



**ANNEXURE B**  
**SILVER HOSPITAL 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 preamble C of this Annexure and paragraph one of 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 cases of emergencies
4. Co-payments shall be applicable to the following procedures:
  - 4.1. General scopes – R1 368
  - 4.2. Endoscopic (Laparoscopic surgery) investigations – R3 158
5. Hospital stay is subject to Case Management protocols.
  - 5.1. Frail care is not a covered benefit.
6. A co-payment of R12 000 is applicable in the event of a voluntary use of a non-network hospital
  - 6.1. This co-payment will be waived in the event of an involuntary use of a non-network hospital such as in an emergency.
7. Day procedures and minor procedures are only payable at a Day Hospital or doctors' rooms.
  - 7.1. Where a day procedure is done at a place outside the Day Hospital, it will be payable up to the rates of the day hospital, unless no day hospital is available.
  - 7.2. Where a minor procedure is done at a place outside the doctors' rooms it will be payable up to the rate of the doctors' rooms.
8. Only one day will be authorized and covered for hospitalisation for symptom admissions e.g. abdominal pain, headache.

## 9. Back and Neck Preventative Programme:

9.1. Authorisation for spinal surgery for the treatment of chronic back and/or neck pain are subject to managed care protocols.

9.2. Managed care may request adherence to conservative clinical treatment prior to authorising surgery.

## SECTION 2: SCHEDULE OF BENEFITS

### 1. OUT OF HOSPITAL BENEFITS

#### 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.

1.1.1.1. .

#### 1.2. Covid Benefit

Covid benefit provides for the following:

1.2.1. Covid Vaccine as approved by SAPRA (South African Health Products Regulatory Authority)

1.2.2. Pathology – Covid test as approved by CMS regulation

1.2.3. In-Hospital treatment for Covid pneumonia

#### 1.1.2. SPECIALISTS

- 1.1.2.1. Psychiatrists' benefits are subject to PMB conditions which are covered under mental health;
- 1.1.2.2. PMB conditions are subject to Care plans at a designated service provider at negotiated rates.

1.1.2.3. **Specialized radiology** (MRI/CAT scan/Angiogram)

- 1.1.2.3.1. Subject to in hospital limit of R 29 182 per family per year.

1.1.2.4. **Interventional radiology**

- 1.1.2.4.1. Refer to in-hospital benefits

1.1.2.5. **PATHOLOGY** Pathology tests related to oncology and HIV/AIDS for registered beneficiaries are covered as part of the Disease Management Programme are covered as part of this benefit

- 1.1.2.5.1. .

1.1.3. **MATERNITY AND INFERTILITY**

1.1.3.1. **Antenatal consultations**

- 1.1.3.1.1. 100% Sizwe Hosmed rates for antenatal consultations subject to clinical protocols/care plans;
- 1.1.3.1.2. Limited to nine (9) antenatal visits by either midwife or GP or per pregnancy;
- 1.1.3.1.3. Only 2 specialist obstetrician visits per pregnancy at referral by the GP or midwife;
- 1.1.3.1.4. Subject to registration with the maternity benefit program.

1.1.3.2. **Pregnancy scan and tests**

- 1.1.3.2.1. 100% Sizwe Hosmed rates for pregnancy scans and the following pregnancy related tests:
  - a) Two (2) Haemoglobin Measurement tests,
  - b) one (1) Blood Grouping test,

- c) one (1) VDRL test for Syphilis and
- d) Two (2) HIV blood tests
- e) Twelve (12) urine analysis tests
- f) One (1) Full blood count (FBC) test
- g) Vitamins worth one hundred and fourteen Rands (R114)
- h) Two (2) 2-D scans per pregnancy – this excludes the diagnostic sonar.

#### 1.1.3.3. **Infertility**

- 1.1.3.3.1. PMB Applicable

### 1.2. **OTHER OUT OF HOSPITAL BENEFITS**

- 1.2.1.1. ;

#### 1.2.2. **CHRONIC MEDICINES**

- 1.2.2.1. Subject to Pre-authorisation and registration on the chronic medicine programme;
- 1.2.2.2. 100% negotiated tariff at Designated Service Provider/Preferred Provider Network, subject to formulary and clinical protocols.
- 1.2.2.3. 100% Negotiated tariff for Prescribed Minimum Benefits.
- 1.2.2.4. Prescribed Minimum Benefits chronic conditions subject to Pre-authorisation, Minimum Benefit Package, designated service providers and Treatment Protocols.
- 1.2.2.5. **PMB Chronic Conditions**
  - 1.2.2.5.1. Conditions as stipulated in the table below will be covered at 100% of the negotiated tariff of registered medicines and

injection material prescribed by a person legally entitled to prescribe, provided that:

- a) where there is a generic equivalent the benefit shall not exceed the maximum retail price of the generic equivalent;
- b) medicines prescribed are within the formulary and where the formulary is not adhered to, a reference price will be applied;

c)

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

### 1.2.3. BLOOD TRANSFUSION AND BLOOD REPLACEMENT PRODUCT

- 1.2.3.1. 100% Sizwe Hosmed rate of the blood transfusions and blood replacement subject to Prescribed Minimum Benefits

#### 1.2.4. MENTAL HEALTH

1.2.4.1. Limited to in-hospital consultations for Psychiatrist, Clinical and Counselling Psychologist and excludes Auxiliary and other healthcare practitioners;

1.2.4.2. 100% Sizwe Hosmed rates subject to Prescribed Minimum Benefits.

1.2.4.2.1. .

#### 1.2.4.3. PMB

1.2.4.3.1. As interpreted in the General Regulations made in terms of the Medical Schemes Act, 131 of 1998 providing a schedule of “diagnosis and treatment pairs”, which cumulatively comprise the prescribed minimum benefits (PMB) to be provided to beneficiaries of medical schemes in terms of section 29(1)(o) of the Act;

1.2.4.4. PMB Applicable

#### 1.2.5. PREVENTATIVE CARE

1.2.5.1. Subject to the family limit of R2 342 per year

1.2.5.2. Limited to one test per beneficiary per year where not otherwise specified

#### 1.2.5.3. Wellness screening

1.2.5.3.1. Includes the following tests:

- a) Blood sugar,
- b) Cholesterol,
- c) Blood pressure,
- d) Body Mass Index,
- e) HIV screening test;

1.2.5.3.2. One screening test per beneficiary per year covered;



1.2.5.3.3. Limited to R 361 per beneficiary per year at a Preferred Provider facility;

**1.2.5.4. Other screening tests**

1.2.5.4.1. Cover limited to the following tests:

a) Females:

i. Mammogram every 2 years for women above age 40 years,

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

b) Males above 40 years:

i. Prostate Specific Antigen test

**1.2.5.5. Vaccinations**

1.2.5.5.1. Flu Vaccine

1.2.5.5.2. Pneumococcal Vaccine

1.2.5.5.3. HPV Vaccine

1.2.5.5.4. Immunisation for children six (6) years old and younger, immunisation permitted will be in line with those provided by the Department of Health subject to Wellness screening family limit

**1.2.6. DENTISTRY**

1.2.6.1. Dental benefits are paid at the Sizwe Hosmed Dental Tariff (SDT).

1.2.6.2. Dental treatment in hospital and under IV conscious sedation in the dental rooms must be pre-authorized.

1.2.6.3. If no pre-authorization is obtained for in-hospital procedures:

1.2.6.3.1. If authorisation is approved after the treatment has been done, a 20% penalty will apply on the hospital account.

1.2.6.3.2. Penalties do not apply to PMB hospital admission.

1.2.6.4. If no pre-authorization is obtained for in-hospital procedures:

a) If authorisation for IV conscious sedation is approved after the treatment has been done, a 20% penalty will apply.

1.2.6.5. Dental 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. Scheme exclusions apply to dental benefits. In the event of a dispute, the rules of the scheme will prevail.

#### 1.2.6.6. **Dental Hospitalisation**

1.2.6.6.1. 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.

1.2.6.6.2. Dental Hospitalisation Benefits subject to Pre-authorization, Hospital Benefit Management Programme and Dental Benefit Management Programme.

1.2.6.6.3. No limit is applicable

1.2.6.6.4. If authorisation is obtained after the procedure has been done, a 20% co-payment will be applied on the hospital account.

- a) General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.
- b) General anaesthetic benefits are available for the removal of impacted teeth.
- c) IV conscious sedation in rooms (if out-of-hospital treatment is more appropriate)
- d) 100% of the Sizwe Hosmed rate; subject to pre-authorization and managed care protocols.
- e) Limited to the In-Hospital dental benefits

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

- 1.2.7.1. The HIV/AIDS as a PMB benefit is provided via a designated provider, where there are prior arrangements between the Sizwe Hosmed Medical Fund and the Provider. Where there is no arrangement in place, Sizwe Hosmed Medical Fund will pay the cost of any provider of the services.
- 1.2.7.2. No annual limit is applicable, and benefits are subject to participation in a Preferred Provider Disease Management Programme.
- 1.2.7.3. Benefits include counselling, prescribed medication, pathology tests and relevant consultations.
- 1.2.7.4. All interventions are subject to pre-authorisation, preferred provider networks and PMB regulations.

#### **1.2.8. AMBULANCE SERVICES**

- 1.2.8.1. 100% cost as authorized by the contracted service provider;
- 1.2.8.2. If services are not pre-authorised through the preferred provider, claims will not qualify for payment.

## **2. IN-HOSPITAL BENEFITS**

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

- 2.1.1. PMBs consist of the provision of the diagnosis, treatment and care costs of:
  - 2.1.1.1. The Diagnostic and Treatment Pairs and
  - 2.1.1.2. Any emergency medical condition
- 2.1.2. The level of health care provided in the state sector shall be used as the benchmark when determining PMB level of care.
- 2.1.3. 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.
- 2.1.4. PMBs are subject to Pre-authorisation, Minimum Benefit Package, Designated Service Providers (DSP) and Treatment Protocols;
- 2.1.5. PMBs are covered in accordance with the provisions of Regulations 8 of the Medical Schemes Act;

### **2.2. APPLICABLE CONDITIONS**

- 2.2.1. Hospitalisation Benefits are subject to pre-authorisation; A co-payment of R1 500 will be levied where pre-authorization is not obtained prior to admission, except for an emergency.
- 2.2.2. A co-payment of R12 000 is applicable in the event of a voluntary use of a non-network hospital
  - 2.2.2.1. This co-payment will be waived in the event of an involuntary use of a non-network hospital such as in an emergency.
- 2.2.3. 100% of Sizwe Hosmed rates or negotiated tariff for accommodation in general ward, high care ward and intensive care unit
- 2.2.4. 100% of Sizwe Hosmed rates or negotiated tariff for theatre fees
- 2.2.5. 100% of Sizwe Hosmed rates or negotiated tariff for medicines, materials and hospital equipment and the transport of blood

2.2.6. Medicines given to a patient to take home limited to a supply of seven (7) days only

2.2.7. Overall hospital benefit includes rehabilitation and sub-acute care, both subject to pre-authorisation and managed care rules

## **2.3. ANNUAL LIMIT**

### **2.3.1. PRIVATE HOSPITALS**

2.3.1.1. PMB subject to Preauthorisation, Designated Service Providers, Managed Care and Treatment Protocols.

### **2.3.2. PRIVATE HOSPITALS- OUT PATIENT CARE**

2.3.2.1. 100% Sizwe Hosmed rate for out-patient services, materials and medicines at tariff.

2.3.2.2. Medicines given to a patient to take home limited to a supply of seven (7) days only

### **2.3.3. ALTERNATIVES TO HOSPITALISATION**

2.3.3.1. Subject to the hospital benefit management programme, disease management programme and applicable conditions and limits;

2.3.3.2. 100% of Sizwe Hosmed rates for all services rendered by registered step-down nursing facilities, hospice and rehabilitation centres.

2.3.3.3. 100% Sizwe Hosmed rates for services rendered under Home Care in Lieu of Hospitalisation subject to Managed Care protocols and preferred provider arrangements

### **2.3.4. SUB-ACUTE AND PHYSICAL REHABILITATION:**

2.3.4.1. 100% Sizwe Hosmed rates;

2.3.4.2. Pre-authorisation required;

2.3.4.3. Subject to PMB protocols;

2.3.4.4. Non-PMB conditions subject to auxiliary benefit limit (1.2.3 out of hospital benefit above).

**2.3.5. TREATMENT IN LIEU OF HOSPITALISATION:**

2.3.5.1. Applies to clinical management of conditions and or procedures for conditions that would have been authorized and done in a hospital environment;

2.3.5.2. Subject to preauthorisation at a Designated or Preferred Provider;

2.3.5.3. Limitations and exclusions apply as per Scheme Rules.

**2.3.6. CARE PLANS (CHRONIC TREATMENT PLANS) BENEFIT**

2.3.6.1. Follow up treatment plan benefit for chronic PMB conditions; these include follow up consultations, pathology tests and specialised tests relevant to specific PMB

2.3.6.2. conditions as stipulated in paragraph 2.3 but excluding additional PMBs (non-CDL conditions). The benefit is subject to the number of consultations, and tests as per the schemes funding rules and protocols.

**2.4. IN – HOSPITAL GENERAL PRACTITIONERS**

2.4.1. Subject to the Hospital Benefit Management Programme

2.4.2. 100% of the Sizwe Hosmed rate for consultations and visits by General Practitioners in Hospital.

**2.5. IN – HOSPITAL MEDICAL SPECIALISTS**

2.5.1. Subject to the Hospital Benefit Management Programme

2.5.2. 100% of the Sizwe Hosmed rate for consultations and visits by Medical Specialists in Hospital.

**2.6. IN – HOSPITAL AUXILLARY SERVICES AND PHYSIOTHERAPY**

### **2.6.1. AUXILIARY SERVICES:**

- 2.6.1.1. Limited to the following: dietician, speech therapy, occupational therapy,
- 2.6.1.2. Subject to PMB, clinical protocols and pre- authorisation
- 2.6.1.3. 100% Sizwe Hosmed rates whilst hospitalised

### **2.6.2. PHYSIOTHERAPY:**

- 2.6.2.1. 100% Sizwe Hosmed rates whilst hospitalised, pre-authorisation and managed care protocols.

## **2.7. MATERNITY**

### **2.7.1. Hospitalisation (Private Hospitals)**

- 2.7.1.1. Subject to the hospital benefit management programme and, disease management programme.
- 2.7.1.2. 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.

### **2.7.2. Delivery**

- 2.7.2.1. 100% of the cost for the delivery by a general practitioner, medical specialist or midwife and materials supplied.

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

- 2.7.3.1. Subject to the hospital or maternity benefit management programme and to the disease management programme;
- 2.7.3.2. 100% of the Sizwe Hosmed rate for post-natal care by a midwife or as an alternative to hospitalisation.

## **2.8. BLOOD TRANSFUSIONS AND BLOOD REPLACEMENT PRODUCTS**

- 2.8.1. 100% of the Sizwe Hosmed rate of blood transfusions and blood replacement products subject to PMBs.

## 2.9. PROSTHESIS

- 2.9.1. Defined as artificial devices used to replace or augment a missing or impaired body part;
- 2.9.2. Subject to pre-authorisation, treatment protocols and Prescribed Minimum Benefits;
- 2.9.3. Surgical and non-surgical:
- 2.9.4. 100% of the Sizwe Hosmed rates of prosthesis, subject to PMB
- 2.9.5. Services to be obtained at a Preferred Provider/DSP where applicable.
- 2.9.6. **Internal Prosthesis**
  - 2.9.6.1. Joints – hip and knee (partial and total):
  - 2.9.6.2. Only one prosthesis and only one joint per beneficiary cycle;
  - 2.9.6.3. Spine – two levels per year done in one procedure; Should more than two (2) levels be required, approval will be granted subject to managed care protocols.
  - 2.9.6.4. Cardiac (Pacemaker, internal defibrillators, grafts, valves)
  - 2.9.6.5. Subject to benefits and PMB protocols apply.
- 2.9.7. **External Prosthesis**
  - 2.9.7.1. Subject to benefit limit and PMB protocols apply
- 2.9.8. **Stents**
  - 2.9.8.1. Vascular stents – two stents per family per year;
  - 2.9.8.2. Cardiac stents – three stents per family per year.

## 2.10. ONCOLOGY

- 2.10.1. Oncology benefits subject to Pre-authorisation, Prescribed Minimum Benefits, Treatment Protocols and Designated Service Providers;
- 2.10.2. Where no Designated Service Provider facilities have been arranged, Sizwe Hosmed Medical Fund will pay for services in full at cost;



- 2.10.3. Should a member voluntarily opt not to use a DSP, a co-payment will apply or payment will be up to the cost payable at a DSP, whichever is the lowest;
- 2.10.4. 100% of the Sizwe Hosmed rate for consultations, visits, treatment, pathology tests, medication and 100% of the costs of materials used in radiotherapy and chemotherapy, subject to PMB

## **2.11. RADIOLOGY AND RADIOGRAPHY**

- 2.11.1. Subject to the Hospital Benefit Management Programme and the Disease Management Programme;
- 2.11.2. **Specialized Radiology**
  - 2.11.2.1. (MRI/CAT scan/Angiogram) subject to an overall in hospital limit of R29 182 per family per year, subject to a maximum of 2 scans per beneficiary per year;
- 2.11.3. **Interventional Radiology**
  - 2.11.3.1. Payable from hospital limit, subject to pre-authorisation and clinical protocols.

## **2.12. PATHOLOGY**

- 2.12.1. Subject to the Hospital Benefit Management Programme and to the Disease Management Programme;
- 2.12.2. 100% of the Sizwe Hosmed rates for tests performed by a general practitioner or medical specialist;
- 2.12.3. Pathology tests required for Acquired Immune Deficiency Syndrome fall within the limit as stipulated under Acquired Immunodeficiency Syndrome.

## **2.13. MENTAL HEALTH**

### **2.13.1. PSYCHIATRY HOSPITALISATION**

2.13.1.1. Psychiatric hospitalisation will be limited to 21 days per beneficiary per year. This benefit includes psychiatrist consultations and 6 in hospital consultations by clinical psychologist – subject to PMBs.

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

#### 2.13.2. **ALCOHOLISM, DRUG ADDICTION, NARCOTISM**

2.13.2.1. Prescribed Minimum Benefits Subject to Pre-Authorisation, Minimum Benefit Package, at a Designated Service Providers where there are Designated Service Provider arrangements in place and treatment protocols. Where no DSP arrangements exist, any medical institution will serve as a provider for the above-purpose;

2.13.2.2. Only 3 days withdrawal treatment and up to 21 days rehabilitation at an appropriate facility.

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

2.14.1. Benefits are subject to PMB conditions and clinical protocols

2.14.2. Organ Transplant /Renal Dialysis treatment subject to limits of R219 894 per family per year as specified.

##### 2.14.3. **Renal Dialysis**

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

##### 2.14.4. **Organ transplant**

2.14.4.1. 100% of the Sizwe Hosmed rates for organ transplantation and cost of postoperative anti-rejection medicines required by the recipient;

- 2.14.4.2. Harvesting, transporting and donor fees are covered as part of PMB, even where a donor is not a Sizwe Hosmed member;
- 2.14.4.3. Coverage for post-transplant complications beyond three months of surgery limited to the recipient;
- 2.14.4.4. Only donors and organs from within the Republic of South Africa will be covered;
- 2.14.4.5. Transplant Prescribed Minimum Benefits subject to Pre-authorization, Minimum Benefit Package, treatment protocols and Designated Service Providers.

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

- 2.15.1. The HIV/Aids as a PMB benefit is provided via a DSP facility provider, where there are prior arrangements between the Sizwe Hosmed Medical Fund and the Provider. Where there is no arrangement in place, Sizwe Hosmed Medical Fund will pay the cost in full, subject to treatment protocols from any accredited provider of the services;
- 2.15.2. Benefits include counselling, prescribed medication, pathology tests and relevant consultations.

## **3. EXCLUSIONS**

- 3.1. In addition to the exclusions listed in Annexure C, attention is drawn to the following conditions specifically excluded from benefits on this plan:
  - 3.1.1. Refractive surgery including Radial Keratotomy

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