

Benefit *Options* 2021

IN-HOSPITAL COVER

PRIVATE CHOICE

GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS <i>(including maternity benefits)</i>	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff
WARD FEES	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff
PSYCHIATRIC TREATMENT	<ul style="list-style-type: none"> • Benefits limited to PMB's • Claims will be paid in full when obtained from a DSP • When treated in a non-DSP claims will be paid up to 100% of Scheme Tariff when hospitalised, or the lower cost or R1 000 per contact out of hospital, further limited to R36 000 per beneficiary p.a.
INTERNAL MEDICAL / SURGICAL APPLIANCES OR PROSTHETICS	<ul style="list-style-type: none"> • 50% of cost up to R20 000 per beneficiary p.a.
EXTERNAL MEDICAL / SURGICAL APPLIANCES	<ul style="list-style-type: none"> • 75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures • Subject to approval
PATHOLOGY SERVICES	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff
PLAIN RADIOGRAPHY <i>(i.e. X-rays)</i>	<ul style="list-style-type: none"> • 100% of the lower of cost or Scheme Tariff
MRI & CT SCANS	<ul style="list-style-type: none"> • Member has a co-payment of R2 750 per scan • Up to two (2) scans per member family p.a., further limited to R7 350 per scan • Subject to authorisation • Dento-alveolar procedures, migraine and conservative treatment of back / neck conditions excluded
MAXILLO-FACIAL SURGERY	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff • Required as a result of major trauma or accident <i>(excluding tooth implants, conservative dental treatment, fillings, X-rays, tooth extractions, root canal treatment, dentures, orthodontics, periodontal treatment, orthognathic surgery, osteotomies to correct congetal disorders of the jaw or malocclusion problems, genioplasty and related costs)</i> • Subject to authorisation
DENTAL <i>(part of "Basic dentistry" benefit)</i>	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff for the surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth. Limited to the lower of cost or R10 000 per case <i>(all inclusive)</i> • Limited to one (1) hospital admission per beneficiary p.a. • Cost up to 100% of Scheme Tariff for child beneficiaries, prior to attaining the age of 9 years, for extractions and fillings <i>(once only, lifetime limit)</i>, limited to the lower of cost or R10 000 per case • Subject to Genesis protocols and approval
PAIN RELIEF <i>(epidural injection)</i>	<ul style="list-style-type: none"> • No benefit
PHYSIOTHERAPY <i>(must be directly related to reason for admission)</i>	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff
BLOOD TRANSFUSION	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees
HEMODIALYSIS	<ul style="list-style-type: none"> • No benefit
MEDICINES USED IN HOSPITAL	<ul style="list-style-type: none"> • 100% of legislated cost
SURGICAL PROCEDURES IN DOCTORS' ROOMS	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital
BREAST REDUCTION AND AUGMENTATIONS	<ul style="list-style-type: none"> • No benefit

COSMETIC SURGERY,
(including treatment for obesity and elective or planned procedures not directly caused by or related to illness, accident or disease)

- No benefit

TREATMENT RELATING TO IMPOTENCE

- No benefit

STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)

- In private hospitals, benefits and limits as above
- In public or state hospitals, benefits as prescribed by law

AUXILIARY SERVICES

ENDOSCOPY *(diagnostic)*

- No benefit

EMERGENCY PRE-HOSPITAL TREATMENT, TRANSPORT AND EVACUATION, INCLUDING INTER-HOSPITAL TRANSFERS WITHIN RSA

- 100% of cost when using the preferred provider (ER24)

MAJOR MEDICAL ILLNESS COVER

PROCEDURES AND MEDICATION ADMINISTERED IN AN OUT-OF-HOSPITAL

- Annual in-hospital limit of R50 000 per beneficiary up to 100% of Scheme Tariff for cancer, stroke, motor-neuron disease and organ transplant
- Out-of-hospital benefits limited to Statutory Prescribed Minimum Benefits (PMBs) in public or state hospitals

CHRONIC COVER *(subject to authorisation and registration)*

PRESCRIBED CHRONIC DISEASE LIST CONDITIONS

- Limited to the extent of the therapeutic algorithms
- 100% of the cost of formulary drugs

OUT-OF-HOSPITAL COVER

SAVINGS FACILITY

- No benefit

SELF MANAGED FUND (SMF)

- No benefit

MEDICINES

- No benefit

PRESCRIPTION SPECTACLE / CONTACT LENSES

- No benefit

CONSULTATION BENEFIT:
(General practitioners and medical specialists, Speech therapy and audiology, psychologist, chiropractic services, dietetic services, social worker, physiotherapy / biokinetics, occupational therapist, optometrist, homeopath and related services)

- No benefit

EXTERNAL SURGICAL APPLIANCES
(including repair)

- No benefit

PATHOLOGY SERVICES

- No benefit

PLAIN RADIOGRAPHY (i.e. X-rays)	<ul style="list-style-type: none"> No benefit
MRI & CT SCANS	<ul style="list-style-type: none"> No benefit
BASIC DENTISTRY	<p>Covered at the lower of cost or Scheme Tariff for the following qualifying dental benefits (<i>per beneficiary p.a.</i>) when obtained from a registered Dental Practitioner:</p> <ul style="list-style-type: none"> Three (3) dental oral examinations Six (6) fillings Tooth extractions Six (6) plain X-rays for conservative dentistry (<i>excluding wide angle / panorex imaging and CT / MRI scans</i>) Two (2) root canal treatments, excluding root canal treatment on wisdom teeth Crowns, bridges or dentures limited to the lower of cost or Scheme Tariff, further limited to R5 000 Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth One (1) scale and polish One (1) dental implant limited to R10 000 per three year financial year cycle of membership
ADVANCED DENTISTRY (i.e. orthodontic treatment)	<ul style="list-style-type: none"> No benefit

Contributions 2021

PRIVATE CHOICE

MAIN MEMBER	R1 340
ADULT DEPENDENT	R1 340
CHILD DEPENDENT	R440

Annual Out-Of-Hospital Benefit Facility *Per Adult* - Included in Contributions

SELF MANAGED FUND (SMF)	n/a
DENTAL BENEFIT	yes

Whilst every effort has been made to ensure that the benefits set out herein comprise a detailed summary of the relevant Rules of Genesis, any dispute will be resolved by reference to the registered Rules of Genesis approved by the Registrar of Medical Schemes. Subject to the approval by the Registrar of Medical Schemes.

NOTES 2021

Benefits reflected in this schedule are for the full benefit year and will be pro-rated for those members joining Genesis during the benefit year.

Scheme Tariff: Means the fixed tariff determined by Genesis for the payment of relevant health services / benefits in accordance with the Rules of the Scheme, or the fee determined in terms of any agreement between the Scheme and a service provider(s) in respect of the payment of relevant health services.

Benefits are subject to Genesis issuing a hospital admission reference number, however, payment is not guaranteed if clinical protocols or the terms and conditions as per the Rules are not met.

Beneficiaries on all options share the benefits of adult members, unless expressly stated to the contrary.

Prescribed Minimum Benefits (PMBs) cannot be limited beyond the limits prescribed by law. For further information contact Genesis.

Genesis does not provide any kind of healthcare service or treatment. Treatment can only be provided by / in a registered healthcare practitioner(s) and / or institution(s). The function of the Scheme is therefore to provide the funding for such treatment

and will accordingly reimburse members' claims in terms of its Rules.

Genesis covers all approved conditions, including PMBs, in private hospitals, where the benefits and limits, as set out in the Rules, apply. Hospital accounts, including treatment for PMBs, will usually be paid in full in terms of tariff agreements with the hospital. In private hospitals, the charges of attending doctors / specialists and other healthcare service providers, even for PMBs, will be reimbursed at 100% of Scheme Tariff.

This funding applies to all claims for treatment in private hospitals, even if the condition is listed as a PMB. Shortfalls relating to treatment received in private hospitals usually pertain to charges for attending doctors / specialists if they charge more than 100% of the Scheme Tariff. To this end, should your claim be listed as a PMB and you want it to be paid according to the law as provided for in section 29(1)(p) of the Medical Schemes Act (*"paid in full subject to PMB level of care"*), then treatment must be obtained from any public or

state hospital in South Africa and the Uniform Patient Fee Schedule (UPFS) tariff will apply. In addition, the Scheme's Designated Service Providers (DSPs) in the Western Cape and Gauteng are public or state hospitals.

In short, PMB treatment in private hospitals is reimbursed in terms of the Rules where limits may apply. PMB treatment in public or state hospitals will be reimbursed subject to PMB level of care as prescribed in the Medical Schemes Act. This means that you will receive the same entitlement to treatment that applies to a public or state hospital patient as set out in the regulations to the Act. If in any doubt, please call our Call Centre on 0860 10 20 10 for further information.

The cost of medical services rendered outside the Republic of South Africa, is excluded from the risk benefits on all options.

The Scheme Rules, including a list of excluded conditions, procedures and services for all benefit options, are available on the website or on request from the Scheme.