

Benefit Options 2018

IN-HOSPITAL COVER	PRIVATE CHOICE
General practitioners & medical specialists <i>(including maternity benefits)</i>	<ul style="list-style-type: none"> ■ Cost up to 100% of Medical Aid Rate
Ward fees	<ul style="list-style-type: none"> ■ Cost up to 100% of Medical Aid Rate
Psychiatric treatment	<ul style="list-style-type: none"> ■ Cost up to 100% 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	<ul style="list-style-type: none"> ■ 50% of cost up to R20 000 per beneficiary p.a.
External medical / surgical appliances	<ul style="list-style-type: none"> ■ 75% of cost up to R18 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 Medical Aid Rate
X-rays <i>(plain radiography)</i>	<ul style="list-style-type: none"> ■ 100% of the lower of cost or Medical Aid Rate
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 000 per scan ■ Subject to authorisation ■ Dento-alveolar procedures and conservative treatment of back / neck conditions excluded
Pain relief	<ul style="list-style-type: none"> ■ No benefit
Physiotherapy <i>(must be directly related to reason for admission)</i>	<ul style="list-style-type: none"> ■ Cost up to 100% of Medical Aid Rate
Maxillo-facial surgery	<ul style="list-style-type: none"> ■ Cost up to 100% of Medical Aid Rate ■ Required as a result of major trauma or accident <i>(excluding tooth implants, conservative dental treatment, fillings, X-rays, tooth extractions, root treatment, dentures, orthodontics, periodontal services, orthognathic surgery, osteotomies to correct congenital disorders of the jaw or malocclusion problems, genioplasty & related costs)</i> ■ Subject to authorisation
Dental <i>(part of "Basic dentistry" benefit)</i>	<ul style="list-style-type: none"> ■ 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 <i>(all inclusive)</i> ■ Cost up to 100% of Medical Aid Rate 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 ■ Limited to 1 hospital admission per beneficiary p.a.
Blood transfusion	<ul style="list-style-type: none"> ■ Cost up to 100% of Medical Aid Rate for material, apparatus and operator's fees
Haemodialysis	<ul style="list-style-type: none"> ■ No benefit
Medicines used in hospital	<ul style="list-style-type: none"> ■ 100% of legislated cost
Surgical procedures in doctors' rooms	<ul style="list-style-type: none"> ■ Cost up to 100% of Medical Aid Rate for qualifying surgical procedures that would otherwise necessitate admission to a hospital
Breast reduction & augmentations	<ul style="list-style-type: none"> ■ No benefit
Cosmetic surgery, including treatment for obesity & elective or planned procedures not directly caused by or related to illness, accident or disease	<ul style="list-style-type: none"> ■ No benefit
Treatment relating to impotence	<ul style="list-style-type: none"> ■ No benefit
Statutory Prescribed Minimum Benefits <i>(PMBs)</i>	<ul style="list-style-type: none"> ■ In private hospitals, benefits and limits as above ■ In public or state hospitals, benefits as prescribed by law
AUXILIARY SERVICES	
Endoscopy <i>(diagnostic)</i>	<ul style="list-style-type: none"> ■ No benefit
Emergency pre-hospital treatment, transport & evacuation, including inter-hospital transfers within RSA	<ul style="list-style-type: none"> ■ 100% of cost when using the preferred provider (ER24)

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MAJOR MEDICAL ILLNESS COVER	PRIVATE CHOICE
Procedures & medication administered in & out-of-hospital for:-	<ul style="list-style-type: none"> ■ Annual in-hospital limit of R50 000 per beneficiary up to 100% of Medical Aid Rate 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.
Cancer	
Stroke	
Organ transplant	
Hospice <ul style="list-style-type: none"> ■ Accommodation ■ Home care visits ■ Home visits by medical practitioner 	
CHRONIC COVER (SUBJECT TO AUTHORISATION & REGISTRATION)	
Prescribed chronic disease list conditions	<ul style="list-style-type: none"> ■ Limited to the extent of the therapeutic algorithms ■ 100% of the cost of formulary drugs
OUT-OF- HOSPITAL COVER	
Savings facility	<ul style="list-style-type: none"> ■ No Benefit
Medicines & prescription spectacle / contact lenses	<ul style="list-style-type: none"> ■ No Benefit
Consultation Benefit: <ul style="list-style-type: none"> ■ General practitioners & medical specialists ■ Speech therapy & audiology ■ Psychologist ■ Chiropractic services ■ Dietician's services ■ Social worker ■ Physiotherapy / Biokinetics ■ Optometrist ■ Alternative treatments ■ Homeopath & related services 	<ul style="list-style-type: none"> ■ No Benefit
External surgical appliances (including repair)	<ul style="list-style-type: none"> ■ No Benefit
Radiology (i.e. X-rays) & pathology services	<ul style="list-style-type: none"> ■ No Benefit
MRI & CT scans	<ul style="list-style-type: none"> ■ No Benefit
Basic dentistry	<p>Covered at the lower of cost or Medical Aid Rate for the following qualifying dental benefits (per beneficiary p.a.) when obtained from a registered Dental Practitioner:</p> <ul style="list-style-type: none"> ■ Three (3) dental oral examinations ■ Six (6) fillings ■ Tooth extractions ■ Six (6) plain X-rays for conservative dentistry (excluding wide angle / panorex imaging and CT / MRI scans) ■ Two (2) root canal treatments, excluding root canal treatment on wisdom teeth ■ Crowns, bridges or dentures limited to the lower of cost or Medical Aid Rate, further limited to R3 500 ■ Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth
Advanced dentistry (i.e. orthodontic treatment, implants, etc.)	<ul style="list-style-type: none"> ■ No Benefit

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% or 200% of Medical Aid Rate, 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 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 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 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.

Contributions 2018

PRIVATE CHOICE

MAIN MEMBER	R1 060 p/m
ADULT DEPENDANT	R1 060 p/m
CHILD DEPENDANT	R370 p/m

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

SAVINGS FACILITY	R0
MEDICATION BENEFIT	R0
CONSULTATION BENEFIT	R0
DENTAL BENEFIT	R25 000
TOTAL	R25 000