



**TITANIUM EXECUTIVE PLAN**  
**BENEFITS**  
**Effective 1 January 2022**

**SECTION 1: ENTITLEMENT TO BENEFITS, DEFINITIONS, AND CONDITIONS APPLICABLE**

**A. ENTITLEMENT TO BENEFITS**

Subject to the provisions of Rule 6 and Rule 12 and to the conditions stipulated in section C of this Annexure and set out in Annexure C, members and their registered dependents are entitled to the benefits as stipulated in this annexure.

**1. General**

Benefits are pro-rated subject to the month in which the member joins the Scheme. The payment of benefits shall be subject to -

- 1.1. The provisions of Rule 6.3 and Rule 12 are applicable to all continuation members.
- 1.2. The conditions as stipulated in preamble C of this Annexure are applicable to all members.
- 1.3. The following waiting periods shall be imposed, subject to the provisions of the Act and Rule 8.4:
  - 1.3.1. General waiting period: 3 months
  - 1.3.2. Pre-existing conditions: 12 months

**B. DEFINITIONS**

All definitions applicable to this Option are reflected in the Rules.

## C. CONDITIONS APPLICABLE

1. Where specifically indicated in this Annexure that a member's entitlement to benefits shall be subject to such healthcare management programme the member shall be obliged to furnish any information required by the scheme to perform its duties.
2. Specifically, in the case of the hospital benefit management programme, the scheme may require particulars of diagnosis, clinical investigations, procedures and treatment by the attending medical practitioner of the beneficiary prior to and during admission of the beneficiary to hospital.
3. All hospital admissions must be authorised. A co-payment of R1 500 will be applied if authorisation was not obtained prior to admission, except in the case of an emergency.
4. Hospital stay is subject to Case Management protocols.
5. Frail care is not a covered benefit.
6. Back and Neck Procedures Preventative Programme:
  - 6.1. Authorisation for spinal surgery as a result of for the treatment of chronic back and/or neck pain are subject to managed care protocols.
  - 6.2. Managed care may request adherence to conservative clinical treatment prior to authorising surgery

## SECTION 2: SCHEDULE OF BENEFITS

## D. OUT OF HOSPITAL BENEFITS

### 1. Prescribed Minimum Benefits (PMB):

In accordance with the Medical Schemes Act, costs will be covered related to the diagnosis, treatment and care of the following conditions as updated by the Council for Medical Schemes (<https://www.medicalschemes.com>):

- i. medical emergencies,
- ii. chronic conditions as listed in the Chronic Disease List (CDL),
- iii. and medical conditions listed in the Diagnosis Treatment Pairs (DTPs),.

This definition shall apply whenever "PMB applicable" appears in the definition of benefits below. Managed care clinical protocols and designated service provider (DSP) networks are applicable.

## 2. DAY-TO-DAY BENEFITS

- 2.1. The following benefits are covered subject to day-to-day benefit limitations: General Practitioners, Specialists (excludes Psychiatrists), Physiotherapists, Radiologists, Pathologists and Acute Medicines

|                                    | Limit   |
|------------------------------------|---------|
| Member without dependents          | R18 740 |
| Member with one dependent          | R25 329 |
| Member with two dependents         | R28 471 |
| Member with three dependents       | R31 744 |
| Member with four dependents        | R35 049 |
| Member with five dependents        | R38 333 |
| Member with six or more dependents | R41 595 |

## 3. Covid Benefit

Covid benefit provides for the following:

- 3.1. Covid Vaccine as approved by SAPRA (South African Health Products Regulatory Authority)
- 3.2. Pathology – Covid test as approved by CMS regulation
- 3.3. In-Hospital treatment for Covid pneumonia

## 4. Non-Cancer Specialised Drugs Benefits (incl. Biologics)

- 4.1. This benefit provides for non-cancer biological drugs. The formulary is subject to managed care protocols and pharmacy protocols.
- 4.2. Benefit will be R130 000 per beneficiary per annum.

## 5. GENERAL PRACTITIONERS

- 5.1. 100% Sizwe Hosmed rates for consultations and visits by general practitioners in the supplier's room or patient's home. The benefits are

subject to availability of funds in the day to day limit as in paragraph D.2 above. PMB applicable.

|                                    | Number of visits |
|------------------------------------|------------------|
| Member without dependents          | 12               |
| Member with one dependent          | 20               |
| Member with two dependents         | 25               |
| Member with three dependents       | 29               |
| Member with four dependents        | 30               |
| Member with five dependents        | 31               |
| Member with six or more dependents | 32               |

## 6. SPECIALIST

- 6.1. 100% Sizwe Hosmed rates for medical and surgical consultations and visits by specialists, subject to availability of day-to-day benefits, except in cases of emergencies and PMBs
- 6.2. Psychiatrists are excluded from this benefit and are covered under mental health

|                                    | Number of visits |
|------------------------------------|------------------|
| Member without dependents          | 7                |
| Member with one dependent          | 12               |
| Member with two dependents         | 15               |
| Member with three dependents       | 16               |
| Member with four dependents        | 17               |
| Member with five dependents        | 19               |
| Member with six or more dependents | 20               |

## 7. PHYSIOTHERAPISTS

- 7.1. 100% Sizwe Hosmed rates subject to the limit set out in the day-to-day benefits above. PMB applicable.

## 8. RADIOLOGY AND RADIOGRAPHY

### 8.1. General Radiology

8.1.1. 100% Sizwe Hosmed rates for general diagnostic radiology subject to managed care guidelines and protocols

8.1.2. Tests related to oncology for registered beneficiaries are covered as part the Oncology Management Programme

### 8.2. Specialised radiology

8.2.1. (MRI/CAT scan/Angiogram) subject to an overall combined in and out hospital limit of R43 138 per family per annum

### 8.3. Interventional radiology

8.3.1. Refer to paragraph E.11.4. PMB applicable.

## 9. PATHOLOGY

9.1. 100% Sizwe Hosmed rates for blood and histology tests and other pathology tests performed by a GP, medical specialist or a biomedical technologist and private nurse practitioner. Subject to managed care guidelines and protocols

9.2. Pathology tests related to oncology and HIV/AIDS for registered beneficiaries are covered as part of the Disease Management Programme. PMB applicable.

## 10. ACUTE MEDICINE

10.1. Concurrently with the limits shown below, benefits for acute medication and pharmacy advised therapy (PAT) are subject to the overall day-to-day limit.

|                              | Sub-limit |
|------------------------------|-----------|
| Member without dependents    | R5 331    |
| Member with one dependent    | R9 436    |
| Member with two dependents   | R10 946   |
| Member with three dependents | R12 456   |
| Member with four dependents  | R13 256   |

|                                    |         |
|------------------------------------|---------|
| Member with five dependents        | R13 956 |
| Member with six or more dependents | R14 645 |

10.2. This benefit is subject to the conditions stipulated below:

10.2.1. The Pharmaceutical Benefit Management Programme;

10.2.1.1. Reimbursement is at 100% SEP plus the dispensing fee as per the Department of Health's 2015 Dispensing Regulations, or as per the Sizwe Hosmed tariff as negotiated with the service provider;

10.2.2. Medicine must be prescribed by a person legally entitled to prescribe; and

10.2.3. Medicine used during an in-hospital event is excluded from this benefit.

## 11. MATERNITY AND INFERTILITY

### 11.1. Antenatal Consultations

11.1.1. 100% Sizwe Hosmed rates for antenatal consultations

11.1.2. Limited to nine (9) midwife, GP or Specialist antenatal visits per pregnancy, over and above the regular GP benefits as stated in paragraph D.5 above,.

11.1.2.1. Specialist excludes obstetrician

11.1.3. Six (6) specialist obstetrician visits per pregnancy at referral by the GP or midwife, over and above the regular specialist benefits as stated in paragraph D.6.

### 11.2. Pregnancy Scan and Tests

11.2.1. 100% Sizwe Hosmed rates for pregnancy scans and the following pregnancy-related tests subject to registration for the maternity benefit management **program:**

- 11.2.1.1. Two (2) Haemoglobin measurement tests,
- 11.2.1.2. One (1) blood grouping test,
- 11.2.1.3. one (1) VDRL test for syphilis and
- 11.2.1.4. Two (2) HIV blood test over and above the regular pathology benefits in rule 1.1.5
- 11.2.1.5. One (1) full blood count test
- 11.2.1.6. Twelve (12) urine analysis tests
- 11.2.1.7. Vitamins worth R114 paid from day to day benefit
- 11.2.2. Two (2) 2D scans per pregnancy, excluding the diagnostic sonar. Scans paid at 2D rates as per negotiated rates with the provider.

### 11.3. Infertility

- 11.3.1. All investigations for an infertility condition will be covered in a DSP hospital and in accordance with the policies of the relevant Public Authorities.
- 11.3.2. Above excludes treatment for infertility.

## 12. ADDITIONAL OUT OF HOSPITAL BENEFITS

### 12.1. Private Nurse

- 12.1.1. Subject to benefits at Sizwe Hosmed Private Nurse rates and Pre- authorisation
- 12.1.2. Frail care is not a covered benefit.
- 12.1.3. Limit per year per family: R 10 486
- 12.1.4. PMB applicable

### 12.2. Clinical and Medical Technologist

- 12.2.1. 100% Sizwe Hosmed rates with the following annual limits per family included in the Auxiliary Services benefits
  - 12.2.1.1. Member without a dependent: R 3 196
  - 12.2.1.2. Member with one or more dependent: R 5 385

### **13. AUXILIARY SERVICES**

- 13.1. Limited to speech therapy; podiatry; occupational therapy; social worker; dietetics; audiology; homeopathy; educational psychologist; biokineticist and registered counsellor
- 13.2. Subject to the provisions as stated below:
- 13.3. 100% Sizwe Hosmed rates with the following annual limits per family:
  - 13.3.1. Member without a dependent: R3 196
  - 13.3.2. Member with one or more dependent: R5 385
- 13.4. PMB applicable

### **14. ASSOCIATED HEALTH SERVICES**

#### **14.1. Chiropractic and Homeopathy Treatment**

- 14.1.1. 100% Sizwe Hosmed rates limited to R2 310 per beneficiary per annum.
- 14.1.2. Medicines prescribed and dispensed fall within the benefit limit.

### **15. CHRONIC MEDICINES**

- 15.1. Reimbursement is at 100% single exit price (SEP) plus the dispensing fee as per the Department of Health's most current gazetted Dispensing Regulations;
- 15.2. 100% negotiated tariff at Preferred Provider Network, subject to formulary and clinical protocols;
- 15.3. 100% cost for Prescribed Minimum Benefits Chronic Conditions, subject to Pre-authorisation, preferred providers and Treatment Protocols.
- 15.4. **PMB Conditions**
  - 15.4.1. Only the CDL and non-CDL conditions listed below will be covered at 100% of the cost of registered medicines prescribed by a person legally entitled to prescribe, provided that:
    - 15.4.1.1. The beneficiary is registered on the chronic medicine programme



15.4.1.2. Where there is a generic equivalent the benefit shall not exceed the maximum retail price of the generic equivalent.

15.4.1.3. Medicines prescribed are within the formulary and where the formulary is not adhered to, a reference price will be applied

15.4.1.4. Where medication prescribed is not authorised the benefit shall be at 100% of the cost and subject to and charged against the limits set below.

#### CDL conditions

|                                       |                              |
|---------------------------------------|------------------------------|
| Addison's disease                     | Epilepsy                     |
| Asthma                                | Glaucoma                     |
| Bipolar mood disorder                 | Haemophilia                  |
| Bronchiectasis                        | Hyperlipidaemia              |
| Cardiac failure                       | Hypertension                 |
| Cardiomyopathy                        | Hypothyroidism               |
| Chronic obstructive pulmonary disease | Multiple sclerosis           |
| Chronic renal disease                 | Parkinson's disease          |
| Coronary artery disease               | Rheumatoid arthritis         |
| Crohn's disease                       | Schizophrenia                |
| Diabetes insipidus                    | Systemic lupus erythematosus |
| Diabetes mellitus types 1 & 2         | Ulcerative colitis           |
| Dysrhythmias                          | HIV/AIDS                     |

#### Non-CDL conditions

|   |                                   |
|---|-----------------------------------|
| Allergic Rhinitis (ENT Treatment, Paediatric Treatment) | Gout                              |
| Alzheimer's disease                                     | Hormone replacement therapy (HRT) |

|  |                                 |
|--|---------------------------------|
| Anaemia: vitamin B12 deficiency              | Iron deficiency anaemia         |
| Ankylosing Spondylitis                       | Migraine                        |
| Anti-phospholipid syndrome                   | Motor Neuron Disease            |
| Aplastic anaemia                             | Myasthenia Gravis               |
| Attention Deficit Disorder/<br>Hyperactivity | Osteo-arthritis                 |
| Benign Prostatic Hypertrophy                 | Osteoporosis                    |
| Chronic Urinary Tract Infection              | Obsessive Compulsive Disorder   |
| Cryoglobulinemia                             | Paget's disease                 |
| Delusional Disorders                         | Pancreatic Insufficiency        |
| Depression                                   | Peripheral Vascular Disease     |
| Dermatomyositis                              | Psoriasis                       |
| Endocarditis                                 | Pituitary adenomas              |
| Enuresis/ Incontinent                        | Pulmonary Interstitial Fibrosis |
| Gastro Oesophageal Reflux                    | Stroke                          |
| Hypoparathyroidism                           |                                 |

### 15.5. Non-PMB Conditions

15.5.1. Medicines are subject to approval and acceptance on the chronic medication programme.

15.5.2. Conditions will be covered up to the annual chronic benefit limit as per table below. Subject to a maximum of R12 664 per beneficiary per annum.

|                              | Defined Benefit |
|------------------------------|-----------------|
| Member without dependent     | R12 664         |
| Member with one dependent    | R25 361         |
| Member with two dependents   | R37 906         |
| Member with three dependents | R50 581         |

|                                    |         |
|------------------------------------|---------|
| Member with four dependents        | R63 257 |
| Member with five dependents        | R75 943 |
| Member with six or more dependents | R88 630 |

## 16. APPLIANCES

- 16.1. 100% Sizwe Hosmed rate with the following annual limits per family:
- 16.1.1. Member without a dependent: R 3 053
  - 16.1.2. Member with one or more dependent: R 5 079
- 16.2. Includes procurements towards the following devices and appliances subject to approval via managed care protocols:
- 16.2.1. Nebulizer,
  - 16.2.2. Glucometer,
  - 16.2.3. Insulin pump and
  - 16.2.4. blood pressure machines
  - 16.2.5. Morphine pump,
  - 16.2.6. C-PAP machine and
  - 16.2.7. Other clinically appropriate unspecified appliance items.
- 16.3. Any appliance item is payable only once per annum
- 16.4. The cost of C-PAP machines is payable from this benefit, subject to fulfilment of clinical criteria and procurement protocols
- 16.5. Prescribed Minimum Benefits apply. All items are payable at cost with no co-payment or deductibles, subject to minimum benefit package, preferred provider network and Managed Care clinical protocols

## 17. MENTAL HEALTH

- 17.1. Limited to Psychiatrists, Clinical and Counselling Psychologists for mental health disorders.
- 17.2. Benefit excludes services covered under the auxiliary benefit.
- 17.3. 100% Sizwe Hosmed rates subject to annual limit of R19 101 per family.

17.4. All consultations in doctors' rooms are paid at 100% Sizwe Hosmed rates subject to the mental health limit.

17.5. All PMBs are payable at cost with no co-payments or deductibles, subject to the minimum benefit package and managed care clinical protocols.

## **18. PREVENTATIVE CARE**

### **18.1. Wellness consultations:**

18.1.1. Subject to a family limit of R1 696 per annum

### **18.2. Wellness screening**

18.2.1. Includes the following tests:

18.2.1.1. Blood sugar,

18.2.1.2. Cholesterol,

18.2.1.3. Blood pressure,

18.2.1.4. Body Mass Index,

18.2.1.5. HIV testing

18.2.2. One consultation visit in doctors' rooms

18.2.3. One screening test per beneficiary per annum covered

18.2.4. Limited to R 295 per beneficiary per annum at a Preferred Provider facility

### **18.3. Other screening tests**

18.3.1. Cover limited to the following tests:

18.3.1.1. Females:

18.3.1.1.1. Mammogram every 2 years for women above age 40 years:

18.3.1.1.2. Pap smear every 2 years for women above 21 years

18.3.1.2. Males (above 40 years): Prostate-Specific Antigen test

18.3.1.2.1. Limited to one test per beneficiary per annum

18.3.1.2.2. Subject to family limit of R3 317 per annum

### **18.4. Female Contraceptives**

18.4.1. Contraceptives limit of R3 021 per family per annum subject to Managed Care protocols and formulary

#### 18.5. **Vaccinations**

18.5.1. Flu vaccine

18.5.2. Pneumococcal vaccine

18.5.3. Human Papilloma Virus (HPV) vaccine

18.5.3.1. Immunisation for children six (6) years and younger,

18.5.3.1.1. Immunization permitted will be in line with those provided by the Department of Health, subject to family wellness screening family limit

#### 19. **OPTICAL**

19.1. All sub-limits and rules specified are subject to Optical Benefit Management Programme

19.2. One set of Spectacle Lenses and one set of Frames, or one set of Contact Lenses per beneficiary every two (2) years

19.3. Each beneficiary must choose either spectacles or contact lenses once every two (2) years

19.4. Eye test; one (1) test per beneficiary per twenty-four (24) months.

#### 19.5. **Spectacles, Lenses and Frames**

19.5.1. 100% of Sizwe Hosmed rates for spectacles and lenses prescribed or supplied by a registered ophthalmologist, optometrist or supplementary optical practitioner

#### 19.6. **Visual Examination**

19.6.1. If undertaken by a registered optometrist, shall be based on the Sizwe Hosmed rates. The benefit shall be 100% of the Sizwe Hosmed rate at the scheme's preferred provider network and shall be limited to one eye test per beneficiary per twenty-four (24) months

#### 19.7. **Frames**

- 19.7.1. Limited to one (1) pair per beneficiary per twenty-four-month period within the specified benefit. The difference, where applicable, is payable by the member directly to the supplier
- 19.7.2. The benefit is limited to one (1) pair of spectacles per beneficiary per twenty-four-month period, except where two spectacles are approved by the Fund in place of a pair of spectacles with bifocal or multi focal lenses, after clinical motivation by a registered optometrist or ophthalmologist to the Fund
- 19.7.3. The benefit is limited to the negotiated tariff with provider for glass lenses
- 19.7.4. The benefit for bifocal or multi focal lenses shall be limited to the cost of 65 mm, bifocal lenses with a reading segment of 28 mm.

#### **19.8. All Add-Ons**

- 19.8.1. Generic add on tints up to 35% and Generic add on coatings (hard coatings and anti-reflex coatings) up to the benefit limit.
- 19.8.2. Sunglasses and repairs to spectacles are excluded from benefits
- 19.8.3. Benefits shall not be granted for spectacles if a beneficiary has already received a benefit for contact lenses until twenty-four (24) months has lapsed since the last claim
- 19.8.4. Each claim for lenses/ frames must be submitted together with the lens prescription

#### **19.9. Contact Lenses**

- 19.9.1. Benefit payable and subject to the specified limit for Spectacles Lenses and frames described below.
- 19.9.2. 100% of the Scheme rate of clear contact lenses if prescribed by a registered optometrist or supplementary optical practitioner in accordance with the approved tariff for these service providers. Provided that:
  - 19.9.2.1. The application by a member be motivated by a recommendation from a registered optometrist or ophthalmologist that contact lenses are clinically essential

as determined by the lens prescription on clinical/medical grounds and approved by the Fund

19.9.3. The benefit sub limit is limited to

19.9.3.1. one (1) pair of permanent contact lenses per beneficiary per twenty-four (24) months period,

19.9.3.2. twenty-four (24) pairs of monthly disposable contact lenses per twenty-four (24) month cycle or

19.9.3.3. daily disposable contact lenses per beneficiary per twenty-four (24) month cycle.

19.9.3.4. Additional benefits may be approved on medical/clinical grounds if approved by the Fund.

19.9.4. In cases where contact lenses are not clinically essential and worn at the election of the member, the benefit shall be limited to the equivalent of two single vision glass lenses of 65 mm and a sphere of 2 dioptres plus the benefit amount of the frame, plus the cost of a refraction as a combined benefit.

19.9.5. Benefit shall not be granted for contact lenses if a beneficiary has already received a pair of spectacles in a given twenty-four (24) month period.

19.9.6. Contact lens cleaning materials are excluded from benefits

19.10. **Spectacles Lenses and Frames Combined Limit**

19.10.1. The benefits have limits per member per family of 100% Sizwe Hosmed tariff

| Benefit Description | Limit per Beneficiary |
|---------------------|-----------------------|
| Frames              | R1 216                |
| Single Focus Lenses | R202 per lens         |
| Bi-focal Lenses     | R438 per lens         |
| Multi-focal lenses  | R804 per lens         |
| Contact Lenses      | R1 984                |

19.10.2. Frames – 100% of the Sizwe Hosmed rate

19.10.3. Lens additions - subject to benefit cycle limit

## 20. DENTISTRY

Dentistry benefits are subject to the Dental Benefit Management program. Benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Fund exclusions apply to dental benefits. Refer to Annexure C for a detailed list of Fund exclusions.

Radiology and pathology are subject to the conditions and limits stipulated hereunder and in paragraphs E.11 and E.12 respectively.

### 20.1. Conservative dentistry

100% of the Sizwe Hosmed rates subject to managed care protocols

#### 20.1.1. Consultations:

20.1.1.1. two (2) annual check-ups per beneficiary (once in six (6) months)

#### 20.1.1.2. X-rays

20.1.1.2.1. Intra-oral: subject to managed care protocols

20.1.1.2.2. Extra-oral: one (1) per beneficiary in a three (3) year period

20.1.1.3. Preventative Care: two (2) annual scale and polish treatments per beneficiary (once in 6 months)

20.1.1.4. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age

20.1.1.5. Benefit for fluoride is limited to beneficiaries from age 5 and younger than 13 years of age.

20.1.1.6. Fillings: once per tooth in 720 days

20.1.1.7. Extractions



20.1.1.8. Root canal treatment: Benefit is subject to managed care protocols. Excluding wisdom teeth (3rd molars) and primary (milk) teeth.

20.1.1.9. Plastic dentures:

20.1.1.10. 1 set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a 4-year period

## 20.2. Specialised Dentistry

100% of the Sizwe Hosmed rates subject to managed care protocols. Orthodontic treatment is subject to pre-authorization (where indicated) and managed care protocols. If authorization is obtained after the procedure or treatment has been done, a 20% co-payment will apply to all related claims.

20.2.1. Partial chrome cobalt frame dentures and associated laboratory costs:

20.2.1.1. 2 partial frames (an upper and a lower) per beneficiary in a 5-year period, limited to 2 family members per annum

20.2.2. Crowns and bridges and associated laboratory costs:

20.2.2.1. Pre-authorization is required.

20.2.2.2. 3 crowns per family per year

20.2.2.3. Once per tooth in a 5-year period

20.2.2.4. Subject to managed care protocols

20.2.3. Implants and associated laboratory costs:

20.2.3.1. Pre-authorization is required.

20.2.3.2. 2 Implants per beneficiary per annum over a period of 5 years

20.2.3.3. Cost of implant component is limited to R 5 175 per implant

20.2.4. Orthodontics and associated laboratory costs:

20.2.4.1. Pre-authorization is required.

20.2.4.2. Benefit for fixed comprehensive treatment is limited to individuals from age 9 to younger than 18 years of age.

20.2.5. Periodontics:

- 20.2.5.1. Pre-authorisation is required.
- 20.2.5.2. Subject to registration on the Periodontal Programme
- 20.2.5.3. Limited to conservative, non-surgical therapy only (root planning)

20.2.6. Maxillo-facial surgery and oral pathology in the dental chair

- 20.2.6.1. 100% of the Sizwe Hosmed rate, subject to managed care protocols
- 20.2.6.2. Benefit for Temporomandibular Joint (TMJ) therapy is limited to non-surgical intervention/treatments.
- 20.2.6.3. The claims for oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.

**20.3. Dental hospitalisation**

20.3.1. In-hospital treatment:

- 20.3.1.1. Pre-authorisation is required, subject to managed care protocols.
- 20.3.1.2. A co-payment of R1 000 per hospital admission applies, if a member opts to go to a day clinic (discipline 76/77) instead of a hospital (discipline 57/58), subject to the availability of a day clinic in his demographic area.
- 20.3.1.3. No funding will be granted without pre-authorisation except in the case of an emergency. If authorisation is obtained after the procedure has been done, a 20% co-payment will be applied on the hospital account.
- 20.3.1.4. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.
- 20.3.1.5. General anaesthetic benefits are available for the removal of impacted teeth.
- 20.3.1.6. Inhalation sedation in dental rooms:

20.3.1.6.1. 100% of the Sizwe Hosmed rate; subject to managed care protocols

20.3.1.6.2. Moderate/deep sedation in dental rooms:

20.3.1.6.3. 100% of the Sizwe Hosmed rate; subject to pre-authorization and managed care protocols.

20.3.1.6.4. Limited to extensive dental treatment

## **21. HEARING AIDS**

21.1. 100% Sizwe Hosmed rates subject to an annual limit of R20 786 per family subject to pre-authorization;

21.2. Only one hearing unit (one per ear) per beneficiary every three (3) years from date of acquisition.

## **22. ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)**

22.1. Refer to paragraph 2.15

## **23. AMBULANCE SERVICES**

23.1. 100% cost as authorized by the contracted service provider

23.2. Authorisation for emergency transportation should be obtained within 24 hours

23.3. If services are not pre-authorized through the preferred provider, claims will not qualify for payment.

## **24. NON-MOTORISED WHEELCHAIRS**

24.1. 100% Sizwe Hosmed rate with the following annual limit per family:

24.1.1. Member with or without dependents: R 5 068

24.2. Any wheelchair is payable only once every 4 years, subject to the limits as stipulated above

## **E. IN-HOSPITAL BENEFITS**

### **1. HOSPITALISATION FOR PRESCRIBED MINIMUM BENEFITS**

- 1.1. PMBs consist of the provision of the diagnosis, treatment and care costs of:
  - 1.1.1. The Diagnostic and Treatment Pairs and
  - 1.1.2. Any emergency medical condition
- 1.2. The level of health care provided in the state sector shall be used as the benchmark when determining PMB level of care.
- 1.3. The interpretation of the PMBs shall follow the predominant Public Hospital practice, as outlined in the relevant provincial or national public hospital clinical protocols, where these exist.
- 1.4. PMBs are subject to Pre-authorisation, Minimum Benefit Package, Designated Service Providers (DSP) and Treatment Protocols;
- 1.5. PMBs are covered in accordance with the provisions of Regulations 8 of the Medical Schemes Act;
- 1.6. Care Plans (Chronic Treatment Plans) Benefit
  - 1.6.1. Follow up treatment plan benefit for chronic PMB conditions; these include follow up consultations, pathology tests and specialised tests relevant to specific PMB conditions as stipulated in paragraph E.1 but excluding additional PMBs (Depression and HRT). The benefit is subject to the number of consultations, and tests as per the schemes funding rules and protocols.

### **2. APPLICABLE CONDITIONS**

- 2.1. Hospitalisation Benefits are subject to pre-authorisation; A co-payment of R1 500 is applicable if no authorization is obtained prior to admission except for emergencies.
- 2.2. 100% of negotiated tariff for accommodation in general ward, high care ward and intensive care unit
- 2.3. 100% of negotiated tariff for theatre fees

- 2.4. 100% of negotiated tariff for medicines, materials and hospital equipment and the transport of blood
- 2.5. A further 200% of the Sizwe Hosmed negotiated tariff is payable for the Titanium Executive Plan that covers the difference between the Sizwe Hosmed negotiated tariff and the amount charged by registered medical practitioners and hospital facilities for hospitalisation and surgical procedures only. This benefit must be applied for within 3 months of the date of medical services.
- 2.6. Medicines given to a patient to take home limited to a supply of seven (7) days only
- 2.7. Overall hospital benefit includes rehabilitation and sub-acute

### **3. ANNUAL LIMIT**

#### **3.1. Private Hospitals**

- 3.1.1. Prescribed Minimum Benefit subject to Pre-authorisation, and Treatment Protocols.
- 3.1.2. Benefits have no limits but are subject to managed care protocols and exclusions as per Annexure C of the Scheme rules.
- 3.1.3. 100% cost for all PMB's where negotiated rate is not applicable

#### **3.2. Private Hospitals – Outpatient Care**

- 3.2.1. 100% Sizwe Hosmed rate for outpatient services, materials and medicines at negotiated tariffs.
- 3.2.2. 100% cost for all PMBs where negotiated rate is not applicable

#### **3.3. Alternatives to Hospitalisation**

- 3.3.1. Subject to the hospital benefit management programme, disease management programme and the conditions and limits, where applicable;
- 3.3.2. 100% of negotiated rates for all service rendered by registered step-down nursing facilities and rehabilitation centres;
- 3.3.3. Hospice at 100% of cost.
- 3.3.4. 100% cost for all PMB's when negotiated rate is not applicable.

- 3.3.5. 100% Sizwe Hosmed rates for all services rendered under Home Care in lieu of Hospitalisation subject to Managed Care protocols and preferred provider arrangements.

#### **4. IN- HOSPITAL GENERAL PRACTITIONERS**

- 4.1. Subject to the Hospital Benefit Management Programme
- 4.2. 100% of Sizwe Hosmed rate for consultations and visits by General Practitioners in Hospital.

#### **5. IN – HOSPITAL MEDICAL SPECIALISTS**

- 5.1. Subject to the Hospital Benefit Management Programme
- 5.2. 100% of the Sizwe Hosmed rate for consultations and visits by Medical Specialists in Hospital.

#### **6. IN – HOSPITAL AUXILIARY SERVICES AND PHYSIOTHERAPY**

- 6.1. **Auxiliary Services:**
  - 6.1.1. Limited to the following: dietician, speech therapy, occupational therapy,
  - 6.1.2. Subject to PMB, clinical protocols and pre-authorisation;
  - 6.1.3. 100% Sizwe Hosmed rates whilst hospitalised
- 6.2. **Physiotherapy:**
  - 6.2.1. 100% Sizwe Hosmed rates whilst hospitalised, subject to managed care protocols

#### **7. MATERNITY**

- 7.1. **Hospitalisation (Private Hospitals)**
  - 7.1.1. Subject to the hospital benefit management programme and to the disease management programme and to the conditions and annual limits stipulated
  - 7.1.2. 100% of cost for accommodation at general ward rates, theatre fees, labour ward fees, drugs, dressings, medicines and materials

in a private hospital and 100% of the cost for drugs, dressings, medicines and materials supplied by a midwife.

7.1.3. Confinement is covered at 100% of cost as a PMB.

## 7.2. **Delivery**

7.2.1. 100% of the cost for the delivery by a general practitioner, medical specialist or midwife and materials supplied.

## 7.3. **Post-Natal Services and Midwifery**

7.3.1. Subject to the hospital or maternity benefit management programme and to the disease management programme

7.3.2. 100% of the Sizwe Hosmed rate for post-natal care by a midwife or as an alternative to hospitalisation.

## **8. BLOOD TRANSFUSIONS AND BLOOD REPLACEMENT PRODUCTS:**

8.1. 100% Sizwe Hosmed rates of blood transfusions and blood replacement products, limited to PMBs.

## **9. PROSTHESIS**

9.1. Subject to pre-authorisation, treatment protocols and Prescribed Minimum Benefits

9.2. Surgical and non-surgical: 100% of the cost of prosthesis subject to an annual limit of R65 052 per family within hospital limit as stipulated

### 9.3. **Internal Prosthesis**

9.3.1. Joints – hip and knee (partial and total)

9.3.1.1. Only one prosthesis and only one joint per beneficiary per cycle

9.3.2. Spine –two (2) levels per year done in one procedure

9.3.3. Cardiac (Pacemaker, internal defibrillators, grafts, valves)

9.3.3.1. Subject to benefits and PMB protocols apply

### 9.4. **External Prosthesis**

9.4.1. Subject to benefit limit and PMB protocols apply

### 9.5. **Stents**

- 9.5.1. Vascular stents – two stents per family per annum
- 9.5.2. Cardiac stents – three stents per family per annum
- 9.6. **Other**
  - 9.6.1. Subject to benefit limit and PMB protocols apply

## **10. ONCOLOGY**

- 10.1. Oncology benefits subject to Pre-authorisation, Prescribed Minimum Benefits and Treatment Protocols.
- 10.2. 100% of the Sizwe Hosmed rate for consultations, visits, treatment, specialised radiology medication and 100% of the costs of materials used in radiotherapy and chemotherapy subject to Managed Care Protocols.
- 10.3. Benefit will pay at 80% of costs above R650 000 per beneficiary per year.

## **11. RADIOLOGY AND RADIOGRAPHY**

- 11.1. Subject to benefit limit and PMB protocols apply
- 11.2. **General Radiology**
  - 11.2.1. 100% Sizwe Hosmed rates for general diagnostic radiology from hospital benefit subject to clinical protocols
- 11.3. **Specialised Radiology**
  - 11.3.1. (MRI/CAT scan/Angiogram) subject to the overall combined in and out of hospital limit of R43 138 per family per annum, pre-authorisation and managed care protocols.
- 11.4. **Interventional Radiology**
  - 11.4.1. Within hospital benefit, subject to pre-authorisation and managed care protocols

## **12. PATHOLOGY**

- 12.1. Subject to the Hospital Benefit Management Programme and to the Disease Management Programme.
- 12.2. 100% of the Sizwe Hosmed rates for tests performed by a general practitioner or medical specialist



- 12.3. Pathology tests required for Acquired Immune Deficiency Syndrome fall within the limit as stipulated under section 2.15.

### **13. MENTAL HEALTH**

#### **13.1. Psychiatry Hospitalisation**

13.1.1. Limited to 21 days per beneficiary per annum. This benefit includes psychiatrist consultations and 6 in-hospital consultations by clinical psychologist – subject to PMBs.

13.1.2. Subject to available benefits of R48 300 per member per admission at R2 300 per day

13.1.3. Four (4) additional out of hospitals visits/ consultations in lieu of hospitalisation are allowed subject to managed care protocols

#### **13.2. Alcoholism, Drug Addiction, Narcotism**

13.2.1. Prescribed Minimum Benefits subject to Pre-Authorisation, and treatment protocols.

13.2.2. Only 3 days withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.

### **14. ORGAN TRANSPLANT AND RENAL DIALYSIS**

#### **14.1. Renal Dialysis**

14.1.1. Benefit is restricted to the requirements set out in the Prescribed Minimum Benefits at a designated service provider.

#### **14.2. Organ Transplant**

14.2.1. Subject to PMBs, 100% of the Sizwe Hosmed rates of organ or transplantation thereof and cost of postoperative anti-rejection medicines required by the recipient;

14.2.2. Harvesting, transporting and donor fees are covered as part of PMB, even where a donor is not a Sizwe Hosmed member;

- 14.2.3. Coverage for post-transplant complications beyond three months of surgery limited to the recipient;
- 14.2.4. Only donors and organs from within the Republic of South Africa will be covered;
- 14.2.5. Transplant Prescribed Minimum Benefits subject to Pre- authorisation, Minimum Benefit Package, treatment protocols and Designated Service Providers.

## **15. HUMAN IMMUNODIFFICIENCY VIRUS AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)**

- 15.1. HIV/Aids as a PMB benefit is subjected to a Disease management program that the beneficiaries in need are encouraged to enrol for. In the event of hospitalisation for HIV/AIDS, Sizwe Hosmed Medical Fund will apply the scheme rules as per rule 2.3;
- 15.2. Sizwe Hosmed Medical Fund will pay the cost in full, subject to treatment protocols for any accredited provider of the services;
- 15.3. Benefits include counselling, prescribed medication, pathology tests and relevant consultations.

## **16. LIMITATIONS ON SPECIFIED TREATMENT AND SICKNESS CONDITIONS**

- 16.1. Notwithstanding the provisions of the paragraphs above the benefit for services provided in terms of the Rules in respect of the undernoted specified treatment or sickness conditions will (unless stipulated otherwise below) be given at the percentage stipulated in the relevant paragraphs of the lower of the cost or the Sizwe Hosmed rates subject to the limitations set down in the relevant paragraphs below:
- 16.2. **Refractive Surgery Including Radial Keratotomy**
  - 16.2.1. 100% of Sizwe Hosmed rate – a limit of R 19 899 per family per annum

## **F. EXCLUSIONS**

1. Refer to Annexure C of the Scheme Rules

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