

Benefit *Options* 2021

IN-HOSPITAL COVER

	PRIVATE CHOICE	PRIVATE	PRIVATE COMPREHENSIVE
GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS <i>(including maternity benefits)</i>	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff 	<ul style="list-style-type: none"> • Cost up to 200% of Scheme Tariff 	<ul style="list-style-type: none"> • Cost up to 200% of Scheme Tariff
WARD FEES	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff 	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff 	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff
PSYCHIATRIC TREATMENT	<ul style="list-style-type: none"> • 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 cost or R1 000 per contact out of hospital, further limited to R36 000 per beneficiary p.a. 	<ul style="list-style-type: none"> • 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 cost or R1 000 per contact out of hospital, further limited to R36 000 per beneficiary p.a. 	<ul style="list-style-type: none"> • 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 cost or R1 000 per contact out of hospital, further limited to R36 000 per beneficiary p.a.
INTERNAL MEDICAL / SURGICAL APPLIANCES OR PROSTHETICS	<ul style="list-style-type: none"> • 50% of cost up to R20 000 per beneficiary p.a. 	<ul style="list-style-type: none"> • 100% of cost up to R30 000 per beneficiary p.a. 	<ul style="list-style-type: none"> • 100% of cost up to R30 000 per beneficiary p.a.
EXTERNAL MEDICAL / SURGICAL APPLIANCES	<ul style="list-style-type: none"> • 75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures • Subject to approval 	<ul style="list-style-type: none"> • 75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures • Subject to approval 	<ul style="list-style-type: none"> • 75% of cost up to R19 000 per member family p.a. when used for the treatment of fractures • Subject to approval
PATHOLOGY SERVICES	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff 	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff 	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff
PLAIN RADIOGRAPHY <i>(i.e. X-rays)</i>	<ul style="list-style-type: none"> • 100% of the lower of cost or Scheme Tariff 	<ul style="list-style-type: none"> • 100% of the lower of cost or Scheme Tariff 	<ul style="list-style-type: none"> • 100% of the lower of cost or Scheme Tariff
MRI & CT SCANS	<ul style="list-style-type: none"> • Member has a co-payment of R2 750 per scan • Up to two (2) scans per member family p.a., further limited to R7 350 per scan • Subject to authorisation • Dento-alveolar procedures, migraine and conservative treatment of back / neck conditions excluded 	<ul style="list-style-type: none"> • 100% of the lower of cost or Scheme Tariff • 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. • Subject to authorisation 	<ul style="list-style-type: none"> • 100% of the lower of cost or Scheme Tariff • 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. • Subject to authorisation
MAXILLO-FACIAL SURGERY	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff • Required as a result of major trauma or accident <i>(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)</i> • Subject to authorisation 	<ul style="list-style-type: none"> • Cost up to 200% of Scheme Tariff • Required as a result of major trauma or accident <i>(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)</i> • Subject to authorisation 	<ul style="list-style-type: none"> • Cost up to 200% of Scheme Tariff • Required as a result of major trauma or accident <i>(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)</i> • Subject to authorisation

IN-HOSPITAL COVER

	PRIVATE CHOICE	PRIVATE	PRIVATE COMPREHENSIVE
<p>DENTAL <i>(part of "Basic dentistry" benefit)</i></p>	<ul style="list-style-type: none"> • 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 R10 000 per case <i>(all inclusive)</i> • Limited to one (1) hospital admission per beneficiary p.a. • Cost up to 100% of Scheme Tariff for child beneficiaries, prior to attaining the age of 9 years, for extractions and fillings <i>(once only, lifetime limit)</i>, limited to the lower of cost or R10 000 per case • Subject to Genesis protocols and approval 	<ul style="list-style-type: none"> • 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 R10 000 per case <i>(all inclusive)</i> • Limited to one (1) hospital admission per beneficiary p.a. • Cost up to 100% of Scheme Tariff for child beneficiaries, prior to attaining the age of 9 years, for extractions and fillings <i>(once only, lifetime limit)</i>, limited to the lower of cost or R10 000 per case • Subject to Genesis protocols and approval 	<ul style="list-style-type: none"> • 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 R10 000 per case <i>(all inclusive)</i> • Limited to one (1) hospital admission per beneficiary p.a. • Cost up to 100% of Scheme Tariff for child beneficiaries, prior to attaining the age of 9 years, for extractions and fillings <i>(once only, lifetime limit)</i>, limited to the lower of cost or R10 000 per case • Subject to Genesis protocols and approval
<p>PAIN RELIEF <i>(epidural injection)</i></p>	<ul style="list-style-type: none"> • No benefit 	<ul style="list-style-type: none"> • Benefit for conservative back and/or neck <i>(spinal / vertebral condition)</i> paid up to 75% of the cost, further limited to R5 000 per beneficiary p.a. <i>(all inclusive)</i> 	<ul style="list-style-type: none"> • Benefit for conservative back and/or neck <i>(spinal / vertebral condition)</i> paid up to 75% of the cost, further limited to R5 000 per beneficiary p.a. <i>(all inclusive)</i>
<p>PHYSIOTHERAPY <i>(must be directly related to reason for admission)</i></p>	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff 	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff 	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff
<p>BLOOD TRANSFUSION</p>	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees 	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees 	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff for material, apparatus and operator's fees
<p>HEMODIALYSIS</p>	<ul style="list-style-type: none"> • No benefit 	<ul style="list-style-type: none"> • 100% of cost up to R300 000 per member family p.a. at Scheme Tariff 	<ul style="list-style-type: none"> • 100% of cost up to R300 000 per member family p.a. at Scheme Tariff
<p>MEDICINES USED IN HOSPITAL</p>	<ul style="list-style-type: none"> • 100% of legislated cost 	<ul style="list-style-type: none"> • 100% of legislated cost 	<ul style="list-style-type: none"> • 100% of legislated cost
<p>SURGICAL PROCEDURES IN DOCTORS' ROOMS</p>	<ul style="list-style-type: none"> • Cost up to 100% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital 	<ul style="list-style-type: none"> • Cost up to 200% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital 	<ul style="list-style-type: none"> • Cost up to 200% of Scheme Tariff for qualifying surgical procedures that would otherwise necessitate admission to a hospital
<p>BREAST REDUCTION AND AUGMENTATIONS</p>	<ul style="list-style-type: none"> • No benefit 	<ul style="list-style-type: none"> • No benefit 	<ul style="list-style-type: none"> • 100% of cost subject to available SMF balance
<p>COSMETIC SURGERY <i>(including treatment for obesity and elective or planned procedures not directly caused by or related to illness, accident or disease)</i></p>	<ul style="list-style-type: none"> • No benefit 	<ul style="list-style-type: none"> • No benefit 	<ul style="list-style-type: none"> • 100% of cost subject to available SMF balance
<p>TREATMENT RELATING TO IMPOTENCE</p>	<ul style="list-style-type: none"> • No benefit 	<ul style="list-style-type: none"> • No benefit 	<ul style="list-style-type: none"> • 100% of cost subject to available SMF balance

IN-HOSPITAL COVER

STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)

AUXILIARY SERVICES

ENDOSCOPY (*diagnostic*)

EMERGENCY PRE-HOSPITAL TREATMENT, TRANSPORT AND EVACUATION, INCLUDING INTER-HOSPITAL TRANSFERS WITHIN RSA

MAJOR MEDICAL ILLNESS COVER

PROCEDURES AND MEDICATION ADMINISTERED IN AND OUT-OF-HOSPITAL FOR:-

CANCER

ORGAN TRANSPLANT

HOSPICE:

- Accommodation
- Home care visits
- Home visits by medical practitioner

CHRONIC COVER

(*subject to authorisation & registration*)

PRESCRIBED CHRONIC DISEASE LIST CONDITIONS

OUT-OF-HOSPITAL COVER

SAVINGS FACILITY

SELF MANAGED FUND (SMF)

PRIVATE CHOICE

- In private hospitals, benefits and limits as above
- In public or state hospitals, benefits as prescribed by law

- No benefit

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

- Annual in-hospital limit of R50 000 per beneficiary up to 100% of Scheme Tariff for cancer, stroke, motor-neuron disease and organ transplant
- Out-of-hospital benefits limited to Statutory Prescribed Minimum Benefits (PMBs) in public or state hospitals

- Limited to the extent of the therapeutic algorithms
- 100% of the cost of formulary drugs

- No benefit

- No benefit

PRIVATE

- In private hospitals, benefits and limits as above
- In public or state hospitals, benefits as prescribed by law

- R5 750 per procedure for colonoscopy (*all inclusive*)
- R3 650 per procedure for gastroscopy (*all inclusive*)

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

- 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 and materials up to R250 000 per beneficiary p.a.

- Cost of immunosuppressant medication up to R84 000 per member family p.a.

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

- Limited to the extent of the therapeutic algorithms
- 100% of the cost of formulary drugs

- No benefit

- No benefit

PRIVATE COMPREHENSIVE

- In private hospitals, benefits and limits as above
- In public or state hospitals, benefits as prescribed by law

- R5 750 per procedure for colonoscopy (*all inclusive*)
- R3 650 per procedure for gastroscopy (*all inclusive*)

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

- 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 and materials up to R250 000 per beneficiary p.a.

- Cost of immunosuppressant medication up to R84 000 per member family p.a.

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

- Limited to the extent of the therapeutic algorithms
- 100% of the cost of formulary drugs

- No benefit

- R8 160 per adult p.a.
- Pro-rated and advanced quarterly

OUT-OF-HOSPITAL COVER

MEDICINES
PRESCRIPTION SPECTACLE/ CONTACT LENSES
CONSULTATION BENEFIT: <i>(General practitioners and medical specialists, speech therapy and audiology, psychologist, chiropractic services, dietetic services, social worker, physiotherapy / biokinetics, occupational therapist, optometrist, homeopath and related services)</i>
EXTERNAL SURGICAL APPLIANCES <i>(including repair)</i>
PATHOLOGY SERVICES
PLAIN RADIOGRAPHY <i>(i.e. X-rays)</i>
MRI & CT SCANS
BASIC DENTISTRY
ADVANCED DENTISTRY <i>(i.e. orthodontic treatment)</i>

PRIVATE CHOICE

• No benefit
• No benefit
• No benefit
• No benefit
• No benefit
• No benefit
• No benefit
• No benefit
Covered at the lower of cost or Scheme Tariff for the following qualifying dental benefits <i>(per beneficiary p.a.)</i> when obtained from a registered Dental Practitioner: <ul style="list-style-type: none"> • Three (3) dental oral examinations • Six (6) fillings • Tooth extractions • Six (6) plain X-rays for conservative dentistry <i>(excluding wide angle / panorex imaging and CT / MRI scans)</i> • 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 000 • Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth • One (1) scale and polish • One (1) dental implant limited to R10 000 per three year financial year cycle of membership
• No benefit

PRIVATE

• No benefit
• No benefit
• No benefit
• No benefit
• 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 R7 600 per beneficiary p.a.
Covered at the lower of cost or Scheme Tariff for the following qualifying dental benefits <i>(per beneficiary p.a.)</i> when obtained from a registered Dental Practitioner: <ul style="list-style-type: none"> • Three (3) dental oral examinations • Six (6) fillings • Tooth extractions • Six (6) plain X-rays for conservative dentistry <i>(excluding wide angle / panorex imaging and CT / MRI scans)</i> • 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 000 • Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth • One (1) scale and polish • One (1) dental implant limited to R10 000 per three year financial year cycle of membership
• No benefit

PRIVATE COMPREHENSIVE

• 100% of legislated cost subject to available SMF balance
• 100% of cost subject to available SMF balance • Frames subject to R1 000 per beneficiary p.a. <i>(included in SMF benefit)</i>
• Cost up to 200% of Scheme Tariff subject to available SMF balance • Healthcare provider to be registered with the Health Professions Council of SA
• 100% of cost subject to available SMF balance
• Cost up to 200% of Scheme Tariff subject to available SMF balance
• 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 R7 600 per beneficiary p.a.
Covered at the lower of cost or Scheme Tariff for the following qualifying dental benefits <i>(per beneficiary p.a.)</i> when obtained from a registered Dental Practitioner: <ul style="list-style-type: none"> • Three (3) dental oral examinations • Six (6) fillings • Tooth extractions • Six (6) plain X-rays for conservative dentistry <i>(excluding wide angle / panorex imaging and CT / MRI scans)</i> • 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 000 • Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth • One (1) scale and polish • One (1) dental implant limited to R10 000 per three year financial year cycle of membership
• 100% of cost subject to available SMF balance

Notes 2021

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.

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% 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 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. If in any doubt, please call our Call Centre on 0860 10 20 10 for further information.

The cost of medical services rendered outside of 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.

Contributions 2021

	PRIVATE CHOICE	PRIVATE	PRIVATE COMPREHENSIVE
MAIN MEMBER	R1 340	R1 850	R2 640
ADULT DEPENDANT	R1 340	R1 850	R2 640
CHILD DEPENDANT	R440	R530	R530
Annual Out-Of-Hospital Benefit Facility <i>Per Adult</i> - Included in Contributions			
SELF MANAGED FUND (SMF)	n/a	n/a	R8 160
DENTAL BENEFIT	yes	yes	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. Subject to approval by the Registrar of Medical Schemes.