

# 2023

## BENEFITS & CONTRIBUTIONS

#thesmartchoice

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



genesis  
MEDICAL SCHEME



	MED-100	MED-200	MED-200 Plus
<b>Contributions 2023</b>			
All Adults	R1 465	R2 025	R2 815
All Children	R 480	R 580	R 580
<b>Annual out-of-hospital benefits</b>			
Emergency Medical Evacuation	✓	✓	✓
Dental benefits	✓	✓	✓
X-rays / MRI / CT Scans	X	✓	✓
Diagnostic Scopes	X	✓	✓
Self Managed Fund (SMF)	X	X	✓

### MED-100

- This hospital plan is ideally suited for **younger** individuals/families.
- Provides in-hospital cover for planned and emergency hospital admissions.
- Doctors and specialists are covered at **100% of the Scheme Tariff**.
- Out-of-hospital benefits for cancer are limited to PMB treatment in public/state hospitals only.
- Also includes substantial benefits for **basic dentistry** – an additional benefit covered by Genesis and not from your own pocket.

### MED-200

- This hospital plan is ideally suited for individuals/families who also **require some out-of-hospital benefits** (e.g. **X-rays & MRI / CT scans**).
- Provides in-hospital cover for planned and emergency hospital admissions.
- Doctors and specialists are covered at **200% of the Scheme Tariff**.
- Also includes substantial benefits for **basic dentistry** – an additional benefit covered by Genesis and not from your own pocket.

### MED-200 Plus

- This plan is ideally suited for individuals/families who require in-hospital cover for planned and emergency hospital admissions, as well as **generous day-to-day benefits** by means of a **Self Managed Fund**.
- Includes **out-of-hospital cover** for **X-rays & MRI / CT scans**.
- Doctors and specialists are covered at **200% of the Scheme Tariff**.
- Also includes substantial benefits for **basic dentistry** – an additional benefit covered by Genesis and not from your own pocket.

# In-Hospital & Related Benefits

	MED-100	MED-200	MED-200 Plus
<b>STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)</b>	In private hospitals, benefits and limits as below In public or state hospitals, benefits as prescribed by law	In private hospitals, benefits and limits as below In public or state hospitals, benefits as prescribed by law	In private hospitals, benefits and limits as below In public or state hospitals, benefits as prescribed by law
<b>WARD FEES</b>	Cost up to 100% of Scheme Tariff	Cost up to 100% of Scheme Tariff	Cost up to 100% of Scheme Tariff
<b>GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (including maternity benefits)</b>	Cost up to 100% of Scheme Tariff	Cost up to 200% of Scheme Tariff	Cost up to 200% of Scheme Tariff
<b>MENTAL ILLNESS</b>	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 R42 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 000 per contact out of hospital, further limited to R42 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 000 per contact out of hospital, further limited to R42 000 per beneficiary p.a.



IN-HOSPITAL & RELATED BENEFITS	MED-100	MED-200	MED-200 Plus
<b>MEDICINES USED IN HOSPITAL</b>	100% of legislated cost	100% of legislated cost	100% of legislated cost
<b>PATHOLOGY SERVICES</b>	Cost up to 100% of Scheme Tariff	Cost up to 100% of Scheme Tariff	Cost up to 100% of Scheme Tariff
<b>PLAIN RADIOGRAPHY</b> (i.e X-rays)	100% of the lower of cost or Scheme Tariff	100% of the lower of cost or Scheme Tariff	100% of the lower of cost or Scheme Tariff
<b>MRI &amp; CT SCANS</b>	<p>Member has a co-payment of R2 750 per scan when hospitalised</p> <p>Up to two (2) scans per member family p.a., further limited to R7 350 per scan</p> <p>Subject to approval</p> <p>Scans related to dento-alveolar procedures, migraine and conservative treatment of back / neck conditions excluded</p>	<p>100% of the lower of cost or Scheme Tariff when hospitalised</p> <p>Scans related to conservative treatment of back / neck conditions paid up to 50% of the lower of cost or Scheme Tariff, further limited to R7 600 per beneficiary p.a.</p> <p>Subject to approval</p>	<p>100% of the lower of cost or Scheme Tariff when hospitalised</p> <p>Scans related to conservative treatment of back / neck conditions paid up to 50% of the lower of cost or Scheme Tariff, further limited to R7 600 per beneficiary p.a.</p> <p>Subject to approval</p>
<b>INTERNAL MEDICAL / SURGICAL APPLIANCES OR PROSTHETICS</b>	50% of cost up to R20 000 per beneficiary p.a.	100% of cost up to R30 000 per beneficiary p.a.	100% of cost up to R30 000 per beneficiary p.a.
<b>EXTERNAL MEDICAL / SURGICAL APPLIANCES</b>	<p>75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures</p> <p>Subject to approval</p>	<p>75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures</p> <p>Subject to approval</p>	<p>75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures</p> <p>Subject to approval</p>
<b>PHYSIOTHERAPY</b> (must be directly related to reason for admission)	Cost up to 100% of Scheme Tariff	Cost up to 100% of Scheme Tariff	Cost up to 100% of Scheme Tariff
<b>BLOOD TRANSFUSION</b>	Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees	Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees	Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees

## IN-HOSPITAL & RELATED BENEFITS

### MED-100

### MED-200

### 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.

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.

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 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

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

IN-HOSPITAL & RELATED BENEFITS	MED-100	MED-200	MED-200 Plus
<b>PAIN RELIEF</b> (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 R5 000 per beneficiary p.a. (all inclusive)	Benefit for conservative back and / or neck (spinal / vertebral) condition(s) paid up to 75% of the cost, further limited to R5 000 per beneficiary p.a. (all inclusive)
<b>HEMODIALYSIS</b>	No benefit	100% of cost up to R300 000 per member family p.a. at Scheme Tariff	100% of cost up to R300 000 per member family p.a. at Scheme Tariff
<b>BREAST REDUCTION AND AUGMENTATIONS</b>	No benefit	No benefit	100% of cost subject to available SMF balance
<b>COSMETIC SURGERY</b> (including treatment for obesity and elective or planned procedures not directly caused by or related to illness, accident or disease)	No benefit	No benefit	100% of cost subject to available SMF balance
<b>TREATMENT RELATING TO IMPOTENCE</b>	No benefit	No benefit	100% of cost subject to available SMF balance
<b>SURGICAL PROCEDURES IN DOCTORS' ROOMS</b>	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	Cost up to 200% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital

# In / Out of Hospital Benefits

MED-100

MED-200

MED-200 Plus

## MAJOR MEDICAL ILLNESS BENEFITS

### PROCEDURES & MEDICATION ADMINISTERED IN & OUT-OF-HOSPITAL FOR:-

#### CANCER

#### ORGAN TRANSPLANT

#### HOSPICE:

Accommodation  
Home care visits  
Home visits by medical practitioner

Out-of-hospital benefits limited to Statutory Prescribed Minimum Benefits (PMBs) in public or state hospitals only

Out-of-hospital benefits limited to Statutory Prescribed Minimum Benefits (PMBs) in public or state hospitals only

No benefit

Annual limit of R550 000 per beneficiary up to 200% of Scheme Tariff for cancer, stroke, motor-neuron disease and organ transplant

**FURTHER SUB-LIMITS APPLY FOR:**  
Oncologist consultations, chemotherapy, radiotherapy (including brachytherapy), MRI / CT / PET and bone scans, pathology tests, medication and materials up to R250 000 per beneficiary p.a.

Cost of immunosuppressant medication up to R84 000 per beneficiary p.a.

- 100% of cost  
- R200 per day  
- Cost up to 100% of Scheme Tariff

Annual limit of R550 000 per beneficiary up to 200% of Scheme Tariff for cancer, stroke, motor-neuron disease and organ transplant

**FURTHER SUB-LIMITS APPLY FOR:**  
Oncologist consultations, chemotherapy, radiotherapy (including brachytherapy), MRI / CT / PET and bone scans, pathology tests, medication and materials up to R250 000 per beneficiary p.a.

Cost of immunosuppressant medication up to R84 000 per beneficiary p.a.

- 100% of cost  
- R200 per day  
- Cost up to 100% of Scheme Tariff

**IN / OUT OF HOSPITAL BENEFITS**

**MED-100**

**MED-200**

**MED-200 Plus**

**DIAGNOSTIC ENDOSCOPY BENEFITS**

**COLONOSCOPY**

No benefit

R6 000 per procedure (all inclusive)

R6 000 per procedure (all inclusive)

**GASTROSCOPY**

No benefit

R3 800 per procedure (all inclusive)

R3 800 per procedure (all inclusive)

**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)

100% of cost when using the preferred provider (ER24)

100% of cost when using the preferred provider (ER24)

**CHRONIC BENEFITS (subject to approval & registration)**

**PRESCRIBED CHRONIC DISEASE LIST CONDITIONS**

Limited to the extent of the therapeutic algorithms

Limited to the extent of the therapeutic algorithms

Limited to the extent of the therapeutic algorithms

100% of the cost of formulary drugs

100% of the cost of formulary drugs

100% of the cost of formulary drugs

**YOUR TRUSTED MEDICAL AID PARTNER SINCE 1995**



# Out of Hospital Benefits



	MED-100	MED-200	MED-200 Plus
<b>SELF MANAGED FUND (SMF)</b>	No benefit	No benefit	R8 160 per adult p.a. Pro-rated and advanced quarterly
<b>MEDICINES</b>	No benefit	No benefit	100% of legislated cost subject to available SMF balance
<b>PRESCRIPTION SPECTACLE / CONTACT LENSES</b>	No benefit	No benefit	100% of cost subject to available SMF balance
<b>CONSULTATION BENEFIT:</b> (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	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
<b>EXTERNAL SURGICAL APPLIANCES</b> (including repair)	No benefit	No benefit	100% of cost subject to available SMF balance

OUT OF HOSPITAL BENEFITS	MED-100	MED-200	MED-200 Plus
<b>PATHOLOGY SERVICES</b>	No benefit	No benefit	Cost up to 200% of Scheme Tariff subject to available SMF balance
<b>PLAIN RADIOGRAPHY</b> (i.e. X-rays)	No benefit	50% of the lower of cost or Scheme Tariff further limited to R5 000 per beneficiary p.a.	50% of the lower of cost or Scheme Tariff further limited to R5 000 per beneficiary p.a.
<b>MRI &amp; CT SCANS</b>	No benefit	50% of the lower of cost or Scheme Tariff further limited to R7 600 per beneficiary p.a.	50% of the lower of cost or Scheme Tariff further limited to R7 600 per beneficiary p.a.
<b>BASIC DENTISTRY</b>	<p>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:</p> <ul style="list-style-type: none"> <li>- Three (3) dental oral examinations</li> <li>- Six (6) fillings</li> <li>- Tooth extractions</li> <li>- Six (6) plain X-rays for conservative dentistry (excluding wide angle / panorex imaging and CT / MRI scans)</li> <li>- Two (2) root canal treatments, excluding root canal treatment on wisdom teeth</li> <li>- Crowns, bridges or dentures limited to the lower of cost or Scheme Tariff, further limited to R5 250</li> </ul>	<p>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:</p> <ul style="list-style-type: none"> <li>- Three (3) dental oral examinations</li> <li>- Six (6) fillings</li> <li>- Tooth extractions</li> <li>- Six (6) plain X-rays for conservative dentistry (excluding wide angle / panorex imaging and CT / MRI scans)</li> <li>- Two (2) root canal treatments, excluding root canal treatment on wisdom teeth</li> <li>- Crowns, bridges or dentures limited to the lower of cost or Scheme Tariff, further limited to R5 250</li> </ul>	<p>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:</p> <ul style="list-style-type: none"> <li>- Three (3) dental oral examinations</li> <li>- Six (6) fillings</li> <li>- Tooth extractions</li> <li>- Six (6) plain X-rays for conservative dentistry (excluding wide angle / panorex imaging and CT / MRI scans)</li> <li>- Two (2) root canal treatments, excluding root canal treatment on wisdom teeth</li> <li>- Crowns, bridges or dentures limited to the lower of cost or Scheme Tariff, further limited to R5 250</li> </ul>

OUT OF HOSPITAL BENEFITS	MED-100	MED-200	MED-200 Plus
<b>BASIC DENTISTRY</b> (continued)	<ul style="list-style-type: none"> <li>- Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth</li> <li>- One (1) scale and polish</li> <li>- One (1) dental implant limited to R10 000 per three year financial year cycle of membership</li> </ul>	<ul style="list-style-type: none"> <li>- Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth</li> <li>- One (1) scale and polish</li> <li>- One (1) dental implant limited to R10 000 per three year financial year cycle of membership</li> </ul>	<ul style="list-style-type: none"> <li>- Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth</li> <li>- One (1) scale and polish</li> <li>- One (1) dental implant limited to R10 000 per three year financial year cycle of membership</li> </ul>
<b>ADVANCED DENTISTRY</b> (i.e. orthodontic treatment)	No benefit	No benefit	100% of cost subject to available SMF balance
<b>AUXILIARY SERVICES</b>			
<b>MAMMOGRAM</b>	100% of the lower of cost or Scheme Tariff further limited to the following conditions:  ≤ <b>39 years</b> : one claim p.a. when prescribed by a general practitioner or gynaecologist  ≥ <b>40 years</b> : one claim p.a.	100% of the lower of cost or Scheme Tariff further limited to the following conditions:  ≤ <b>39 years</b> : one claim p.a. when prescribed by a general practitioner or gynaecologist  ≥ <b>40 years</b> : one claim p.a.	100% of the lower of cost or Scheme Tariff further limited to the following conditions:  ≤ <b>39 years</b> : one claim p.a. when prescribed by a general practitioner or gynaecologist  ≥ <b>40 years</b> : one claim p.a.
<b>CERVICAL (PAP) SMEAR</b>	≥ <b>18 years</b> : one test p.a. when prescribed by a general practitioner or gynaecologist	≥ <b>18 years</b> : one test p.a. when prescribed by a general practitioner or gynaecologist	≥ <b>18 years</b> : one test p.a. when prescribed by a general practitioner or gynaecologist
<b>PROSTATE SPECIFIC ANTIGEN (PSA) TEST</b>	≥ <b>50 years</b> : one test p.a.	≥ <b>50 years</b> : one test p.a.	≥ <b>50 years</b> : 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 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 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. Rules are subject to approval by the Council for Medical Schemes.*