





**DIAGNOSTIC ENDOSCOPY BENEFITS**

COLONOSCOPY

- R5 750 per procedure (*all inclusive*)

GASTROSCOPY

- R3 650 per procedure (*all inclusive*)

**EMERGENCY SERVICES BENEFITS**

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

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

**CHRONIC BENEFITS (subject to authorisation & registration)**

PRESCRIBED CHRONIC DISEASE LIST CONDITIONS

- Limited to the extent of the therapeutic algorithms

- 100% of the cost of formulary drugs

**OUT-OF-HOSPITAL BENEFITS**

SELF MANAGED FUND (SMF)

- No benefit

MEDICINES

- No benefit

PRESCRIPTION SPECTACLE / CONTACT LENSES

- No benefit

CONSULTATION BENEFIT: (General practitioners, 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)

- 50% of the lower of cost or Scheme Tariff further limited to R5 000 per beneficiary p.a.

MRI & CT SCANS

- 50% of the lower of cost or Scheme Tariff further limited to R7 600 per beneficiary p.a.

BASIC DENTISTRY

Covered at the lower of cost or Scheme Tariff for the following qualifying dental benefits (*per beneficiary p.a.*) when obtained from a registered Dental Practitioner:

- Three **(3)** dental oral examinations

- Six **(6)** fillings

- Tooth extractions

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**BASIC DENTISTRY**  
(continued)

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

• **OUT-OF-HOSPITAL** •

- Six **(6)** plain X-rays for conservative dentistry (excluding wide angle / panorex imaging and CT / MRI scans)
- 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
- No benefit

# Important information

**BENEFITS REFLECTED IN THIS SCHEDULE ARE FOR THE FULL BENEFIT YEAR AND WILL BE PRORATED 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. Shortfalls 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.*