2027

MED-200 Plus BENEFITS OVERVIEW

ALL ADULTS		R3550	ALL CHILDREN		R710
HOSPITALISATION Hospital and related accounts, e.g. ward fees, medication, X-rays, pathology, etc. Any provider of choice		✓	**MAJOR MEDICAL ILLNESS CONDITIONS**	In-hospital	✓
				Out-of-hospital	✓
EMERGENCY MEDICAL EVACUATION		✓	**DIAGNOSTIC SCOPES** e.g. colonoscopy, gastroscopy		✓
BASIC DENTISTRY		✓	**AUXILIARY SERVICES** e.g. mammogram, cervical smear, PSA test		✓
PLAIN RADIOGRAPHY e.g. X-rays, ultra-sound **/ MRI / CT SCANS**	In-hospital	✓	**SELF MANAGED FUND (SMF)**		✓
	Out-of-hospital	✓			

- 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 (R11 340 per adult per annum).**

IN-HOSPITAL & RELATED BENEFITS

	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 **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 450** 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
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 400** per beneficiary p.a. Subject to approval
INTERNAL MEDICAL / SURGICAL APPLIANCES OR PROSTHETICS	**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

IN-HOSPITAL & RELATED BENEFITS

	MED-200 Plus
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.
MAXILLO-FACIAL SURGERY	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)	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	**100%** of cost up to **R300 000** per beneficiary p.a. at Scheme Tariff
BREAST REDUCTION AND AUGMENTATIONS	**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)	**100%** of cost subject to available SMF balance
TREATMENT RELATING TO IMPOTENCE	**100%** of cost subject to available SMF balance
SURGICAL PROCEDURES IN DOCTORS' ROOMS	Cost up to **200%** of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital

OTHER BENEFITS

	MED-200 Plus
CANCER	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	100% of cost R200 per day Cost up to 100% of Scheme Tariff
COLONOSCOPY	**R10 000** per procedure (all inclusive)
GASTROSCOPY	**R7 500** per procedure (all inclusive)
COLONOSCOPY & GASTROSCOPY (performed at the same time)	**R12 500** per event (all inclusive)
PATHOLOGY SERVICES (related to above endoscopy benefits)	**R1 750** per beneficiary p.a.
	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
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

	MED-200 Plus
SELF MANAGED FUND (SMF)	**R11 340 per adult p.a.** Pro-rated and advanced quarterly
MEDICINES	100% of legislated cost subject to available SMF balance
PRESCRIPTION SPECTACLE / CONTACT LENSES	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)	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)	100% of cost subject to available SMF balance
PATHOLOGY SERVICES	Cost up to **200%** of Scheme Tariff subject to available SMF balance
PLAIN RADIOGRAPHY (e.g. X-rays, ultra-sound) (includes maternity benefits)	**50%** of the lower of cost or Scheme Tariff further limited to **R5 800** per beneficiary p.a.
MRI & CT SCANS	**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)	100% of cost subject to available SMF balance

OUT-OF-HOSPITAL BENEFITS

AUXILLARY SERVICES	MED-200 Plus
MAMMOGRAM	**100%** of the lower of cost or Scheme Tariff, limited to one claim p.a.
CERVICAL (PAP) SMEAR	**100%** of the lower of cost or Scheme Tariff, limited to one test p.a. when prescribed by a general practitioner or gynaecologist
PROSTATE SPECIFIC ANTIGEN (PSA) TEST	**100%** of the lower of cost or Scheme Tariff, limited to 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.