



2026 BENEFITS BROCHURE



genesis
MEDICAL SCHEME

MED-100 | MED-200 | MED-200 Plus

2026 Benefits Overview

Contributions 2026	MED-100	MED-200	MED-200 Plus
Main Member	R1 680	R2 355	R3 400
Child Dependant	R525	R675	R675

Out-of-hospital benefits 2026	MED-100	MED-200	MED-200 Plus
Emergency Medical Evacuation	✓	✓	✓
Dental Benefits	✓	✓	✓
X-rays / Ultra-sound / MRI / CT scans	X	✓	✓
Colonoscopy / Gastroscopy	X	✓	✓
Mammogram, cervical smear, PSA test	✓	✓	✓
Self Managed Fund (SMF)	X	X	✓

MED-100

- This entry-level benefit option is ideally suited for **younger individuals / families** seeking access to **affordable in-hospital** private medical cover.
- Doctors / specialists are covered at **100% of the Scheme Tariff**.
- Includes a variety of **generous basic dentistry benefits**. In- and out-of-hospital dental benefits are covered by the Scheme at 100% of the Scheme Tariff.
- Also includes **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**.

MED-200

- This benefit option is ideally suited for individuals / families seeking a wider range of, and **more inclusive, mainly in-hospital** private medical cover.
- Doctors / specialists are covered at **200% of the Scheme Tariff**.
- Includes a variety of **generous basic dentistry benefits**. In- and out-of-hospital dental benefits are covered by the Scheme at 100% of the Scheme Tariff.
- Includes **out-of-hospital** cover for **plain radiography (e.g. X-rays and ultra-sound*) / MRI / CT scans**.
* May be used for maternity benefits.
- Includes benefits for **colonoscopies and gastroscopies**.
- Also includes **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**.

MED-200 Plus

- This benefit option is ideally suited for individuals / families seeking a wider range of, and **more inclusive, in- AND out-of-hospital** private medical cover.
- Doctors / specialists are covered at **200% of the Scheme Tariff**.
- Includes a variety of **generous basic dentistry benefits**. In- and out-of-hospital dental benefits are covered by the Scheme at 100% of the Scheme Tariff.
- Includes **out-of-hospital** cover for **plain radiography (e.g. X-rays and ultra-sound*) / MRI / CT scans**.
* May be used for maternity benefits.
- Includes benefits for **colonoscopies and gastroscopies**.
- Also includes **preventative screening benefits** such as **mammograms, cervical (PAP) smears and prostate specific antigen (PSA) tests**.
- **Additional day-to-day healthcare expenses** are funded by a **generous Self Managed Fund (SMF) benefit (R10 800 per adult per annum)**.

In-Hospital & Related Benefits

In-Hospital & Related Benefits	MED-100	MED-200	MED-200 Plus
WARD AND THEATRE FEES	Cost up to 100% of Scheme Tariff		
GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (includes maternity benefits)	Cost up to 100% of Scheme Tariff	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 100% of Scheme Tariff when hospitalised, or the lower of the cost or R1 350 per contact out of hospital, further limited to R54 000 per beneficiary p.a.	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 350 per contact out of hospital, further limited to R54 000 per beneficiary p.a.	
MEDICINES USED IN HOSPITAL	100% of legislated cost		
PATHOLOGY SERVICES	Cost up to 100% of Scheme Tariff		
PLAIN RADIOGRAPHY (e.g. X-rays, ultra-sound)	100% of the lower of cost or Scheme Tariff		

In-Hospital & Related Benefits	MED-100	MED-200	MED-200 Plus
MRI & CT SCANS	Member has a co-payment of R3 000 per scan when hospitalised Balance paid at 100% of the lower of cost or Scheme Tariff Subject to approval EXCLUDED: Scans related to dento-alveolar procedures, migraine and conservative treatment of back / neck conditions	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 400 per beneficiary p.a. Subject to approval	
INTERNAL MEDICAL / SURGICAL APPLIANCES OR PROSTHETICS	50% of cost up to R23 300 per beneficiary p.a.	100% of cost up to R35 000 per beneficiary p.a.	
EXTERNAL MEDICAL / SURGICAL APPLIANCES	Lower of cost or R20 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		
DENTAL (part of "BASIC DENTISTRY" benefit)	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) 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 Limited to one (1) hospital admission per beneficiary p.a.		

In-Hospital & Related Benefits	MED-100	MED-200	MED-200 Plus
MAXILLO-FACIAL SURGERY	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 approval	Cost up to 200% 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 approval	
PAIN RELIEF (epidural injection)	No benefit	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)	
HAEMODIALYSIS	No benefit	100% of cost up to R300 000 per beneficiary p.a. at Scheme Tariff	
BREAST REDUCTION AND AUGMENTATIONS	No benefit		100% of cost subject to available SMF balance
COSMETIC SURGERY (including treatment for obesity and elective or planned procedures not directly caused by or related to illness, accident or disease)	No benefit		100% of cost subject to available SMF balance
TREATMENT RELATING TO IMPOTENCE	No benefit		100% of cost subject to available SMF balance
SURGICAL PROCEDURES IN DOCTORS' ROOMS	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	

Other Benefits

Other Benefits	MED-100	MED-200	MED-200 Plus
CANCER	No benefit	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	No benefit	Cost of immuno-suppressant medication up to R84 000 per beneficiary p.a.	
HOSPICE: Accommodation Home care visits Home visits by medical practitioner	No benefit	100% of cost R200 per day Cost up to 100% of Scheme Tariff	
COLONOSCOPY	No benefit	R7 900 per procedure (all inclusive)	
GASTROSCOPY	No benefit	R5 300 per procedure (all inclusive)	
COLONOSCOPY & GASTROSCOPY (performed at the same time)	No benefit	R10 300 per event (all inclusive)	

Other Benefits	MED-100	MED-200	MED-200 Plus
PATHOLOGY SERVICES (related to above endoscopy benefits)	No benefit	R1 750 per beneficiary p.a.	
		Endoscopy procedures listed above limited to two (2) claims per beneficiary p.a.	
EMERGENCY PRE-HOSPITAL TREATMENT, TRANSPORT AND EVACUATION, INCLUDING INTER-HOSPITAL TRANSFERS WITHIN RSA	100% of cost when using the preferred provider (ER24)		
PRESCRIBED CHRONIC DISEASE LIST CONDITIONS (subject to approval and registration)	Limited to the extent of the therapeutic algorithms 100% of the cost of formulary drugs		

Out-Of-Hospital Benefits

Out-Of-Hospital Benefits	MED-100	MED-200	MED-200 Plus
SELF MANAGED FUND (SMF)	No benefit		R10 800 per adult p.a. Pro-rated and advanced quarterly
MEDICINES	No benefit		100% of legislated cost subject to available SMF balance
PRESCRIPTION SPECTACLE / CONTACT LENSES	No benefit		100% of cost subject to available SMF balance
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		Cost up to 200% of Scheme Tariff subject to available SMF balance Healthcare provider to be registered with the Health Professions Council of South Africa
EXTERNAL SURGICAL APPLIANCES (including repair)	No benefit		100% of cost subject to available SMF balance
PATHOLOGY SERVICES	No benefit		Cost up to 200% of Scheme Tariff subject to available SMF balance

Out-Of-Hospital Benefits	MED-100	MED-200	MED-200 Plus
PLAIN RADIOGRAPHY (e.g. X-rays, ultra-sound) (includes maternity benefits)	No benefit	50% of the lower of cost or Scheme Tariff further limited to R5 800 per beneficiary p.a.	
MRI & CT SCANS	No benefit	50% of the lower of cost or Scheme Tariff further limited to R8 400 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 • 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 • 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 (e.g. orthodontic treatment)	No benefit		100% of cost subject to available SMF balance

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(l)(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.

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MEDICAL SCHEME



Existing Members
0860 10 20 10



New Members
0861 56 46 66



Hospital Admissions
0860 10 62 05



Emergency
Transport / Evacuations
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