

# Benefit *Options* 2020

## IN-HOSPITAL COVER

## PRIVATE PLUS

GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS  
(including maternity benefits)

- Cost up to 200% of Medical Aid Rate

WARD FEES

- Cost up to 100% of Medical Aid Rate

PSYCHIATRIC TREATMENT

- Cost up to 200% of Medical Aid Rate
- 3 days per beneficiary p.a. in hospital and 18 days per beneficiary p.a. in a health establishment registered in terms of section 5 of the Mental Healthcare Act, 2002
- Limited to R36 000 per beneficiary p.a.

INTERNAL MEDICAL / SURGICAL APPLIANCES OR PROSTHETICS

- 100% of cost up to R30 000 per beneficiary p.a.

EXTERNAL MEDICAL / SURGICAL APPLIANCES

- 75% of cost up to R18 000 per member family p.a. when used for the treatment of fractures
- Subject to approval

PATHOLOGY SERVICES

- Cost up to 100% of Medical Aid Rate

PLAIN RADIOGRAPHY  
(i.e. X-rays)

- 100% of the lower of cost or Medical Aid Rate

MRI & CT SCANS

- 100% of the lower of cost or Medical Aid Rate
- Scans related to conservative treatment of back / neck conditions paid up to 50% of the lower of cost or Medical Aid Rate, further limited to R7 250 per beneficiary p.a.
- Subject to authorisation

MAXILLO-FACIAL SURGERY

- Cost up to 200% of Medical Aid Rate
- 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, periodontal treatment, orthognathic surgery, osteotomies to correct congenital disorders of the jaw or malocclusion problems, genioplasty and related costs*)
- Subject to authorisation

DENTAL  
(part of "Basic dentistry" benefit)

- Cost up to 100% of Medical Aid Rate 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 R10 000 per case (*all inclusive*)
- Limited to 1 hospital admission per beneficiary p.a.
- Cost up to 100% of Medical Aid Rate 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

PAIN RELIEF  
(epidural injection)

- Benefit for conservative back and/or neck (*spinal / vertebral condition*) paid up to 75% of the cost, further limited to R5 000 per beneficiary p.a. (*all inclusive*)

PHYSIOTHERAPY (*must be directly related to reason for admission*)

- Cost up to 100% of Medical Aid Rate

BLOOD TRANSFUSION

- Cost up to 100% of Medical Aid Rate for material, apparatus and operator's fees

HEMODIALYSIS

- 100% of cost up to R300 000 per member family p.a. at Medical Aid Rate

MEDICINES USED IN HOSPITAL

- 100% of legislated cost

SURGICAL PROCEDURES IN DOCTORS' ROOMS

- Cost up to 200% of Medical Aid Rate for qualifying surgical procedures that would otherwise necessitate admission to a hospital

BREAST REDUCTION AND AUGMENTATIONS

- 100% of cost subject to available savings 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 savings balance

TREATMENT RELATING TO IMPOTENCE	<ul style="list-style-type: none"> <li>• 100% of cost subject to available savings balance</li> </ul>
STATUTORY PRESCRIBED MINIMUM BENEFITS ( <i>PMBs</i> )	<ul style="list-style-type: none"> <li>• In private hospitals, benefits and limits as above</li> <li>• In public or state hospitals, benefits as prescribed by law</li> </ul>

# AUXILIARY SERVICES

ENDOSCOPY ( <i>diagnostic</i> )	<ul style="list-style-type: none"> <li>• R4 750 per procedure for colonoscopy (<i>all inclusive</i>)</li> <li>• R3 350 per procedure for gastroscopy (<i>all inclusive</i>)</li> </ul>
EMERGENCY PRE-HOSPITAL TREATMENT, TRANSPORT AND EVACUATION, INCLUDING INTER-HOSPITAL TRANSFERS WITHIN RSA	<ul style="list-style-type: none"> <li>• 100% of cost when using the preferred provider (<i>ER24</i>)</li> </ul>

# MAJOR MEDICAL ILLNESS COVER

PROCEDURES AND MEDICATION ADMINISTERED IN AN OUT-OF-HOSPITAL FOR:-	<ul style="list-style-type: none"> <li>• Annual limit of R550 000 per beneficiary up to 200% of Medical Aid Rate for cancer, stroke, motor-neuron disease and organ transplant</li> </ul> <p><b>FURTHER SUB-LIMITS APPLY FOR:</b></p>
CANCER	<ul style="list-style-type: none"> <li>• Oncologist consultations, chemotherapy, radio-therapy (<i>including brachytherapy</i>), MRI / CT / PET and bone scans, pathology tests and materials up to R225 000 per beneficiary p.a.</li> </ul>
STROKE	<ul style="list-style-type: none"> <li>• In-hospital rehabilitation up to R80 000 per member family p.a.</li> </ul>
ORGAN TRANSPLANT	<ul style="list-style-type: none"> <li>• Cost of immunosuppressant medication up to R84 000 per member family p.a.</li> </ul>
HOSPICE: <ul style="list-style-type: none"> <li>■ Accommodation</li> <li>■ Home care visits</li> <li>■ Home visits by medical practitioner</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of cost</li> <li>• R200 per day</li> <li>• Cost up to 100% of Medical Aid Rate</li> </ul>

# CHRONIC COVER *(subject to authorisation and registration)*

PRESCRIBED CHRONIC DISEASE LIST CONDITIONS	<ul style="list-style-type: none"> <li>• Limited to the extent of the therapeutic algorithms</li> <li>• 100% of the cost of formulary drugs</li> </ul>
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# OUT-OF-HOSPITAL COVER

SAVINGS FACILITY	<ul style="list-style-type: none"> <li>• R4 740 per adult p.a.</li> <li>• Pro-rated and advanced quarterly</li> </ul>
SELF MANAGED FUND ( <i>SMF</i> )	<ul style="list-style-type: none"> <li>• No benefit</li> </ul>
MEDICINES	<ul style="list-style-type: none"> <li>• 100% of legislated cost subject to available savings balance</li> </ul>
PRESCRIPTION SPECTACLE / CONTACT LENSES	<ul style="list-style-type: none"> <li>• 100% of cost subject to available savings balance</li> </ul>
CONSULTATION BENEFIT: <ul style="list-style-type: none"> <li>■ General practitioners and medical specialists</li> <li>■ Speech therapy and audiology</li> <li>■ Psychologist</li> <li>■ Chiropractic services</li> <li>■ Dietician's services</li> <li>■ Social worker</li> <li>■ Physiotherapy / biokinetics</li> <li>■ Occupational therapist</li> <li>■ Optometrist</li> <li>■ Homeopath and related services</li> </ul>	<ul style="list-style-type: none"> <li>• Cost up to 200% of Medical Aid Rate subject to available savings balance</li> <li>• Healthcare provider to be registered with the Health Professions Council of SA</li> </ul>
EXTERNAL SURGICAL APPLIANCES ( <i>including repair</i> )	<ul style="list-style-type: none"> <li>• 100% of cost subject to available savings balance</li> </ul>

RADIOLOGY (i.e. X-rays) & PATHOLOGY SERVICE	<ul style="list-style-type: none"> <li>• Cost up to 200% of Medical Aid Rate subject to available savings balance</li> </ul>
MRI & CT SCANS	<ul style="list-style-type: none"> <li>• 50% of the lower of cost or Medical Aid Rate, limited to R7 250 per beneficiary p.a.</li> </ul>
BASIC DENTISTRY	<p>Covered at the lower of cost or Medical Aid Rate for the following qualifying dental benefits (<i>per beneficiary p.a.</i>) 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 (<i>excluding wide angle / panorex imaging and CT / MRI scans</i>)</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 Medical Aid Rate, further limited to R3 850</li> <li>• Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth</li> </ul>
ADVANCED DENTISTRY (i.e. orthodontic treatment, implants, etc.)	<ul style="list-style-type: none"> <li>• 100% of cost subject to available savings balance</li> </ul>

# Contributions

## 2020

### PRIVATE PLUS

MAIN MEMBER

R2 225

ADULT DEPENDENT

R2 225

CHILD DEPENDENT

R500

**Annual Out-Of-Hospital** Benefit Facility *Per Adult* - Included in Contributions

SAVINGS FACILITY

R4 740

SELF MANAGED FUND (SMF)

n/a

DENTAL BENEFIT

yes

*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.*

# NOTES 2020

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.

**Medical Aid Rate (Genesis Rate):** 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.

Prescribed Minimum Benefits (PMBs) cannot be limited beyond the limits prescribed by law. For further information contact Genesis.

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.

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% of the Medical Aid Rate.

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 Medical Aid Rate. 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 Provider (DSP) in the Western Cape 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. If in any doubt, please call our Call Centre on 0860 10 20 10 for further information.

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.