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BENEFITS &
CONTRIBUTIONS

MED-200

All Adults

R2255

All Children

R645

BENEFITS OVERVIEW

HOSPITALISATION Hospital and related accounts, e.g. ward fees, medication, X-rays, pathology, etc. Any provider of choice	✓	MAJOR MEDICAL	In-hospital	✓
		ILLNESS CONDITIONS	Out-of-hospital	✓
EMERGENCY MEDICAL EVACUATION	✓	DIAGNOSTIC SCOPES		✓
BASIC DENTISTRY	✓	e.g. colonoscopy, gastroscopy		
MRI / CT SCANS	✓	AUXILIARY SERVICES		✓
In-hospital	✓	e.g. mammogram, cervical smear, PSA test		
Out-of-hospital	✓	SELF MANAGED FUND (SMF)		X

- This benefit option is ideally suited for individuals / families seeking a wider range of, and **more inclusive, mainly in-hospital** private medical cover.
- Provides **unlimited in-hospital** cover for planned and emergency hospital admissions.
- Doctors / specialists are covered at **200% of the Scheme Tariff**.
- Includes a variety of **generous basic dentistry benefits**. In- and out-of-hospital benefits are covered by the Scheme at 100% of the Scheme Tariff.
- Includes **out-of-hospital** cover for **plain radiography (i.e. X-rays and ultra-sound) / MRI / CT scans**.
- Includes benefits for **colonoscopies and gastroscopies**, as well as **preventative screening benefits** such as **mammograms, cervical (PAP) smears and prostate specific antigen (PSA) tests**.
- All other **day-to-day healthcare expenses are self-funded**.

IN-HOSPITAL & RELATED BENEFITS

MED-200

STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)	In private hospitals, benefits and limits as below In public 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 200% of Scheme Tariff
MENTAL ILLNESS	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 250 per contact out of hospital, further limited to R42 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	100% of the lower of cost or Scheme Tariff when hospitalised Scans related to conservative treatment of back / neck conditions paid up to 50% of the lower of cost or Scheme Tariff, further limited to R8 000 per beneficiary p.a. Subject to approval
INTERNAL MEDICAL / SURGICAL APPLIANCES OR PROSTHETICS	100% of cost up to R30 000 per beneficiary p.a.
EXTERNAL MEDICAL / SURGICAL APPLIANCES	Lower of cost or R19 000 per beneficiary 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
BLOOD TRANSFUSION	Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees



IN-HOSPITAL & RELATED BENEFITS



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<p>DENTAL (part of "Basic dentistry" benefit)</p>	<p>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 R15 000 per case (all inclusive)</p> <p>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</p> <p>Subject to Genesis protocols and approval</p> <p>Limited to one (1) hospital admission per beneficiary p.a.</p>
<p>MAXILLO-FACIAL SURGERY</p>	<p>Cost up to 200% of Scheme Tariff</p> <p>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-dental treatment, orthognathic surgery, osteotomies to correct congenital disorders of the jaw or malocclusion problems, genioplasty and related costs)</p> <p>Subject to approval</p>
<p>PAIN RELIEF (epidural injection)</p>	<p>Benefit for conservative back and / or neck (spinal / vertebral) condition(s) paid up to 75% of the cost, further limited to R7 500 per beneficiary p.a. (all inclusive)</p>
<p>HEMODIALYSIS</p>	<p>100% of cost up to R300 000 per beneficiary p.a. at Scheme Tariff</p>
<p>BREAST REDUCTION AND AUGMENTATIONS</p>	<p>No benefit</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>No benefit</p>
<p>TREATMENT RELATING TO IMPOTENCE</p>	<p>No benefit</p>
<p>SURGICAL PROCEDURES IN DOCTORS' ROOMS</p>	<p>Cost up to 200% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital</p>



IN- / OUT-OF-HOSPITAL BENEFITS

MED-200

MAJOR MEDICAL ILLNESS BENEFITS

CANCER	In-and out-of-hospital benefits for oncologist consultations, chemotherapy, radiotherapy (including brachytherapy), MRI / CT / PET and bone scans, pathology tests, medication and materials up to R275 000 per beneficiary p.a.
ORGAN TRANSPLANT	Cost of immuno-suppressant medication up to R84 000 per beneficiary p.a.
HOSPICE: Accommodation Home care visits Home visits by medical practitioner	<ul style="list-style-type: none"> • 100% of cost • R200 per day • Cost up to 100% of Scheme Tariff

DIAGNOSTIC ENDOSCOPY BENEFITS

COLONOSCOPY	R7 500 per procedure (all inclusive)
GASTROSCOPY	R5 000 per procedure (all inclusive)
COLONOSCOPY & GASTROSCOPY (performed at the same time)	R9 750 per event (all inclusive)
PATHOLOGY SERVICES (related to endoscopy benefits)	R1 650 per beneficiary p.a.
	Procedures listed above limited to two (2) claims per beneficiary p.a.

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)
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CHRONIC BENEFITS (subject to approval & registration)

PRESCRIBED CHRONIC DISEASE LIST CONDITIONS	Limited to the extent of the therapeutic algorithms 100% of the cost of formulary drugs
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OUT-OF-HOSPITAL BENEFITS



MED-200

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, ultra-sound)	50% of the lower of cost or Scheme Tariff further limited to R5 500 per beneficiary p.a.
MRI & CT SCANS	50% of the lower of cost or Scheme Tariff further limited to R8 000 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: <ul style="list-style-type: none"> • Three (3) dental oral examinations • Six (6) fillings • Tooth extractions • Plain X-rays and/or wide angle / Panorex imaging limited to the lower of cost or Scheme Tariff further limited to R750 • 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 750



OUT-OF-HOSPITAL BENEFITS



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BASIC DENTISTRY (Continued)	<ul style="list-style-type: none">• Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth• Two (2) scales and polishing• One (1) dental implant limited to R10 000 per three year financial year cycle of membership
ADVANCED DENTISTRY (i.e. orthodontic treatment)	No benefit
AUXILIARY SERVICES	
MAMMOGRAM	100% of the lower of cost or Scheme Tariff further limited to the following conditions: ≤ 39 years : one claim p.a. when prescribed by a general practitioner or gynaecologist ≥ 40 years : one claim p.a.
CERVICAL (PAP) SMEAR	≥ 18 years : one test p.a. when prescribed by a general practitioner or gynaecologist
PROSTATE SPECIFIC ANTIGEN (PSA) TEST	≥ 50 years : one test p.a.



IMPORTANT INFORMATION

BENEFITS REFLECTED IN THIS SCHEDULE ARE FOR THE FULL BENEFIT YEAR AND WILL BE PRO-RATED FOR THOSE MEMBERS / BENEFICIARIES 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 hospital in South Africa and the Uniform Patient Fee Schedule (UPFS) tariff will apply. Genesis has selected all public hospitals in South Africa as its Designated Service Providers (DSPs).

In short, PMB treatment in private hospitals is reimbursed in terms of the Rules where limits may apply.

PMB treatment in public 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 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. Rules are subject to registration by the Council for Medical Schemes.