and average family contribution of competing schemes <u>after subsidy</u>
Tanzanite One	38%	97%
Beryl	12%	70%
Ruby	2%	57%
Emerald	26%	59%
Emerald Value	34%	72%
Onyx	26%	53%
All	25%	67%

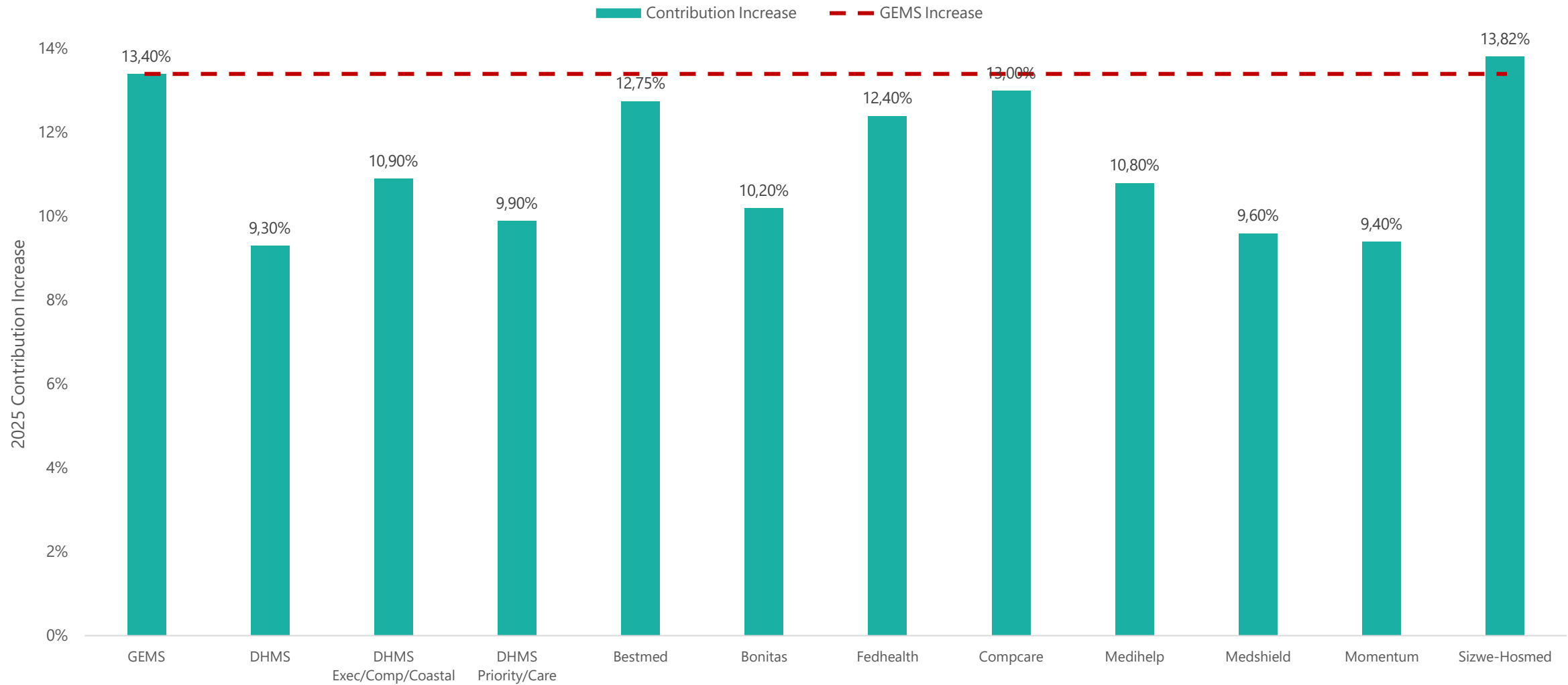
RAND-AMOUNT INCREASES BETWEEN 2023 AND 2024



INDUSTRY COMPARISON - 2025



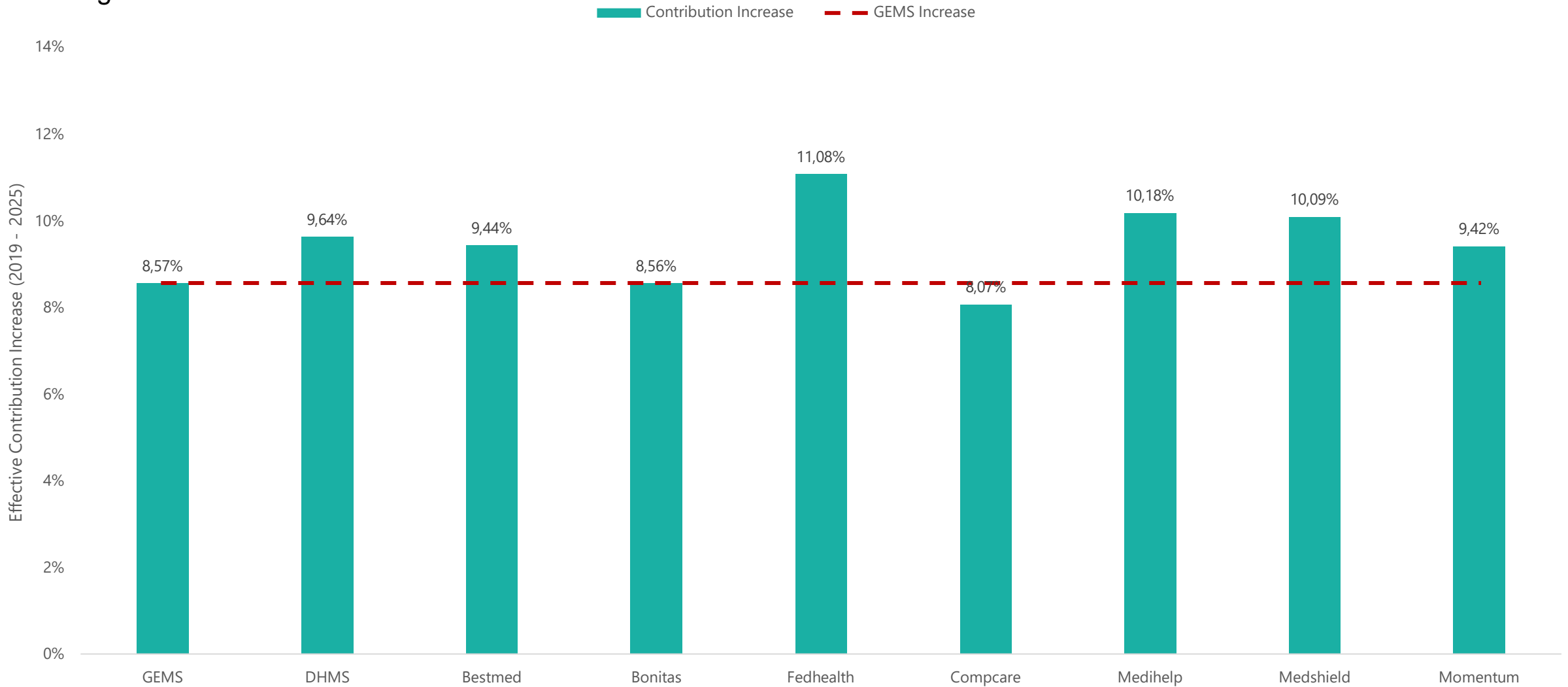
A number of medical schemes are under pressure to make significant increases to contributions.



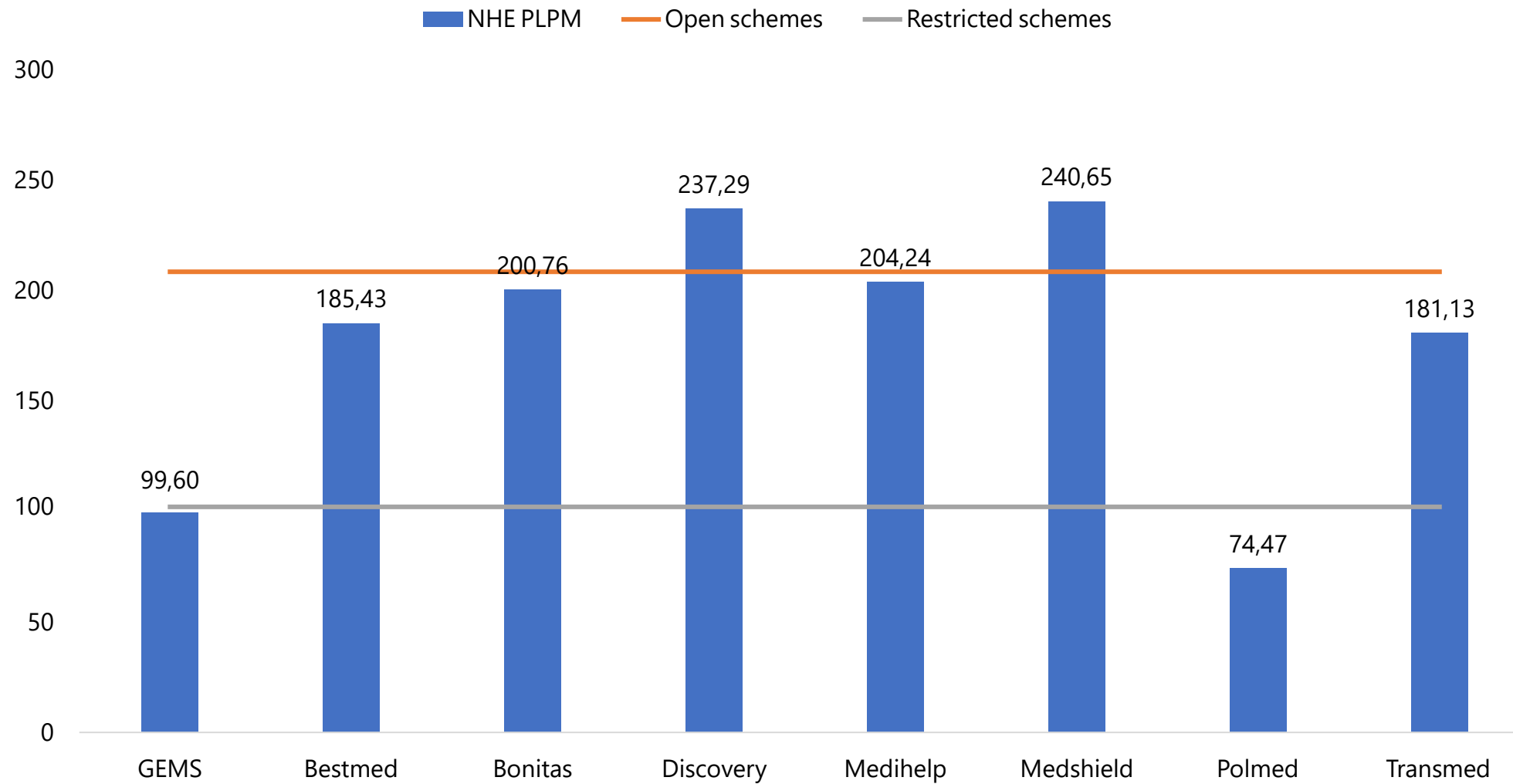
INDUSTRY COMPARISON – 2019 TO 2025



The effective increase applied on GEMS, from 2019 to 2025, is slightly lower than the industry average.



NON-HEALTHCARE EXPENSES (RAND PER LIFE PER MONTH)



GEMS VS INDUSTRY



GEMS has **consistently maintained non-healthcare expenditure below the average costs** of both open and restricted medical schemes.

This is achieved through careful management of non-healthcare expenditure.



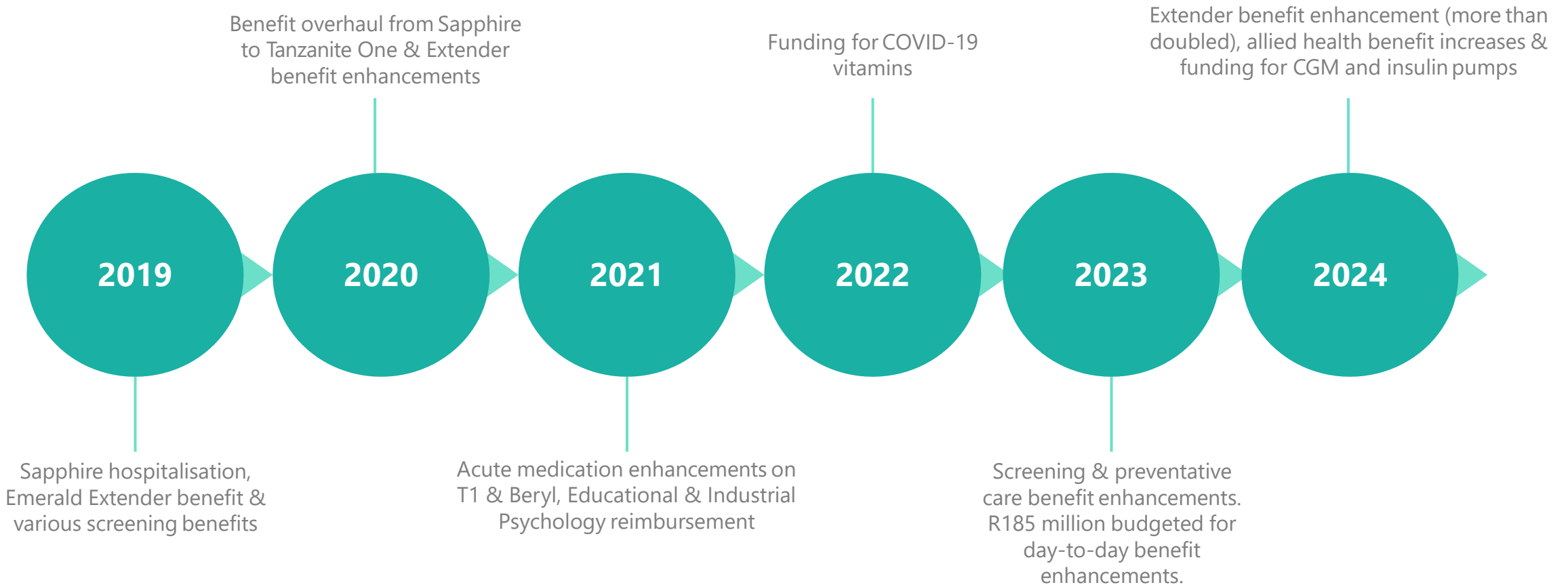
04

2025 BUDGET CONSIDERATION

MRS KARYNA VAN LINGEN

BENEFIT ENHANCEMENTS OVER THE YEARS

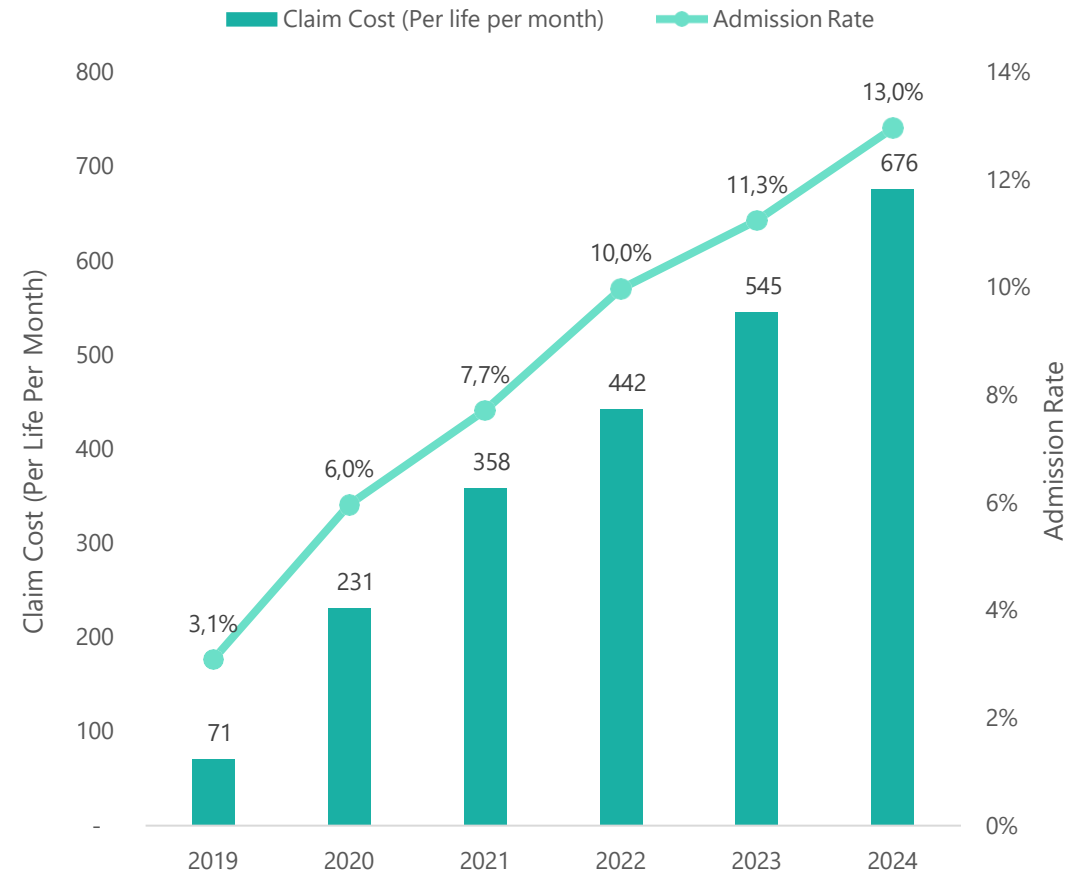
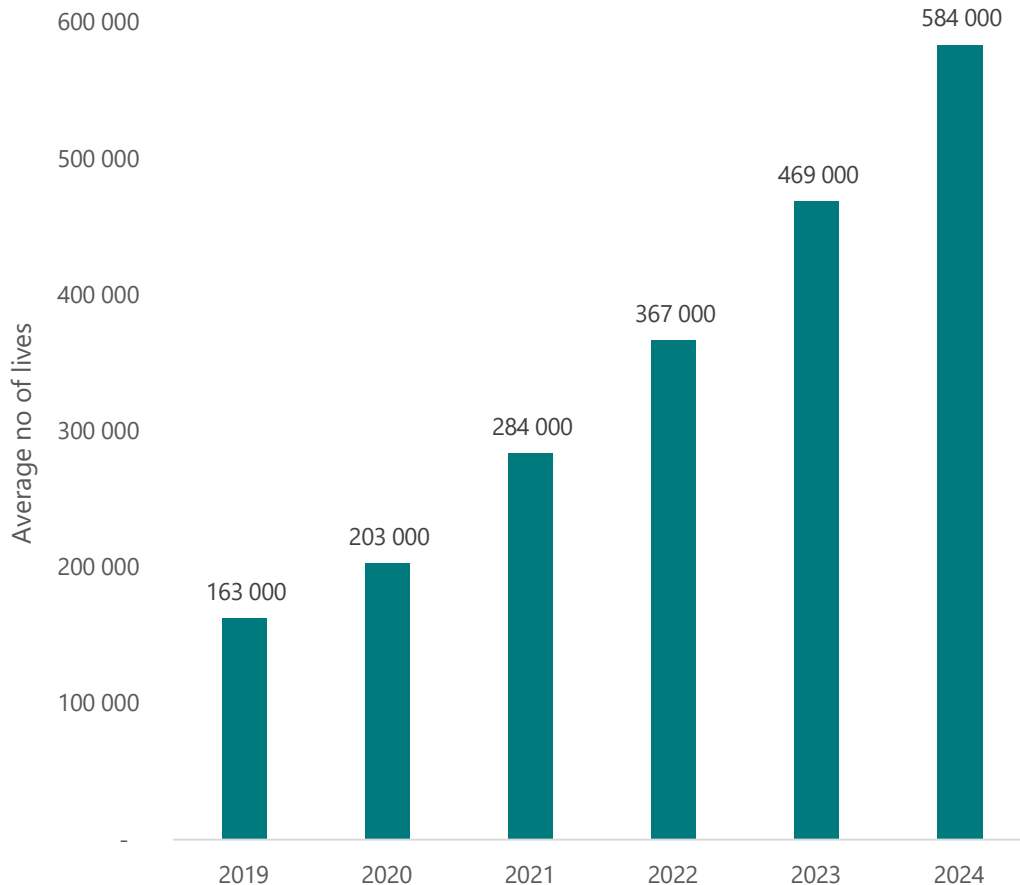
GEMS has undertaken to provide benefit enhancements in areas most needed by members. Some of the most significant enhancements over time are noted below.



BENEFIT ENHANCEMENTS – TANZANITE ONE

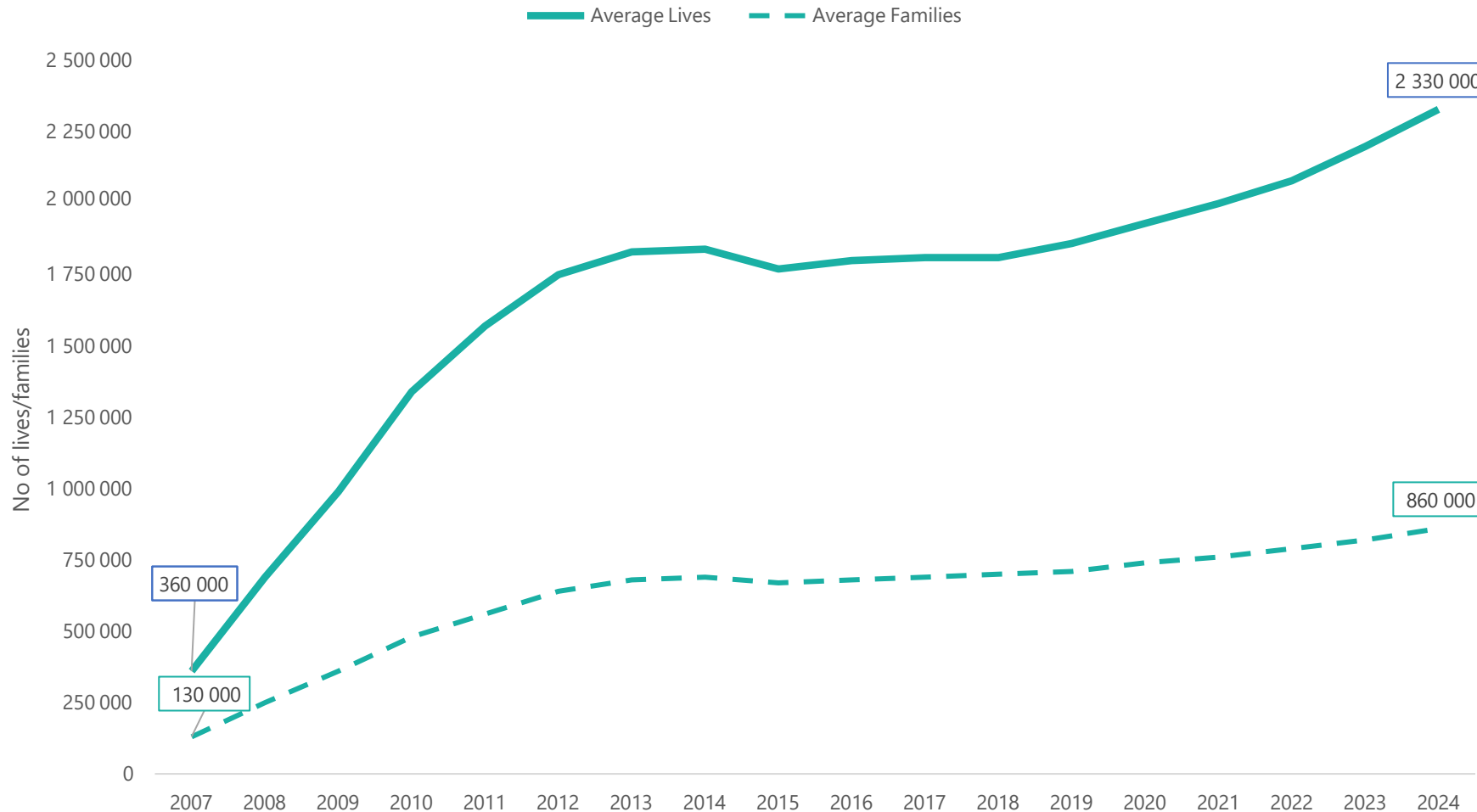


The transition from Sapphire to Tanzanite One has been one of the biggest benefit overhauls the Scheme has implemented in recent years. This has expanded private hospital access to a significant proportion of the membership base.



MEMBERSHIP GROWTH

GEMS has grown considerably in recent years – one of few medical schemes still showing positive growth

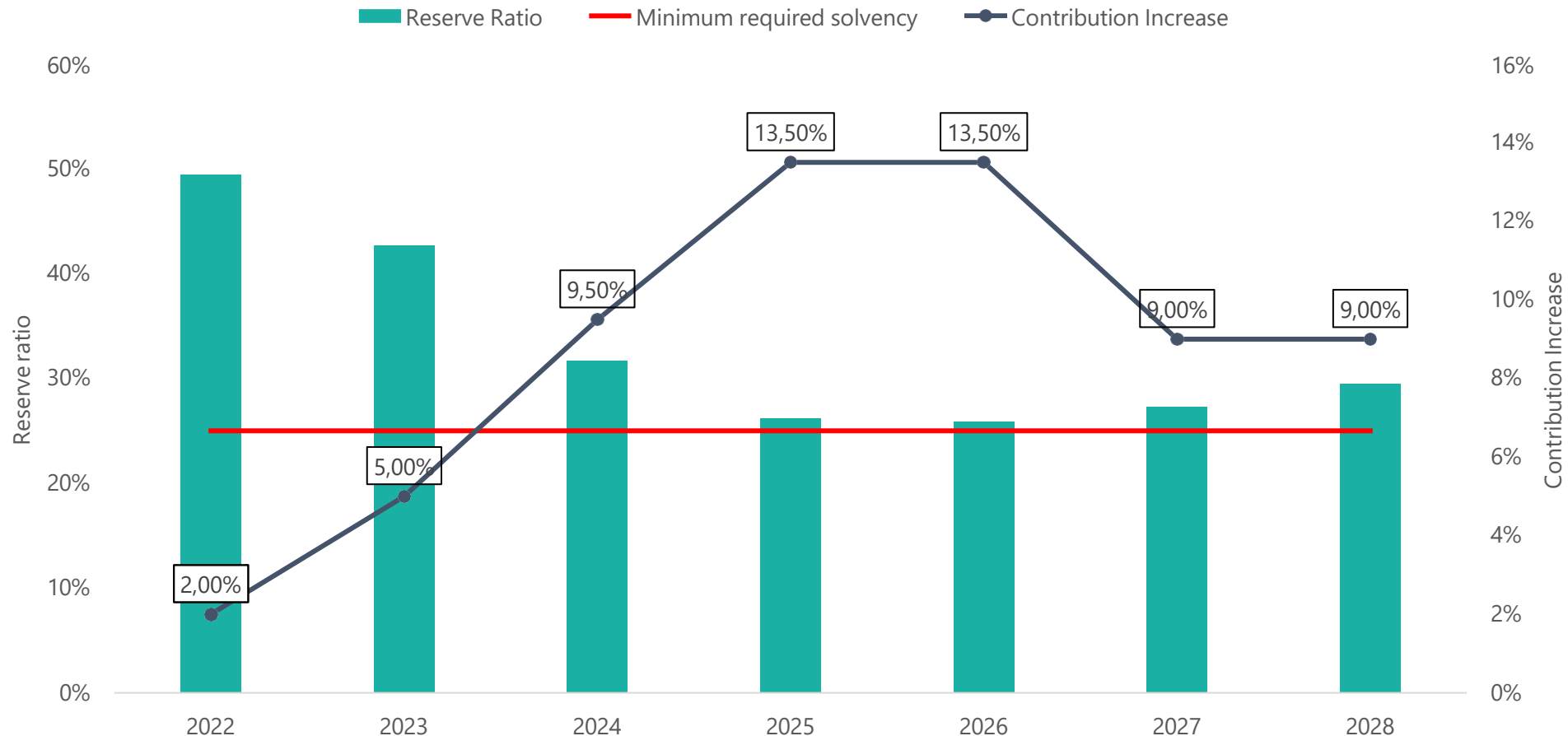


The rapid growth in recent years has also been accompanied with the challenge of managing a higher risk profile of lives.

2024 BUDGET EXPECTATIONS



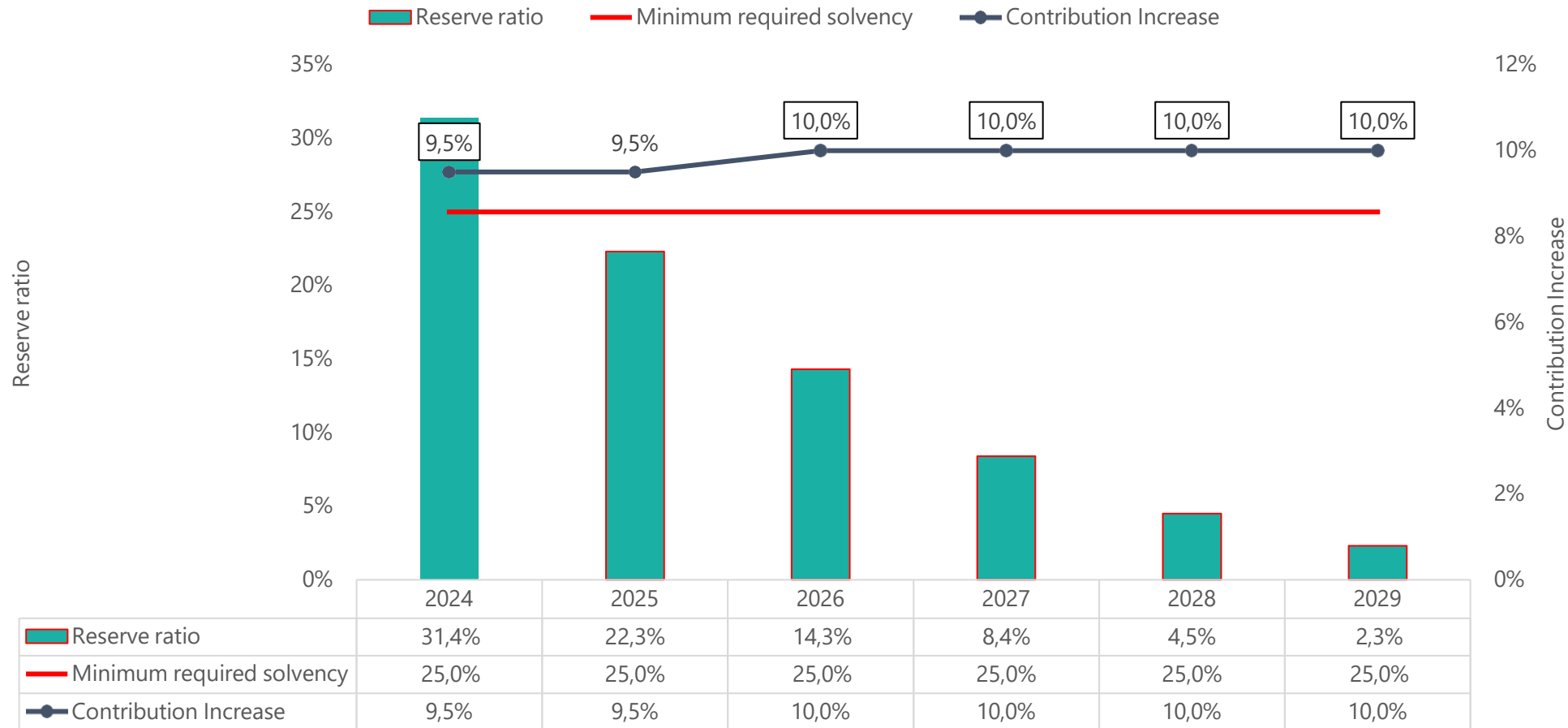
In setting the prior budget there were expectations that a higher contribution increase would be necessary in future – this is to help reduce losses, re-align contributions with rising healthcare costs and meeting solvency requirements.



OTHER SCENARIOS CONSIDERED



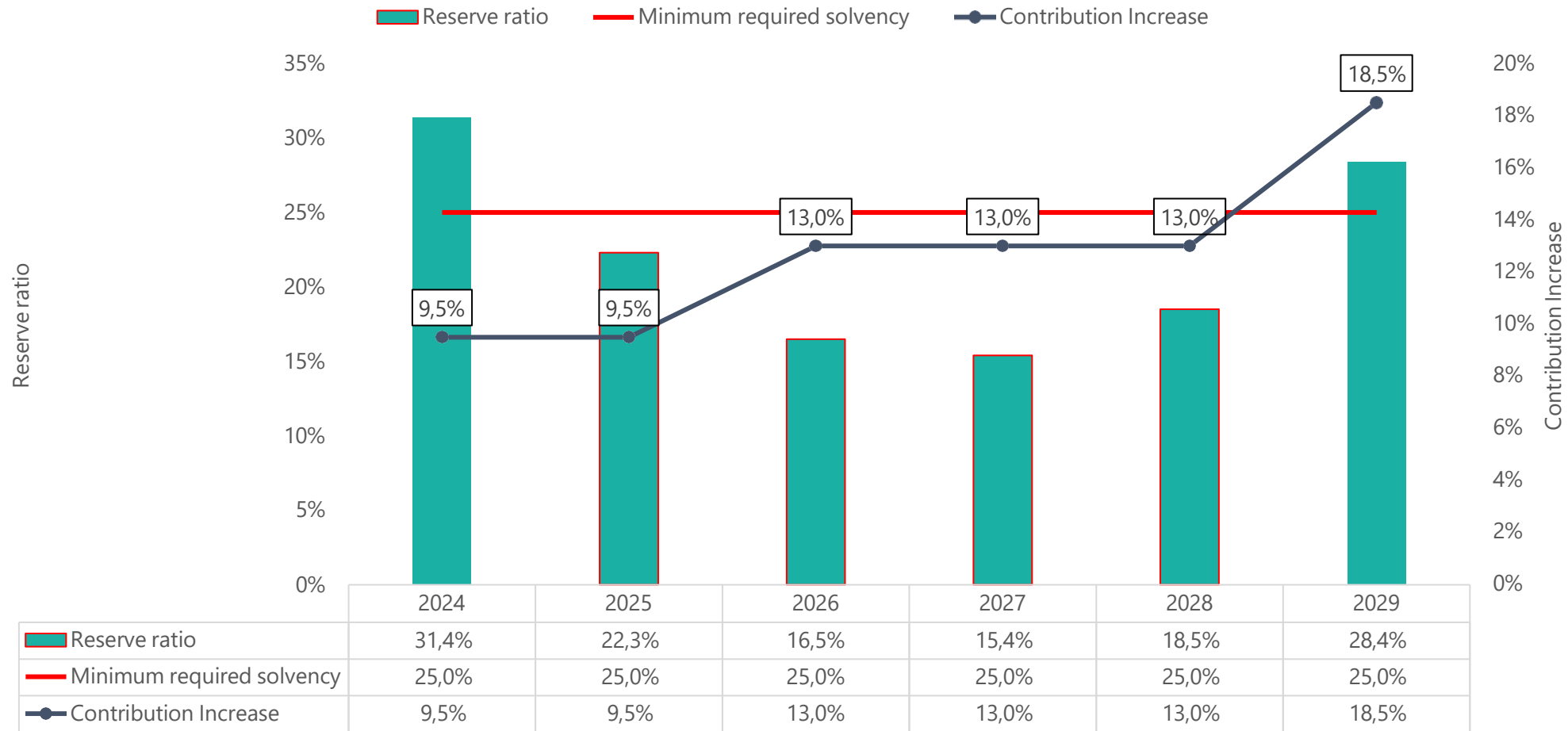
A lower contribution increase is not sustainable in the long-term – GEMS reserves would decline rapidly.



OTHER SCENARIOS CONSIDERED



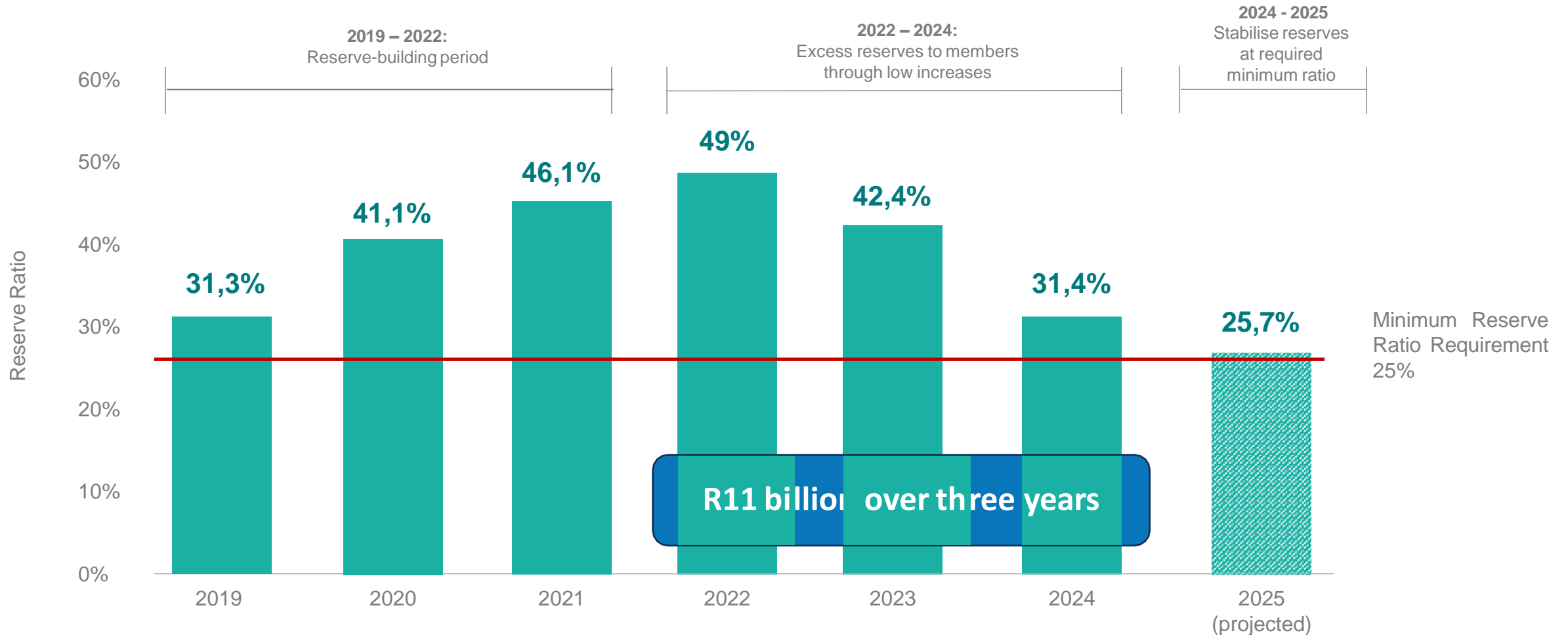
A significantly higher increase is inevitable to ensure contributions catch up to claims experience. Delaying this may require a number of consecutive years of higher increases.



R11 BILLION WIN: HOW RESERVES KEPT MEMBER COSTS DOWN



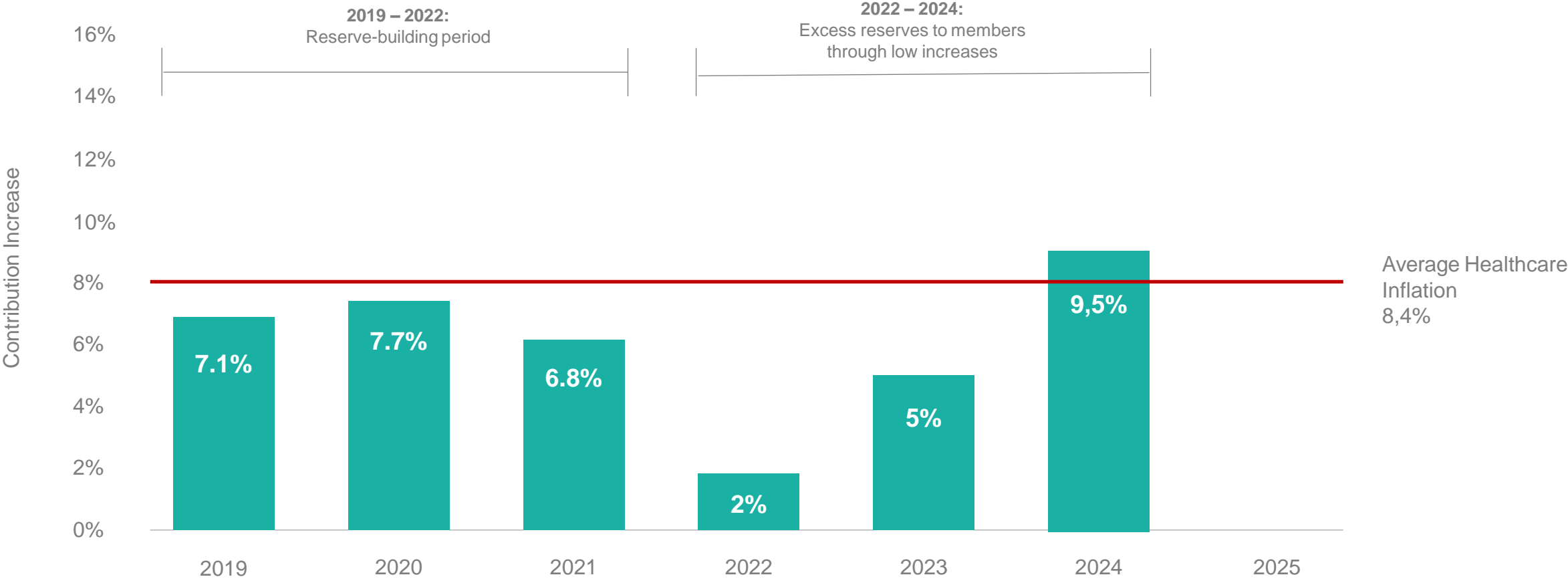
The Scheme deliberately used its extra reserves to keep contribution increases low, resulting in a R11 billion saving for members.



LOW CONTRIBUTION INCREASES HELPED MEMBERS SAVE



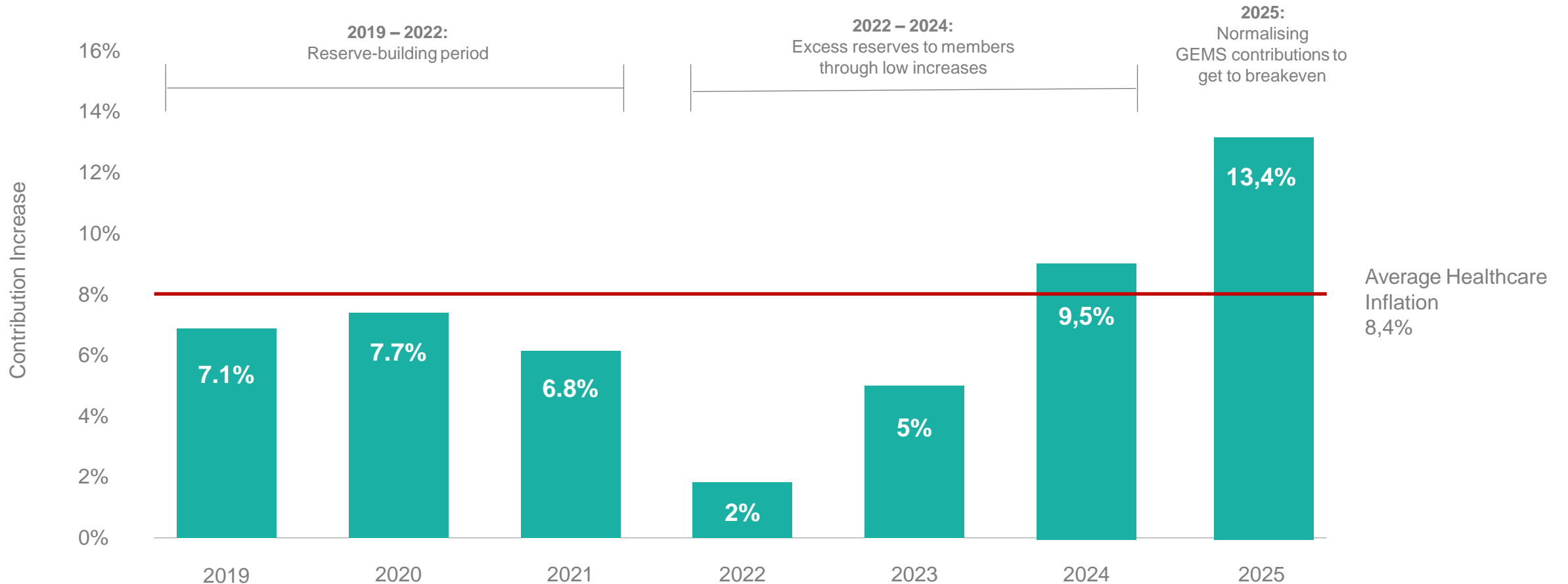
In recent years, the Scheme kept contribution increases much lower than the rising cost of healthcare. To keep offering good value to members, it now needs to adjust them to keep up with healthcare inflation.



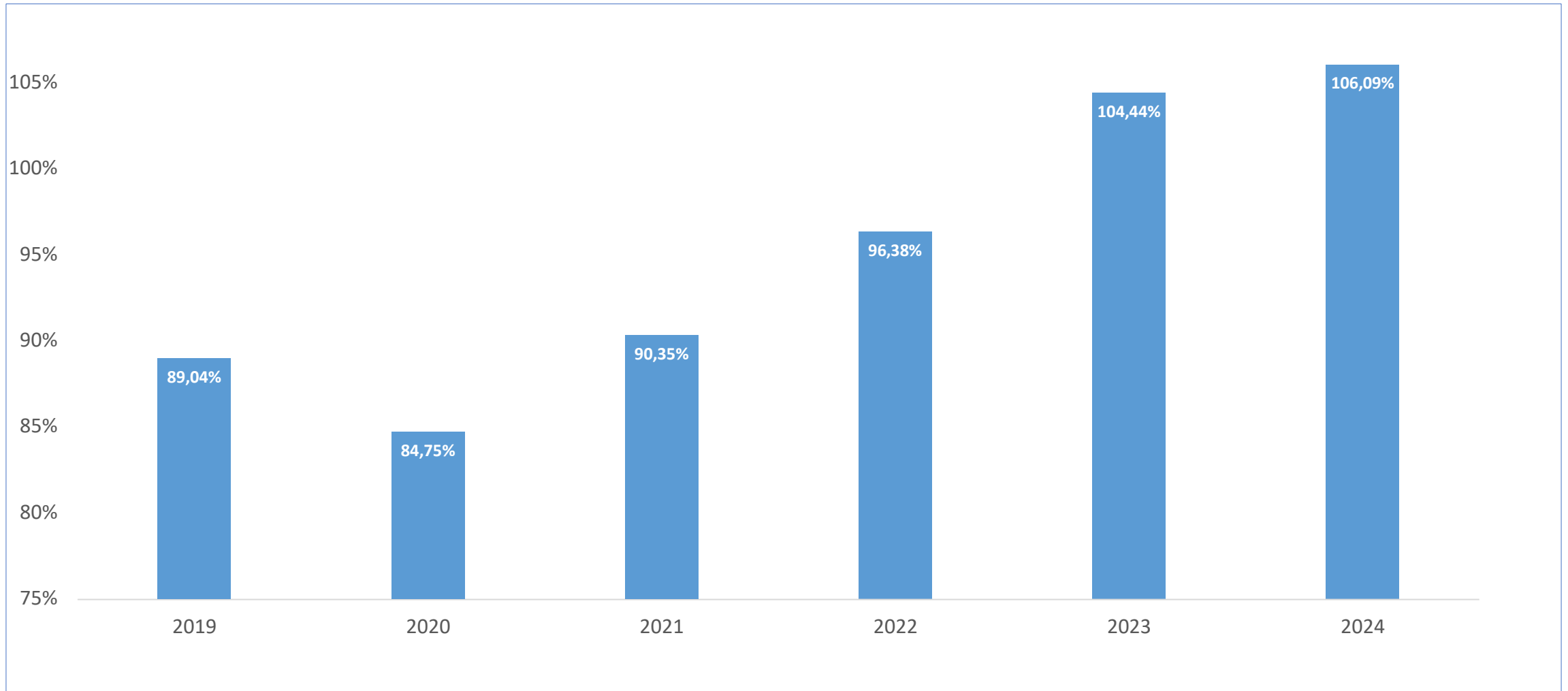
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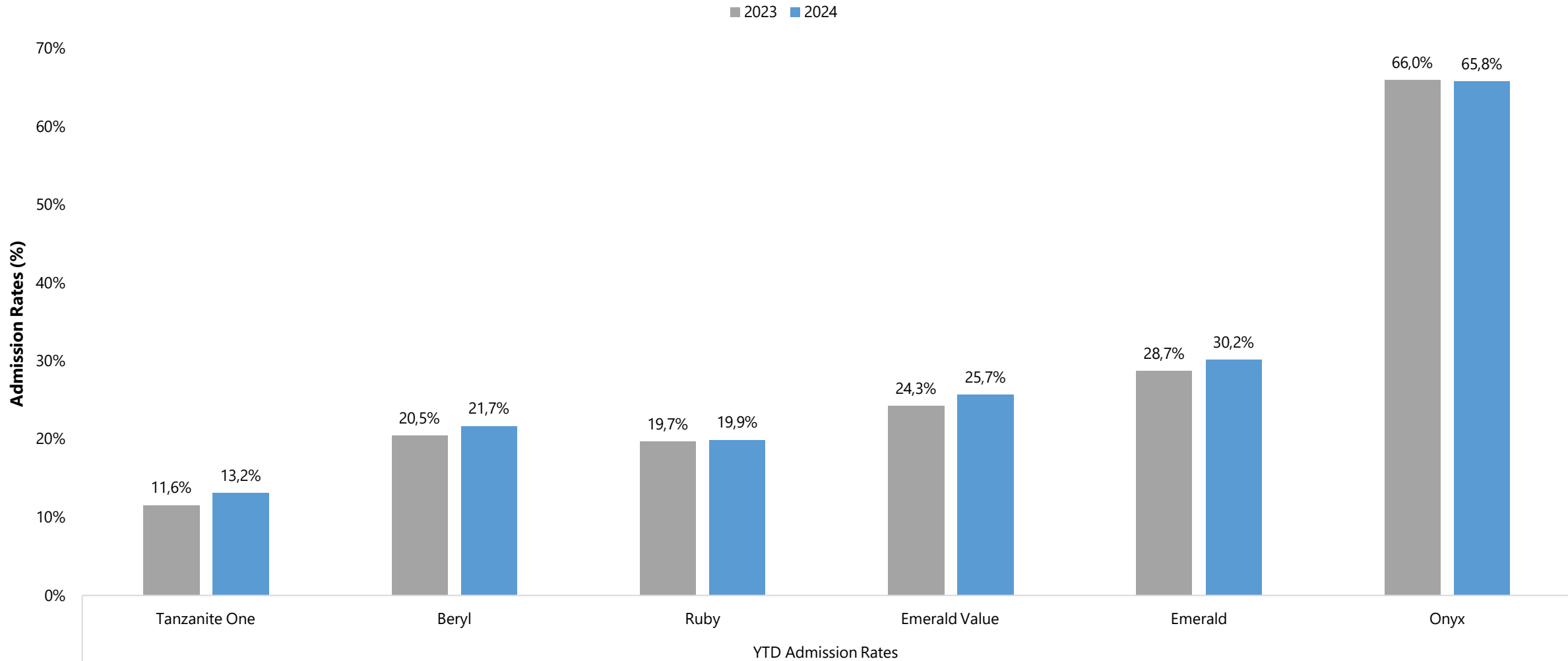
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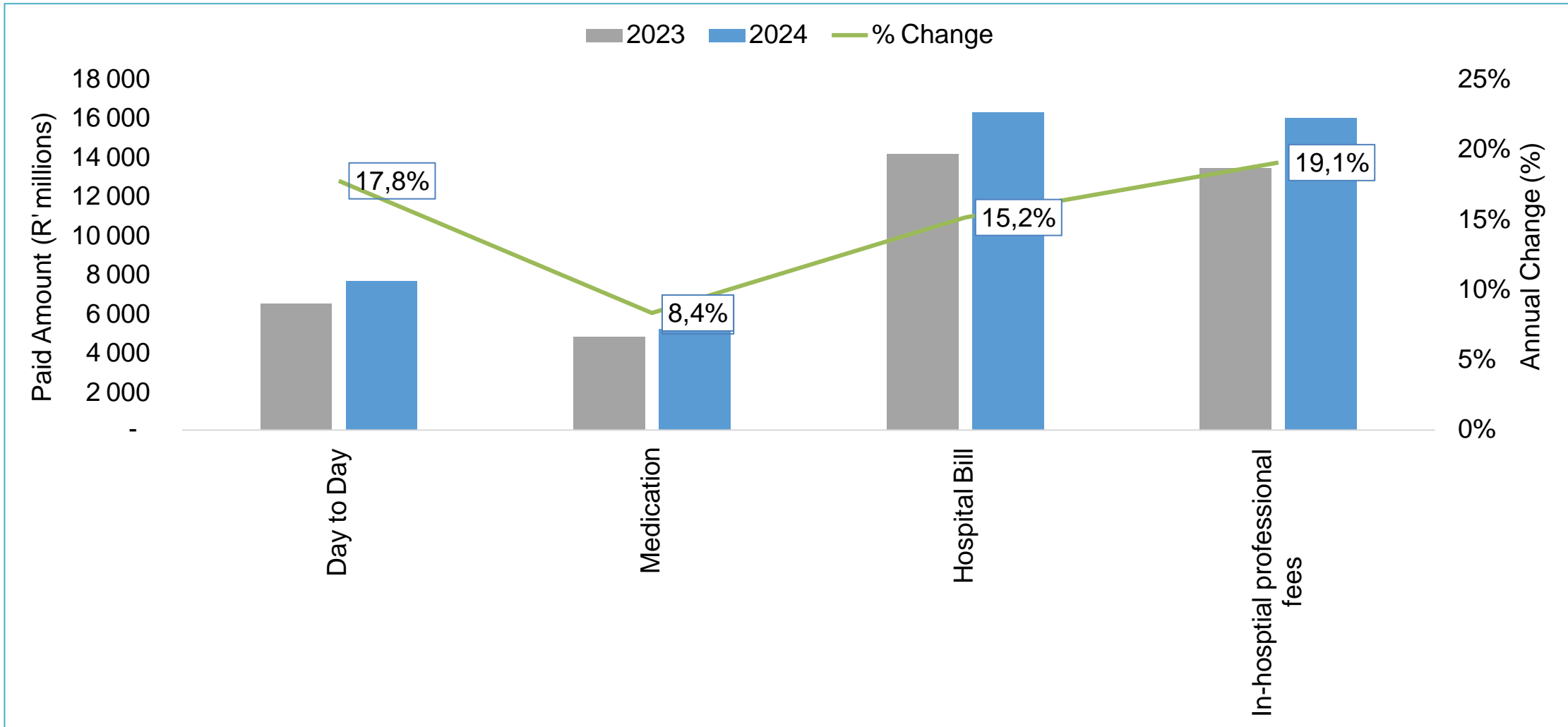
CLAIMS RATIO



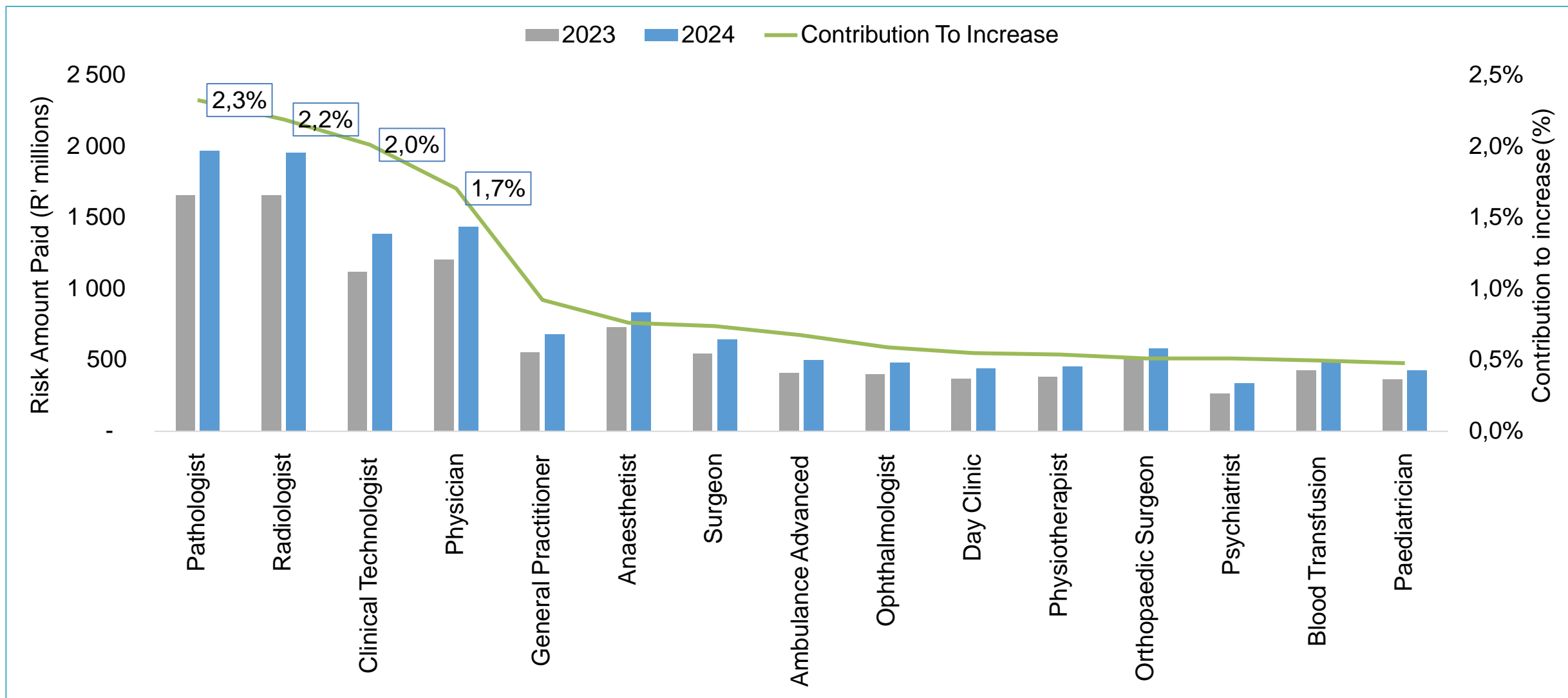
HOSPITAL ADMISSION RATES



CLAIMS INCREASE PER DISCIPLINE

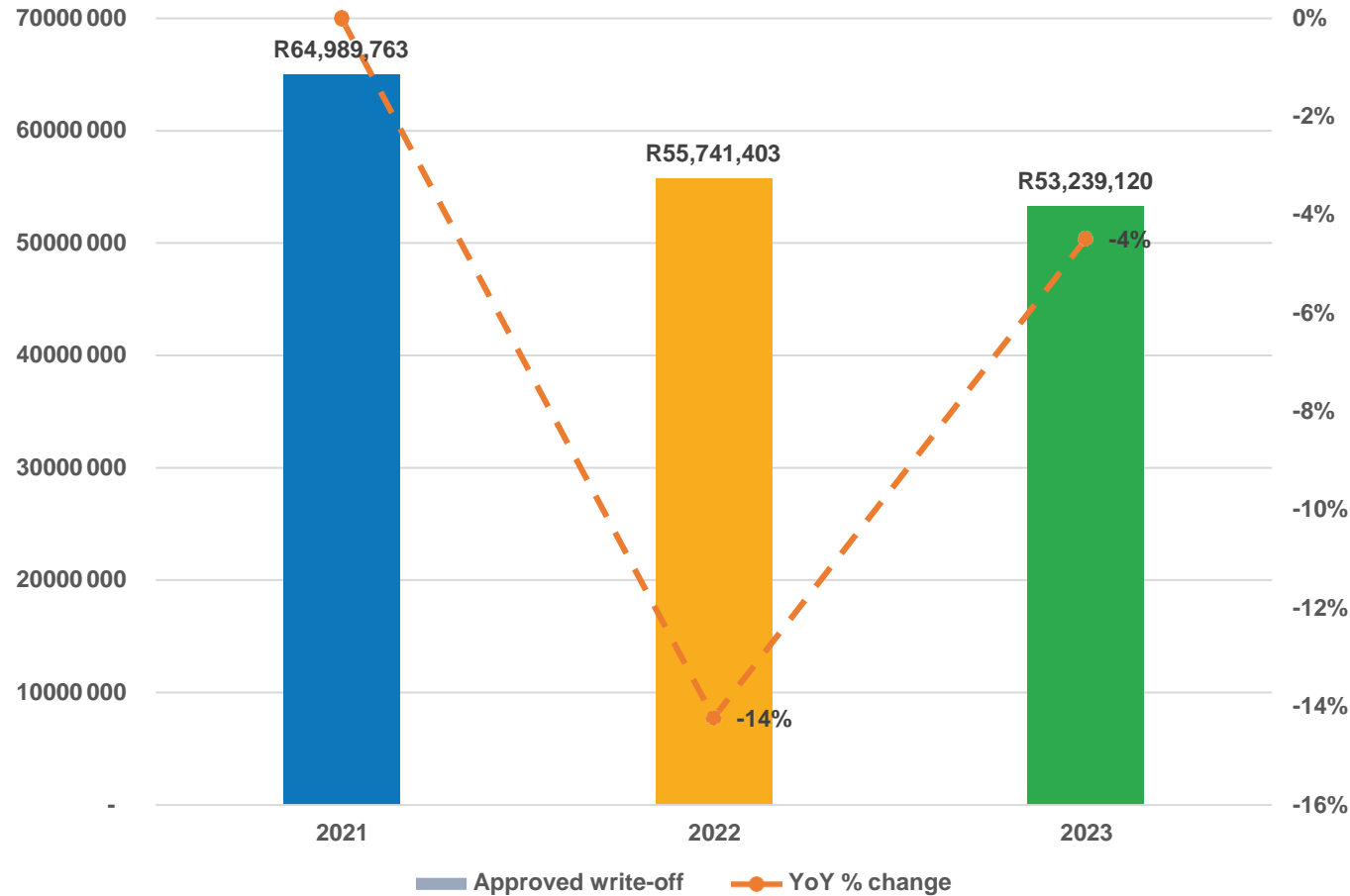


CLAIMS INCREASE DRIVERS



DEBT WRITE-OFF 2021 - 2023

Approved debt write off 2021 - 2023



Major factors influencing annual debt write-off;

1. Pensioners not servicing their debt due to affordability
2. Employer clawbacks due to backdated terminations
3. Debt below policy thresholds (R620 for contribution debt and R1 000 for claims debt)
4. Debt from deceased members

05

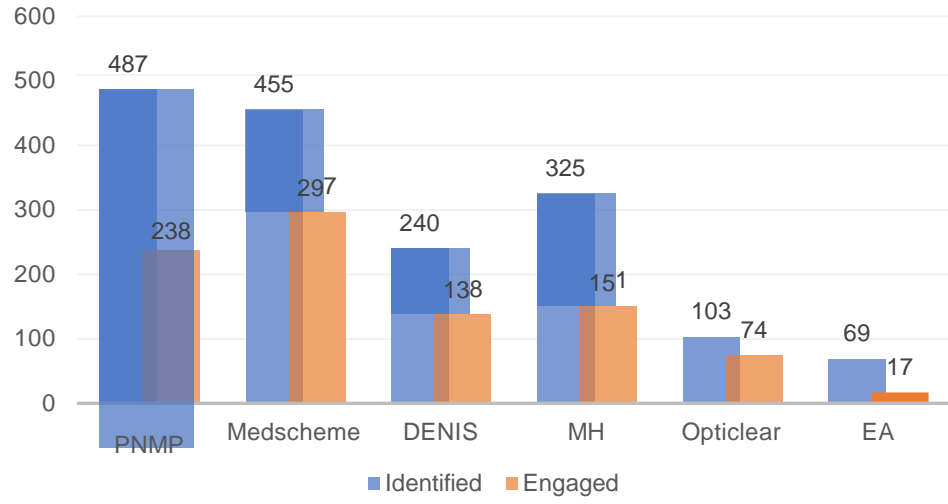
FRAUD WASTE AND ABUSE

MR ISHMAEL MOGAPI

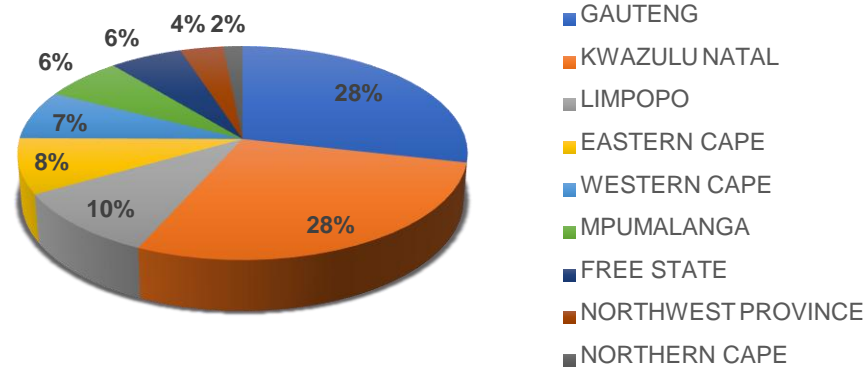
OUTLIER MANAGEMENT | OUTLIER ENGAGEMENTS | GLOBAL VIEW



SPN Identified vs Engaged

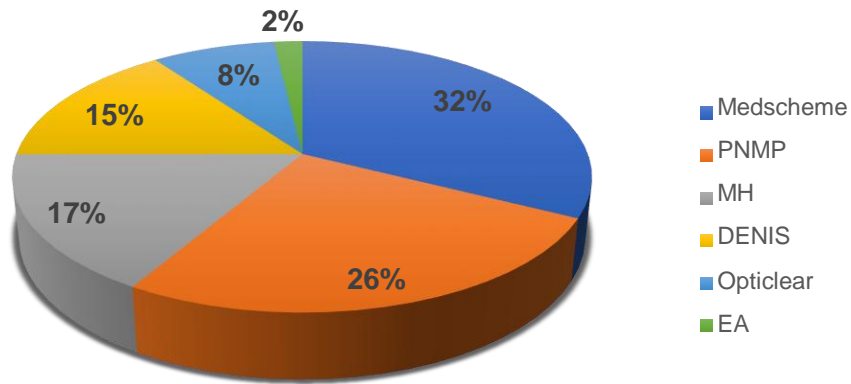


Provincial Split for Identified Providers



Top 10 Disciplines Identified – Global	Count
Pharmacies	504
Physician	129
Dentist	119
Dental Therapist	118
Optometrist	104
EMS	71
Psychiatrist	57
Registered nurses	53
Orthopaedic	49
Surgeon	48

SPN Split for All Providers Engaged



SPN	Identified	Engaged	% Engaged	No Need to Engage	% Completion
PNMP	487	238	49%	0	49%
Medscheme	455	297	65%	0	65%
DENIS	240	138	58%	103	100%
MH	325	151	46%	0	46%
Opticlear	103	74	72%	0	72%
EA	69	17	25%	0	25%
Total	1679	915	54%	103	61%

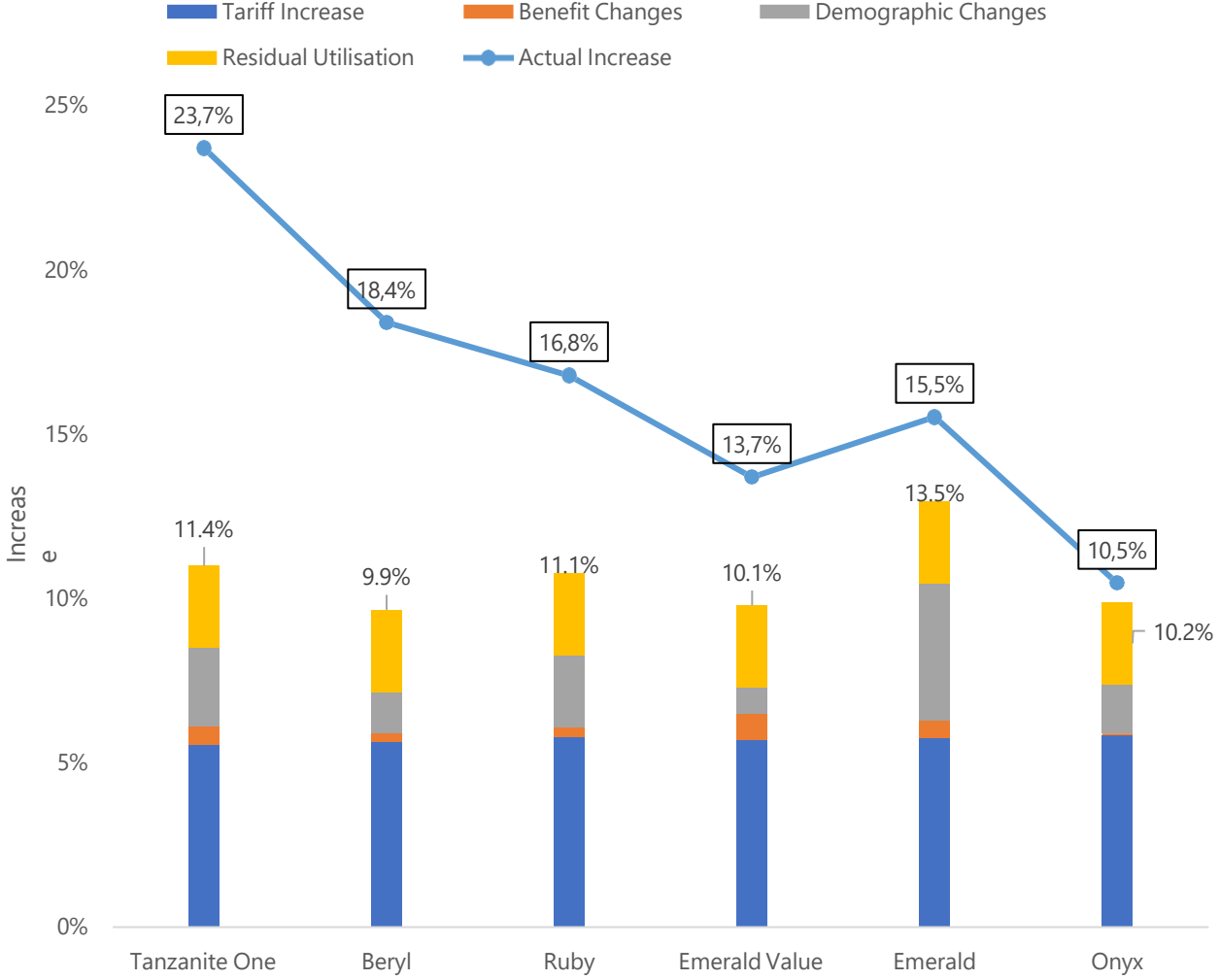
CLAIMS FOR PROVIDER INTERVENTIONS



Reduction in claims after intervention

Period	12 months before intervention	12 months since intervention	Change in expenditure	As percentage
2023	3 256 896 639	2 997 215 994	- 259 680 644	-8.0%
2024	5 590 264 725	5 277 261 566	- 313 003 159	-5.6%

2024 PERFORMANCE AGAINST TARGETS| TARGET ASSUMPTIONS VS ACTUAL EXPERIENCE – YTD NOV (WITH IBNR)



The targets are set at an option level with allowance made for tariff increases, benefit changes, actual demographic changes throughout the year and an assumed residual utilisation increase.

Observed increases across all options are noted to be higher than expected in the target, most notably on Tanzanite One & Beryl.

The Rand deviation on Tanzanite One & Emerald are the biggest contributors to the overall deviation from target.

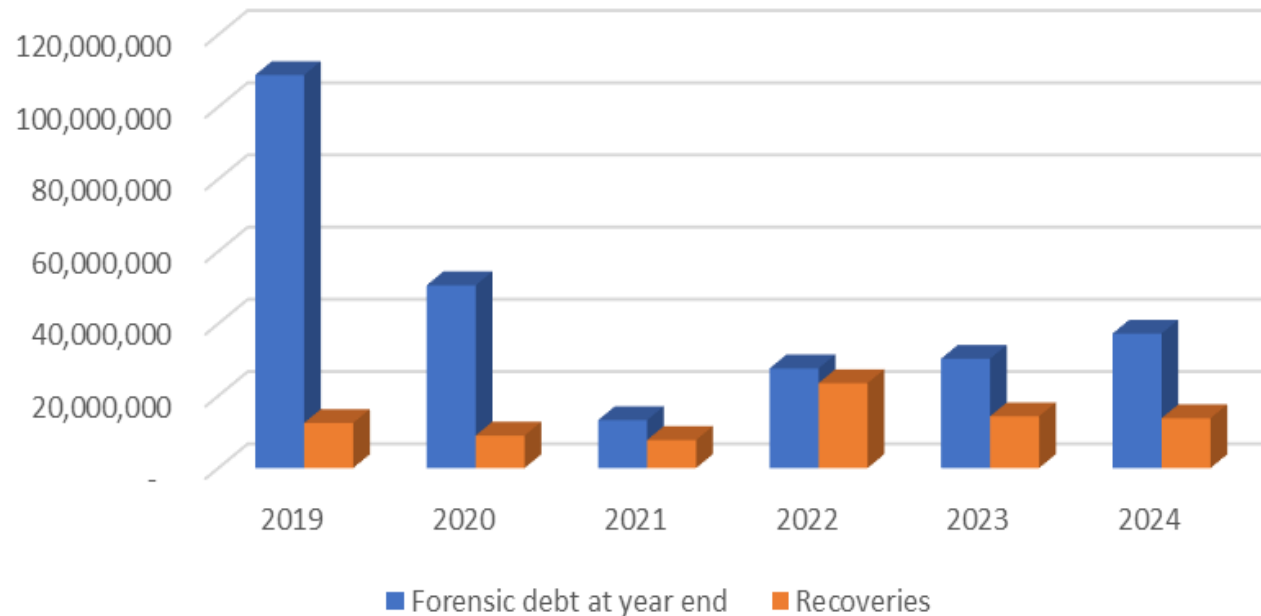
	R millions			
	2024 Actuals	2024 Target	Rand Deviation	% Deviation
Tanzanite One	R6 887	R6 201	R686	11.1%
Beryl	R4 694	R4 358	R336	7.7%
Ruby	R5 632	R5 359	R272	5.1%
Emerald Value	R9 817	R9 504	R313	3.3%
Emerald	R26 480	R26 023	R458	1.8%
Onyx	R2 208	R2 201	R6	0.3%
GEMS	R55 717	R53 646	R2 071	3.9%

FORENSIC DEBT RECOVERY RATE



The following schematic analysis summarises the forensic debt recoveries for the year ending December 2024:

Forensic debts vs Recoveries



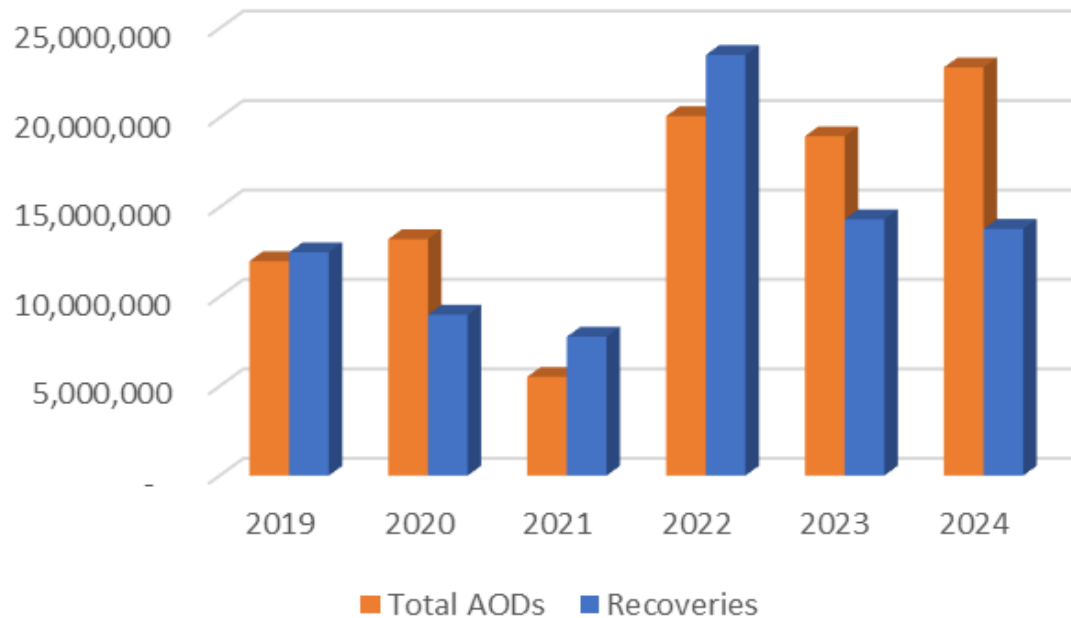
Fraud debt list balance – 01 October 2024	27,091,643
Recoveries	(3,057,472)
* Claims Offsets	(2,086,090)
* Receipts	(971,382)
Other transactions	13,196,953
* Reversals	71,025
* AOD load	12,178,126
* Debt creation / adjustment	947,802
Fraud debt list balance – 31 December 2024	37,231,123

FORENSIC DEBT RECOVERY RATE Cont....



Summary of the fraud debt list at quarter end and schematic analysis of AODs versus recoveries for the year ending **December 2024**:

Total AODs vs Recoveries



Detailed summary of the December 2024 fraud debt list

Fraud debt category	Count	Total
Paying but not in terms of AOD	6	3,939,175
Legal costly	73	2,825,013
Legal total	38	11,592,956
Paying in terms of AOD	34	18,873,979
Totals	151	37,231,123

06

LEVERAGING SCALE

DR VUYO GQOLA

GEMS

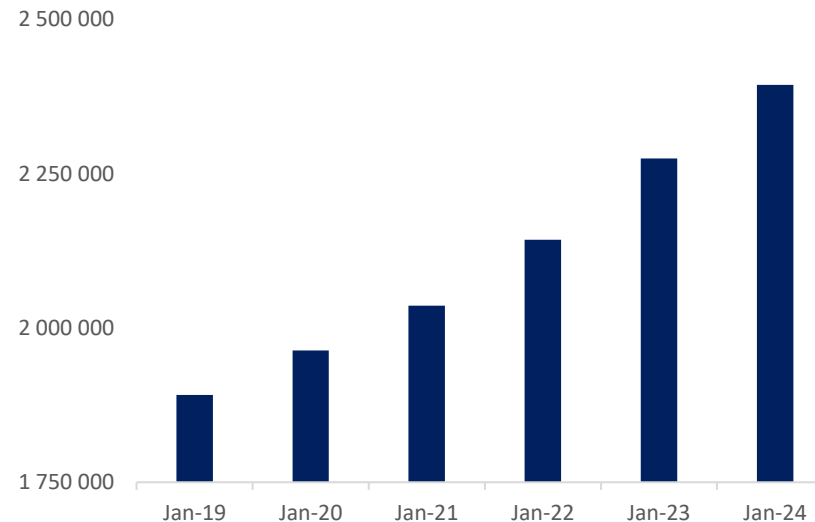


GEMS is the largest closed medical scheme in South Africa. GEMS provides cover to 2.4 million beneficiaries.

GEMS covers more than 1 in 4 beneficiaries in South Africa.



GEMS has grown rapidly. Over 500,000 new beneficiaries have joined GEMS in the past 5-years.



GEMS leverages its scale to secure preferential (but not unsustainable) commercial terms with healthcare providers

LEVERAGING SCALE



GEMS negotiates annual tariff adjustments with healthcare providers. This includes but is not limited to hospitals, pathology labs and clinical technologists. GEMS has consistently secured favourable tariff adjustments which are broadly consistent with (if not lower than) consumer price inflation. This is by virtue of GEMS' market power and technical prowess.

GEMS has established network arrangements whereby patients are channelled to network providers and away from non-network providers. Healthcare providers have agreed to significant concessions to secure network participation. This includes discounts of up to 40% and commitments in relation to the quality of care delivered.

LEVERAGING SCALE



GEMS has and continues to establish alternative reimbursement models and value-based care models. These structures incentivise healthcare providers to deliver more cost-effective and better quality care whilst penalising the provision of costly and poor quality care. Market power allows GEMS to more effectively nudge providers to embrace such structures.

By virtue of its size, GEMS possesses a tremendous volume of clinical and financial data. This data (when coupled with the necessary analytical tools and processes) empowers GEMS to undertake advanced analytical processes which contribute towards the provision of more cost-effective and better quality care. For example, analytical processes contribute towards the detection of fraud, waste and abuse and the development of strategies to tackle such.

INSOURCING OF CAPABILITIES PROGRAMME: EVOLVING FOR ALIGNMENT



Build Internal Capabilities

Build, Operate & Transfer

Strategic Partnerships

Clustering

In-house Integrated Core Operational Systems, Processes and People/Workforce

In-house Integrated Core Operational Systems, Processes and People/Workforce

Partner for Success while Maintaining Industry Best Practice

Reduction of Complexity of our Operating Model (Clustering of Similar Services)

INSOURCING OF CAPABILITIES (IoC) PROGRAMME JOURNEY

Strategy 2014 – 2016: Building Internal Capabilities

Focused on Building Key Capabilities by establishing:

- Established Corporate Services, Office of the PO and other Scheme support divisions
- Established Product Design and Emerald Value Option
- Build Capability through Value-Based Initiative management [e.g. PPO & CBNR Programme]
- Strategic Procurement of GEMS Hospital Network

Strategy 2017 – 2021: Be the Blueprint of NHI

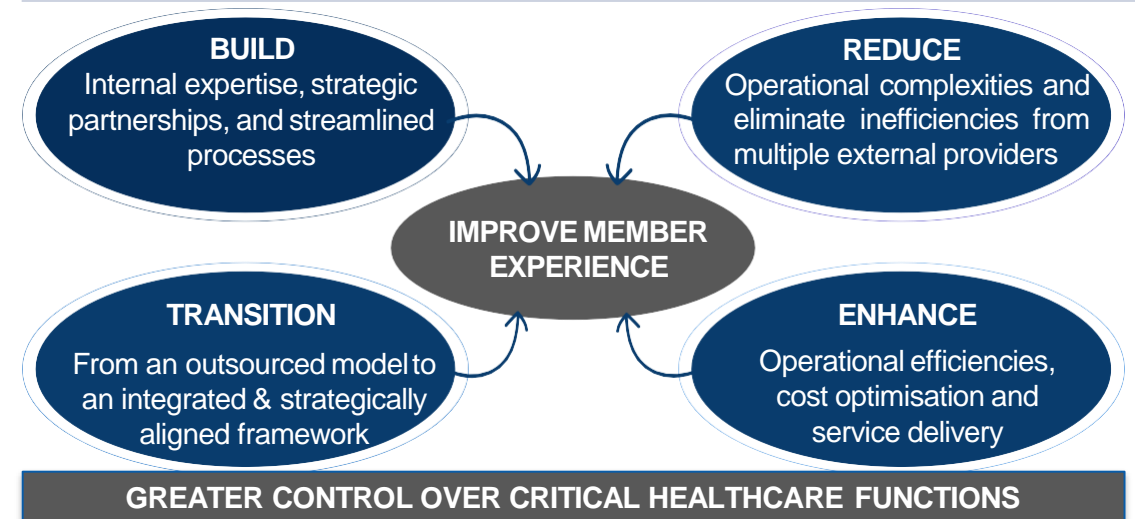
Continued focus on Building key capabilities and Insourcing

- Established Office of the Chief Operations Office and other Scheme support divisions
- Insourced Health & Wellness Screening Services
- Insourced Security and Cleaning Services
- Insourced Provider Liaison Office
- Clustering of Managed Care Services

Strategy 2022 – 2026: Be a “Strategic Partner in Pursuit of UHC

Analysis of Outsourced Landscape (People, Process, Systems)

- Feasibility Studies Conducted for Six (6) Services
- Insourcing of Strategic Managed Care Services and Insourcing of Actuarial Services
- Strategic Partnerships and Clustering of Services
- Definition of the Scheme Target Operating Model



07

PERTINENT MATTERS

DR STAN MOLOABI

GEMS POSITION ON NHI



Navigating NHI:

Ensuring Continuous Medical Cover for GEMS Members.

NHI BILL

- Signing the **NHI Bill into law on 15 May 2024** marked a pivotal step toward **Universal Health Coverage (UHC)** in South Africa.

Support for NHI:

- **GEMS fully supports** the government's efforts to **achieve Universal Health Coverage (UHC)** through the NHI.

The NHI rollout will take years

- Members are **strongly advised to remain covered** to ensure uninterrupted access to quality healthcare.

Importance of Continuous Medical Cover

- **A premature exit from medical aid could leave members vulnerable**, as the NHI system is still being developed and refined.

GEMS aspires to partner with **government in bridging the transition**, actively engaging with government and stakeholders to shape a sustainable and equitable healthcare future.

Stay Covered

Stay Informed

Stay Protected

GEMS POSITION ON BHF/NHI COURT CASE

BHF Court Case

GEMS **has not initiated** or joined **any court proceedings** against the government.

Independent Operations

While GEMS is a member of BHF, it **operates independently** and **determines its own position on healthcare policy**.

Stakeholder Engagement and Commitment to Collaboration

The Scheme remains committed to **working constructively** with stakeholders to support healthcare reform.

Commitment to UHC and Healthcare Transformation

GEMS reaffirms its dedication to equitable healthcare access and meaningful contributions to the transformation of the healthcare system.

BOARD REMUNERATION: 2023



	Term end	Attendance fees R '000	Travel and accommodation R '000	Reimbursements and allowances R '000	Training R '000	Total R '000
Dr IJ Van Zyl	2027/08/29	R931	R132	R40	R5	R1 108
M Phophi (Deputy Chairperson)	2023/09/23	R890	R44	R115	R18	R1 067
Dr SM Hlatshwayo (Chairperson)	2024/02/19	R1 539	R312	R18	R55	R1 924
RA Manoko	2024/03/05	R1 239	R209	R21	R58	R1 527
C Ntshane	2025/09/24	R1 061	R461	R28	R49	R1 599
M Brand	2025/09/24	R939	R177	R16	R51	R1 183
Dr N Tutu	2026/07/30	R1 071	R537	R2	R80	R1 690
L Khumalo	2025/09/24	R1 145	R249	R26	R53	R1 473
P de Villiers	2027/08/29	R1 060	R58	R14	R44	R1 176
Dr J Smit	2027/08/29	R956	R234	R70	R18	R1 278
		R10 831	R2 413	R350	R431	R14 025

EXCO REMUNERATION: 2023



EXCO Member	Guaranteed Pay	Total Remuneration
Stanley Moloabi	R5 572 274	R5 572 274
Ingrid Poee***	R4 391 891	R4 391 891
Karyna van Lingen	R4 071 396	R4 071 396
Sam Lewatle	R3 787 059	R3 787 059
Vuyokazi Gqola	R3 787 059	R3 787 059
Gloria Nkadimeng	R2 815 840	R2 815 840
Evan Theys	R2 815 840	R2 815 840
Phumelela Dhlomo	R2 815 840	R2 815 840
Selaelo Mametja	R2 815 840	R2 815 840
Masingita Chavalala	R2 815 839	R2 815 839
Zaahir Elias	R2 815 839	R2 815 839
Andre Cowley**	R1 877 227	R1 877 227
Veni Singh*	R1 877 226	R1 877 226

*Chief Administration Officer, retired 31 August 2023

**Appointed Chief Compliance Officer effective 1 May 2023

***Chief Operations Officer, resigned 31 December 2023

PSCBC GEMS JOINT WORKING COMMITTEE



- 4.1. Parties agree that this resolution will conclude the intended performance review of GEMS as envisaged in PSCBC Resolution 3 of 2015;
- 4.2. Parties agree to establish a working committee, that will consider the performance of the scheme on an ongoing basis;
- 4.3. The working committee would be required to meaningfully consult on the following;
 - 4.3.1. Strategic direction of the scheme;
 - 4.3.2. The efficiency of the administration of the scheme;
 - 4.3.3. Consider and receive reports on the financial sustainability of the scheme;
 - 4.3.4. Considering the scheme benefit offering relative to other schemes in the market;
 - 4.3.5. Consider the bettering of the member benefit structure;
 - 4.3.6. Receiving and consider reports on membership satisfaction; and
 - 4.3.7. To consider and assist with ongoing membership education and recruitment.
- 4.4. The working committee would comprise of 4 members from the employer, 4 members from the admitted trade unions in Council and 4 representatives from GEMS as designated by the board;
- 4.5. The Principal Officer of GEMS and the General Secretary of the PSCBC will ex-officio be members of the working committee;

SUCCESS OF THE JOINT WORKING COMMITTEE

- **Formation of Tanzanite One** to replace the Sapphire Option.
- Improved **access to private hospitalisation on the GEMS Network and public hospitals.**
- **Amended the rules to BOT tenure.**
- **Introduction of the Multivitamin during COVID** period for members and their beneficiaries.

Thank You

