

# Benefit Options 2018

IN-HOSPITAL COVER	PRIVATE COMPREHENSIVE
<b>General practitioners &amp; medical specialists</b> <i>(including maternity benefits)</i>	■ Cost up to 200% of Medical Aid Rate
<b>Ward fees</b>	■ Cost up to 100% of Medical Aid Rate
<b>Psychiatric treatment</b>	■ 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.
<b>Internal medical / surgical appliances or prosthetics</b>	■ 100% of cost up to R30 000 per beneficiary p.a.
<b>External medical / surgical appliances</b>	■ 75% of cost up to R18 000 per member family p.a. when used for the treatment of fractures ■ Subject to approval
<b>Pathology services</b>	■ Cost up to 100% of Medical Aid Rate
<b>X-rays</b> <i>(plain radiography)</i>	■ 100% of the lower of cost or Medical Aid Rate
<b>MRI &amp; CT scans</b>	■ 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 R6 500 per beneficiary p.a. ■ Subject to authorisation
<b>Pain relief</b>	■ Epidural injection 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. <i>(all inclusive)</i>
<b>Physiotherapy</b> <i>(must be directly related to reason for admission)</i>	■ Cost up to 100% of Medical Aid Rate
<b>Maxillo-facial surgery</b>	■ Cost up to 200% 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 &amp; related costs)</i> ■ Subject to authorisation
<b>Dental</b> <i>(part of "Basic dentistry" benefit)</i>	■ 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.
<b>Blood transfusion</b>	■ Cost up to 100% of Medical Aid Rate for material, apparatus and operator's fees
<b>Haemodialysis</b>	■ 100% of cost up to R300 000 per member family p.a. at Medical Aid Rate
<b>Medicines used in hospital</b>	■ 100% of legislated cost
<b>Surgical procedures in doctors' rooms</b>	■ Cost up to 200% of Medical Aid Rate for qualifying surgical procedures that would otherwise necessitate admission to a hospital
<b>Breast reduction &amp; augmentations</b>	■ 100% of cost subject to available savings balance
<b>Cosmetic surgery, including treatment for obesity &amp; elective or planned procedures not directly caused by or related to illness, accident or disease</b>	■ 100% of cost subject to available savings balance
<b>Treatment relating to impotence</b>	■ 100% of cost subject to available savings balance
<b>Statutory Prescribed Minimum Benefits</b> <i>(PMBs)</i>	■ In private hospitals, benefits and limits as above ■ In public or state hospitals, benefits as prescribed by law
AUXILIARY SERVICES	
<b>Endoscopy</b> <i>(diagnostic)</i>	■ R4 300 per procedure for colonoscopy <i>(all inclusive)</i> ■ R3 000 per procedure for gastroscopy <i>(all inclusive)</i>
<b>Emergency pre-hospital treatment, transport &amp; evacuation, including inter-hospital transfers within RSA</b>	■ 100% of cost when using the preferred provider <b>(ER24)</b>

# Benefit Options 2018

MAJOR MEDICAL ILLNESS COVER	PRIVATE COMPREHENSIVE
<b>Procedures &amp; medication administered in &amp; out-of-hospital for:-</b>	<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> <li>FURTHER SUB-LIMITS APPLY FOR:</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>■ Oncologist consultations, chemotherapy, radiotherapy (including brachytherapy), MRI / CT / PET and bone scans, pathology tests and materials up to R225 000 per beneficiary p.a.</li> </ul>
<b>Stroke</b>	<ul style="list-style-type: none"> <li>■ In-hospital rehabilitation up to R80 000 per member family p.a.</li> </ul>
<b>Organ transplant</b>	<ul style="list-style-type: none"> <li>■ Cost of immunosuppressant medication up to R84 000 per member family p.a.</li> </ul>
<b>Hospice</b> <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 <small>(SUBJECT TO AUTHORISATION &amp; REGISTRATION)</small>	
<b>Prescribed chronic disease list conditions</b>	<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>
OUT-OF- HOSPITAL COVER	
<b>Savings facility</b>	<ul style="list-style-type: none"> <li>■ R2 160 per adult per annum</li> <li>■ Pro-rated and advanced quarterly</li> </ul>
<b>Medicines &amp; prescription spectacle / contact lenses</b>	<ul style="list-style-type: none"> <li>■ 100% of legislated cost limited to R4 140 per adult p.a.</li> <li>■ Balance subject to available savings balance</li> </ul>
<b>Consultation Benefit:</b> <ul style="list-style-type: none"> <li>■ General practitioners &amp; medical specialists</li> <li>■ Speech therapy &amp; audiology</li> <li>■ Psychologist</li> <li>■ Chiropractic services</li> <li>■ Dietician's services</li> <li>■ Social worker</li> <li>■ Physiotherapy / Biokinetics</li> <li>■ Optometrist</li> <li>■ Alternative treatments</li> <li>■ Homeopath &amp; related services</li> </ul>	<ul style="list-style-type: none"> <li>■ Four (4) consultations per adult per annum with any healthcare provider registered with the Health Professions Council of SA, subject to a maximum amount of the lesser of cost or R425 per consultation</li> <li>■ Balance paid at 200% of Medical Aid Rate subject to available savings balance</li> </ul>
<b>External surgical appliances (including repair)</b>	<ul style="list-style-type: none"> <li>■ 100% of cost subject to available savings balance</li> </ul>
<b>Radiology (i.e. X-rays) &amp; pathology services</b>	<ul style="list-style-type: none"> <li>■ Cost up to 200% of Medical Aid Rate subject to available savings balance</li> </ul>
<b>MRI &amp; CT scans</b>	<ul style="list-style-type: none"> <li>■ 50% of the lower of cost or Medical Aid Rate, limited to R6 500 per beneficiary p.a.</li> </ul>
<b>Basic dentistry</b>	<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"> <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 Medical Aid Rate, further limited to R3 500</li> <li>■ Surgical removal of bony impacted wisdom teeth, where pathology and pain are directly associated with wisdom teeth</li> </ul>
<b>Advanced dentistry (i.e. orthodontic treatment, implants, etc.)</b>	<ul style="list-style-type: none"> <li>■ 100% of cost subject to available savings balance</li> </ul>

**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 COMPREHENSIVE

MAIN MEMBER	R2 350 p/m
ADULT DEPENDANT	R2 350 p/m
CHILD DEPENDANT	R415 p/m

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

SAVINGS FACILITY	R2 160
MEDICATION BENEFIT	R4 140
CONSULTATION BENEFIT	R1 700 (4 x R425 ea)
DENTAL BENEFIT	R25 000
<b>TOTAL</b>	<b>R33 000</b>