

Benefit Options 2022

#thesmartchoice

| | Private Choice | Private | Private Comprehensive |
|--|----------------|---------|-----------------------|
| Contributions 2022 | | | |
| Main member | R1 390 | R1 925 | R2 715 |
| Adult dependant | R1 390 | R1 925 | R2 715 |
| Child dependant | R 455 | R 550 | R 550 |
| Annual out-of-hospital benefits | | | |
| 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 |
|---|--|--|--|--|
| <p>MAXILLO-FACIAL SURGERY</p> <p>PAIN RELIEF (epidural injection)</p> <p>HEMODIALYSIS</p> <p>BREAST REDUCTION AND AUGMENTATIONS</p> <p>COSMETIC SURGERY (including treatment for obesity and elective or planned procedures not directly caused by or related to illness, accident or disease)</p> <p>TREATMENT RELATING TO IMPOTENCE</p> <p>SURGICAL PROCEDURES IN DOCTORS' ROOMS</p> | <p>• IN-HOSPITAL</p> <p>• IN-HOSPITAL</p> <p>• IN-HOSPITAL</p> <p>• IN-HOSPITAL</p> <p>• IN-HOSPITAL</p> <p>• IN-HOSPITAL</p> | <ul style="list-style-type: none"> - Cost up to 100% of Scheme Tariff | <ul style="list-style-type: none"> - Cost up to 200% of Scheme Tariff | <ul style="list-style-type: none"> - Cost up to 200% of Scheme Tariff |
| | | <ul style="list-style-type: none"> - 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-dontal treatment, orthognathic surgery, osteotomies to correct congenital disorders of the jaw or malocclusion problems, genioplasty and related costs</i>) | <ul style="list-style-type: none"> - 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-dontal treatment, orthognathic surgery, osteotomies to correct congenital disorders of the jaw or malocclusion problems, genioplasty and related costs</i>) | <ul style="list-style-type: none"> - 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-dontal treatment, orthognathic surgery, osteotomies to correct congenital disorders of the jaw or malocclusion problems, genioplasty and related costs</i>) |
| | | <ul style="list-style-type: none"> - Subject to authorisation | <ul style="list-style-type: none"> - Subject to authorisation | <ul style="list-style-type: none"> - Subject to authorisation |
| | | <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - 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>) | <ul style="list-style-type: none"> - 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>) |
| | | <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - 100% of cost up to R300 000 per member family p.a. at Scheme Tariff | <ul style="list-style-type: none"> - 100% of cost up to R300 000 per member family p.a. at Scheme Tariff |
| | | <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - 100% of cost subject to available SMF balance |
| <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - 100% of cost subject to available SMF balance | |
| <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - 100% of cost subject to available SMF balance | |
| <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 | <ul style="list-style-type: none"> - Cost up to 200% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital | <ul style="list-style-type: none"> - Cost up to 200% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital | | |

MAJOR MEDICAL ILLNESS BENEFITS

| | | | | |
|---|----------------------|--|--|--|
| <p>PROCEDURES & MEDICATION ADMINISTERED IN & OUT-OF-HOSPITAL FOR:-</p> | <p>• IN-HOSPITAL</p> | <ul style="list-style-type: none"> - No benefit | <ul style="list-style-type: none"> - Annual limit of R550 000 per beneficiary up to 200% of Scheme Tariff for cancer, stroke, motor-neuron disease and organ transplant | <ul style="list-style-type: none"> - Annual limit of R550 000 per beneficiary up to 200% of Scheme Tariff for cancer, stroke, motor-neuron disease and organ transplant |
|---|----------------------|--|--|--|

| | PRIVATE CHOICE | PRIVATE | PRIVATE COMPREHENSIVE |
|---|----------------------------------|---|---|
| CANCER ORGAN TRANSPLANT HOSPICE: <ul style="list-style-type: none"> • Accommodation • Home care visits • Home visits by medical practitioner | IN-HOSPITAL • IN-HOSPITAL | FURTHER SUB-LIMITS APPLY FOR: <ul style="list-style-type: none"> - Oncologist consultations, chemotherapy, radiotherapy (<i>including brachytherapy</i>), MRI / CT / PET and bone scans, pathology tests, medication and materials up to R250 000 per beneficiary p.a. | FURTHER SUB-LIMITS APPLY FOR: <ul style="list-style-type: none"> - Oncologist consultations, chemotherapy, radiotherapy (<i>including brachytherapy</i>), MRI / CT / PET and bone scans, pathology tests, medication and materials up to R250 000 per beneficiary p.a. |
| | | <ul style="list-style-type: none"> - Cost of immunosuppressant medication up to R84 000 per member family p.a. | <ul style="list-style-type: none"> - Cost of immunosuppressant medication up to R84 000 per member family p.a. |
| | | <ul style="list-style-type: none"> - 100% of cost | <ul style="list-style-type: none"> - 100% of cost |
| | | <ul style="list-style-type: none"> - R200 per day - Cost up to 100% of Scheme Tariff | <ul style="list-style-type: none"> - R200 per day - Cost up to 100% of Scheme Tariff |

DIAGNOSTIC ENDOSCOPY BENEFITS

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

EMERGENCY SERVICES BENEFITS

| | | | |
|---|--|--|--|
| EMERGENCY PRE-HOSPITAL TREATMENT, TRANSPORT AND EVACUATION, INCLUDING INTER-HOSPITAL TRANSFERS WITHIN RSA | - 100% of cost when using the preferred provider (<i>ER24</i>) | - 100% of cost when using the preferred provider (<i>ER24</i>) | - 100% of cost when using the preferred provider (<i>ER24</i>) |
|---|--|--|--|

CHRONIC BENEFITS (subject to authorisation & registration)

| | | | |
|--|--|--|--|
| PRESCRIBED CHRONIC DISEASE LIST CONDITIONS | <ul style="list-style-type: none"> - Limited to the extent of the therapeutic algorithms - 100% of the cost of formulary drugs | <ul style="list-style-type: none"> - Limited to the extent of the therapeutic algorithms - 100% of the cost of formulary drugs | <ul style="list-style-type: none"> - Limited to the extent of the therapeutic algorithms - 100% of the cost of formulary drugs |
|--|--|--|--|

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.