Benefit Options 2022

#thesmartchoice

Contributions 2022	Private Choice
Main member	R1 390
Adult dependant	R1 390
Child dependant	R 455
Annual out-of-hospital benefits	
Dental benefits	✓
Self Managed Fund (SMF)	–

PRIVATE CHOICE

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

IN-HOSPITAL & RELATED BENEFITS

STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)	- In private hospitals, benefits and limits as below
	- In public or state hospitals, benefits as prescribed by law
WARD FEES	- Cost up to 100% of Scheme Tariff
GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (including maternity benefits)	- Cost up to 100% of Scheme Tariff
PSYCHIATRIC TREATMENT	- 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.
MEDICINES USED IN HOSPITAL	- 100% of legislated cost
PATHOLOGY SERVICES	- Cost up to 100% of Scheme Tariff
PLAIN RADIOGRAPHY (i.e. X-rays)	- 100% of the lower of cost or Scheme Tariff
MRI & CT SCANS	- 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
INTERNAL MEDICAL / SURGICAL APPLIANCES OR PROSTHETICS	- 50% of cost up to R20 000 per beneficiary p.a.
EXTERNAL MEDICAL / SURGICAL APPLIANCES	- 75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures
	- Subject to approval
PHYSIOTHERAPY (must be directly related to reason for admission)	- Cost up to 100% of Scheme Tariff

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		PRIVATE CHOICE
BLOOD TRANSFUSION	• IN-HOSPITAL •	- Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees
DENTAL (part of "Basic dentistry" benefit)	• 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 - Limited to the lower of cost or R10 000 per case *(all inclusive)* - 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 *(once only, lifetime limit),* limited to the lower of cost or R10 000 per case - Subject to Genesis protocols and approval
MAXILLO-FACIAL SURGERY	• IN-HOSPITAL •	- Cost up to 100% of Scheme Tariff - Required as a result of major trauma or accident *(excluding tooth implants, conservative dental treatment, fillings, X-rays, tooth extractions, root canal treatment, dentures, orthodontics, perio-dontal treatment, orthognathic surgery, osteotomies to correct congenital disorders of the jaw or malocclusion problems, genioplasty and related costs)* - Subject to authorisation
PAIN RELIEF (epidural injection)	• IN-HOSPITAL •	- No benefit
HEMODIALYSIS	• IN-HOSPITAL •	- No benefit
BREAST REDUCTION AND AUGMENTATIONS	• IN-HOSPITAL •	- No benefit
COSMETIC SURGERY (including treatment for obsesity and elective or planned procedures not directly caused by or related to illness, accident or disease)	• IN-HOSPITAL •	- No benefit
TREATMENT RELATING TO IMPOTENCE	• IN-HOSPITAL •	- No benefit
SURGICAL PROCEDURES IN DOCTORS' ROOMS	• IN-HOSPITAL •	- Cost up to 100% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital

MAJOR MEDICAL ILLNESS BENEFITS

PROCEDURES & MEDICATION ADMINISTERED IN & OUT-OF-HOSPITAL FOR:-	• 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 - Out-of-hospital benefits limited to Statutory Prescribed Minimum Benefits (PMBs) in public or state hospitals
CANCER		
ORGAN TRANSPLANT		
HOSPICE: • Accommodation		
• Home care visits		
• Home visits by medical practitioner	N-HOSPITAL •	

PRIVATE CHOICE

DIAGNOSTIC ENDOSCOPY BENEFITS

COLONOSCOPY	- No benefit
GASTROSCOPY	- No benefit

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)	- No benefit
MRI & CT SCANS	- No benefit
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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		PRIVATE CHOICE
BASIC DENTISTRY (continued)	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
ADVANCED DENTISTRY (i.e. orthodontic treatment)		– No benefit

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% 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% 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.