

# Benefit Options 2022

#thesmartchoice

	Private Choice	Private	Private Comprehensive
<b>Contributions 2022</b>			
Main member	R1 390	R1 925	R2 715
Adult dependant	R1 390	R1 925	R2 715
Child dependant	R 455	R 550	R 550
<b>Annual out-of-hospital benefits</b>			
Dental benefits	✓	✓	✓
Self Managed Fund (SMF)	-	-	R8 160 per adult

## PRIVATE CHOICE

Hospital plan for younger individuals / families.  
Doctors covered at 100% of Scheme Tariff.  
**Bonus:** Includes day-to-day dentistry benefits.

## PRIVATE

Hospital plan with some day-to-day benefits.  
Doctors covered at 200% of Scheme Tariff.  
**Bonus:** Includes day-to-day dentistry benefits.

## PRIVATE COMPREHENSIVE

Hospital plan with generous day-to-day benefits.  
Doctors covered at 200% of Scheme Tariff.  
**Bonus:** Includes day-to-day dentistry benefits.

## IN-HOSPITAL & RELATED BENEFITS

### STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)

### WARD FEES

### GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (including maternity benefits)

### PSYCHIATRIC TREATMENT

#### • IN-HOSPITAL • IN-HOSPITAL • IN-HOSPITAL

- In private hospitals, benefits and limits as below

- In public or state hospitals, benefits as prescribed by law

- Cost up to 100% of Scheme Tariff

- Cost up to 100% of Scheme Tariff

- Benefits limited to PMBs

- 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 of the cost or R1 000 per contact out of hospital, further limited to R36 000 per beneficiary p.a.

- In private hospitals, benefits and limits as below

- In public or state hospitals, benefits as prescribed by law

- Cost up to 100% of Scheme Tariff

- Cost up to 200% of Scheme Tariff

- Benefits limited to PMBs

- Claims will be paid in full when obtained from a DSP

- When treated in a non-DSP claims will be paid up to 200% of Scheme Tariff when hospitalised, or the lower of the cost or R1 000 per contact out of hospital, further limited to R36 000 per beneficiary p.a.

- In private hospitals, benefits and limits as below

- In public or state hospitals, benefits as prescribed by law

- Cost up to 100% of Scheme Tariff

- Cost up to 200% of Scheme Tariff

- Benefits limited to PMBs

- Claims will be paid in full when obtained from a DSP

- When treated in a non-DSP claims will be paid up to 200% of Scheme Tariff when hospitalised, or the lower of the cost or R1 000 per contact out of hospital, further limited to R36 000 per beneficiary p.a.

		PRIVATE CHOICE	PRIVATE	PRIVATE COMPREHENSIVE
MEDICINES USED IN HOSPITAL		- 100% of legislated cost	- 100% of legislated cost	- 100% of legislated cost
PATHOLOGY SERVICES		- Cost up to 100% of Scheme Tariff	- Cost up to 100% of Scheme Tariff	- Cost up to 100% of Scheme Tariff
PLAIN RADIOGRAPHY (i.e. X-rays)		- 100% of the lower of cost or Scheme Tariff	- 100% of the lower of cost or Scheme Tariff	- 100% of the lower of cost or Scheme Tariff
MRI & CT SCANS	• IN-HOSPITAL	- Member has a co-payment of R2 750 per scan	- 100% of the lower of cost or Scheme Tariff	- 100% of the lower of cost or Scheme Tariff
	• IN-HOSPITAL	- Up to two (2) scans per member family p.a., further limited to R7 350 per scan	- Scans related to conservative treatment of back / neck conditions paid up to 50% of the lower of cost or Scheme Tariff, further limited to R7 600 per beneficiary p.a.	- Scans related to conservative treatment of back / neck conditions paid up to 50% of the lower of cost or Scheme Tariff, further limited to R7 600 per beneficiary p.a.
	• IN-HOSPITAL	- Subject to authorisation	- Subject to authorisation	- Subject to authorisation
INTERNAL MEDICAL / SURGICAL APPLIANCES OR PROSTHETICS	• IN-HOSPITAL	- Dento-alveolar procedures, migraine and conservative treatment of back / neck conditions excluded	- Subject to authorisation	- Subject to authorisation
EXTERNAL MEDICAL / SURGICAL APPLIANCES	• IN-HOSPITAL	- 50% of cost up to R20 000 per beneficiary p.a.	-100% of cost up to R30 000 per beneficiary p.a.	-100% of cost up to R30 000 per beneficiary p.a.
	• IN-HOSPITAL	- 75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures	- 75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures	- 75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures
PHYSIOTHERAPY (must be directly related to reason for admission)	• IN-HOSPITAL	- Subject to approval	- Subject to approval	- Subject to approval
	• IN-HOSPITAL	- Cost up to 100% of Scheme Tariff	- Cost up to 100% of Scheme Tariff	- Cost up to 100% of Scheme Tariff
BLOOD TRANSFUSION	• IN-HOSPITAL	- Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees	- Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees	- Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees
	• IN-HOSPITAL	- 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	- 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	- 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
DENTAL (part of "Basic dentistry" benefit)	• IN-HOSPITAL	- Limited to the lower of cost or R10 000 per case ( <i>all inclusive</i> )	- Limited to the lower of cost or R10 000 per case ( <i>all inclusive</i> )	- Limited to the lower of cost or R10 000 per case ( <i>all inclusive</i> )
	• IN-HOSPITAL	- Limited to one (1) hospital admission per beneficiary p.a.	- Limited to one (1) hospital admission per beneficiary p.a.	- Limited to one (1) hospital admission per beneficiary p.a.
	• IN-HOSPITAL	- 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	- 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	- 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
	• IN-HOSPITAL	- Subject to Genesis protocols and approval	- Subject to Genesis protocols and approval	- Subject to Genesis protocols and approval

	PRIVATE CHOICE	PRIVATE	PRIVATE COMPREHENSIVE
<b>MAXILLO-FACIAL SURGERY</b>	- Cost up to 100% of Scheme Tariff	- Cost up to 200% of Scheme Tariff	- Cost up to 200% 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, perio-dental treatment, orthognathic surgery, osteotomies to correct congenital disorders of the jaw or malocclusion problems, genioplasty and related costs</i> )	- 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, perio-dental treatment, orthognathic surgery, osteotomies to correct congenital disorders of the jaw or malocclusion problems, genioplasty and related costs</i> )	- 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, perio-dental treatment, orthognathic surgery, osteotomies to correct congenital disorders of the jaw or malocclusion problems, genioplasty and related costs</i> )
	- Subject to authorisation	- Subject to authorisation	- Subject to authorisation
<b>PAIN RELIEF</b> (epidural injection)	- No benefit	- Benefit for conservative back and / or neck ( <i>spinal / vertebral</i> ) condition paid up to 75% of the cost, further limited to R5 000 per beneficiary p.a. ( <i>all inclusive</i> )	- Benefit for conservative back and / or neck ( <i>spinal / vertebral</i> ) condition paid up to 75% of the cost, further limited to R5 000 per beneficiary p.a. ( <i>all inclusive</i> )
<b>HEMODIALYSIS</b>	- No benefit	- 100% of cost up to R300 000 per member family p.a. at Scheme Tariff	- 100% of cost up to R300 000 per member family p.a. at Scheme Tariff
<b>BREAST REDUCTION AND AUGMENTATIONS</b>	- No benefit	- No benefit	- 100% of cost subject to available SMF balance
<b>COSMETIC SURGERY</b> (including treatment for obesity and elective or planned procedures not directly caused by or related to illness, accident or disease)	- No benefit	- No benefit	- 100% of cost subject to available SMF balance
<b>TREATMENT RELATING TO IMPOTENCE</b>	- No benefit	- No benefit	- 100% of cost subject to available SMF balance
<b>SURGICAL PROCEDURES IN DOCTORS' ROOMS</b>	- Cost up to 100% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital	- Cost up to 200% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital	- Cost up to 200% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital

• IN-HOSPITAL • IN-HOSPITAL • IN-HOSPITAL • IN-HOSPITAL • IN-HOSPITAL • IN-HOSPITAL • IN-HOSPITAL • IN-HOSPITAL •

**MAJOR MEDICAL ILLNESS BENEFITS**

<b>PROCEDURES &amp; MEDICATION ADMINISTERED IN &amp; OUT-OF-HOSPITAL FOR:-</b>	• IN-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	- Annual limit of R550 000 per beneficiary up to 200% of Scheme Tariff for cancer, stroke, motor-neuron disease and organ transplant	- Annual limit of R550 000 per beneficiary up to 200% of Scheme Tariff for cancer, stroke, motor-neuron disease and organ transplant
	• IN-HOSPITAL •	- Out-of-hospital benefits limited to Statutory Prescribed Minimum Benefits (PMBs) in public or state hospitals		

	PRIVATE CHOICE	PRIVATE	PRIVATE COMPREHENSIVE
<b>CANCER</b>  <b>ORGAN TRANSPLANT</b>  <b>HOSPICE:</b> • Accommodation • Home care visits • Home visits by medical practitioner	<b>IN-HOSPITAL • IN-HOSPITAL</b>	<b>FURTHER SUB-LIMITS APPLY FOR:</b> - Oncologist consultations, chemotherapy, radiotherapy (including brachytherapy), MRI / CT / PET and bone scans, pathology tests and materials up to R250 000 per beneficiary p.a.	<b>FURTHER SUB-LIMITS APPLY FOR:</b> - Oncologist consultations, chemotherapy, radiotherapy (including brachytherapy), MRI / CT / PET and bone scans, pathology tests and materials up to R250 000 per beneficiary p.a.
		- Cost of immunosuppressant medication up to R84 000 per member family p.a.	- Cost of immunosuppressant medication up to R84 000 per member family p.a.
		- 100% of cost	- 100% of cost
		- R200 per day	- R200 per day
		- Cost up to 100% of Scheme Tariff	- Cost up to 100% of Scheme Tariff

**DIAGNOSTIC ENDOSCOPY BENEFITS**

<b>COLONOSCOPY</b>	- No benefit	- R5 750 per procedure (all inclusive)	- R5 750 per procedure (all inclusive)
<b>GASTROSCOPY</b>	- No benefit	- R3 650 per procedure (all inclusive)	- R3 650 per procedure (all inclusive)

**EMERGENCY SERVICES BENEFITS**

<b>EMERGENCY PRE-HOSPITAL TREATMENT, TRANSPORT AND EVACUATION, INCLUDING INTER-HOSPITAL TRANSFERS WITHIN RSA</b>	- 100% of cost when using the preferred provider (ER24)	- 100% of cost when using the preferred provider (ER24)	- 100% of cost when using the preferred provider (ER24)
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**CHRONIC BENEFITS (subject to authorisation & registration)**

<b>PRESCRIBED CHRONIC DISEASE LIST CONDITIONS</b>	- Limited to the extent of the therapeutic algorithms	- Limited to the extent of the therapeutic algorithms	- Limited to the extent of the therapeutic algorithms
	- 100% of the cost of formulary drugs	- 100% of the cost of formulary drugs	- 100% of the cost of formulary drugs

## OUT-OF-HOSPITAL BENEFITS

<b>SELF MANAGED FUND</b> (SMF)
<b>MEDICINES</b>
<b>PRESCRIPTION SPECTACLE / CONTACT LENSES</b>
<b>CONSULTATION BENEFIT:</b> (General practitioners, medical specialists, speech therapy and audiology, psychologist, chiropractic services, dietetic services, social worker, physiotherapy / biokinetics, occupational therapist, optometrist, homeopath and related services)
<b>EXTERNAL SURGICAL APPLIANCES</b> (including repair)
<b>PATHOLOGY SERVICES</b>
<b>PLAIN RADIOGRAPHY</b> (i.e. X-rays)
<b>MRI &amp; CT SCANS</b>
<b>BASIC DENTISTRY</b>

• OUT-OF-HOSPITAL • OUT-OF-HOSPITAL • OUT-OF-HOSPITAL • OUT-OF-HOSPITAL • OUT-OF-HOSPITAL • OUT-OF-HOSPITAL • OUT-OF-HOSPITAL • OUT-OF-HOSPITAL

	PRIVATE CHOICE	PRIVATE	PRIVATE COMPREHENSIVE
	- No benefit	- No benefit	- R8 160 per adult p.a.
	- No benefit	- No benefit	- Pro-rated and advanced quarterly
	- No benefit	- No benefit	- 100% of legislated cost subject to available SMF balance
	- No benefit	- No benefit	- 100% of cost subject to available SMF balance
	- No benefit	- No benefit	- Cost up to 200% of Scheme Tariff subject to available SMF balance
	- No benefit	- No benefit	- Healthcare provider to be registered with the Health Professions Council of South Africa
	- No benefit	- No benefit	- 100% of cost subject to available SMF balance
	- No benefit	- No benefit	- Cost up to 200% of Scheme Tariff subject to available SMF balance
	- No benefit	- 50% of the lower of cost or Scheme Tariff further limited to R5 000 per beneficiary p.a.	- 50% of the lower of cost or Scheme Tariff further limited to R5 000 per beneficiary p.a.
	- No benefit	- 50% of the lower of cost or Scheme Tariff further limited to R7 600 per beneficiary p.a.	- 50% of the lower of cost or Scheme Tariff further limited to R7 600 per beneficiary p.a.
	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:	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:	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:
	- Three <b>(3)</b> dental oral examinations	- Three <b>(3)</b> dental oral examinations	- Three <b>(3)</b> dental oral examinations
	- Six <b>(6)</b> fillings	- Six <b>(6)</b> fillings	- Six <b>(6)</b> fillings
	- Tooth extractions	- Tooth extractions	- Tooth extractions
	- Six <b>(6)</b> plain X-rays for conservative dentistry (excluding wide angle / panorex imaging and CT / MRI scans)	- Six <b>(6)</b> plain X-rays for conservative dentistry (excluding wide angle / panorex imaging and CT / MRI scans)	- Six <b>(6)</b> plain X-rays for conservative dentistry (excluding wide angle / panorex imaging and CT / MRI scans)
	- Two <b>(2)</b> root canal treatments, excluding root canal treatment on wisdom teeth	- Two <b>(2)</b> root canal treatments, excluding root canal treatment on wisdom teeth	- Two <b>(2)</b> root canal treatments, excluding root canal treatment on wisdom teeth

**BASIC DENTISTRY**  
(continued)

**ADVANCED DENTISTRY**  
(i.e. orthodontic treatment)

• OUT-OF-HOSPITAL

	PRIVATE CHOICE	PRIVATE	PRIVATE COMPREHENSIVE
	- Crowns, bridges or dentures limited to the lower of cost or Scheme Tariff, further limited to R5 000	- Crowns, bridges or dentures limited to the lower of cost or Scheme Tariff, further limited to R5 000	- 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	- Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth	- Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth
	- One (1) scale and polish	- One (1) scale and polish	- One (1) scale and polish
	- One (1) dental implant limited to R10 000 per three year financial year cycle of membership	- One (1) dental implant limited to R10 000 per three year financial year cycle of membership	- One (1) dental implant limited to R10 000 per three year financial year cycle of membership
	- No benefit	- No benefit	- 100% of cost subject to available SMF balance

# Important information

**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. 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.

Prescribed Minimum Benefits (PMBs) cannot be limited beyond the limits prescribed by law.

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% or 200% of the Scheme Tariff, depending which benefit option you are on. This funding applies to all claims for treatment in private hospitals, even if the condition is listed as a PMB. Short-falls relating to treatment received in private hospitals usually pertain to charges for attending doctors / specialists if they charge more than 100% or 200% 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, Northern 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.

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.

*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.*