

SIZWE HOSMED MEDICAL SCHEME ACCESS SAVER OPTION 2022

Annexure B.9

BENEFITS EFFECTIVE 1 JANUARY 2022

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASE/CHANGES
Overall Annual Limit In-Hospital benefits	No Overall Annual Limit	No Overall Annual Limit	
Overall Annual Limit on Out of Hospital Benefits For: 3.1 Acute Medicines 5.2 Advanced Dentistry 6.1 Alternative Services (Homeopathy, Naturopathy etc) 6.2 Remedial & Other Therapies (Audiology, Dieticians etc), 6.3 Biokinetics & Physiotherapy 8.2 Psychology & Psychiatry Treatment	Out of Hospital benefits including GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively paid from MSA Annual Member Savings Account: Member = R5 880 Adult = R5 064 Child = R1 142 Out of hospital subject to sub limits and MSA* No Overall Annual Limit	Out of Hospital benefits including GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively paid from MSA Annual Member Savings Account: For members having an allocation of 25% of contributions to personal medical savings accounts: Member = R7 668 Adult = R6 600 Child = R1 536 Out of hospital subject to sub limits and MSA* No Overall Annual Limit Annual Member Savings Account: For members having an allocation of 15% of contributions to personal medical savings accounts: Member = R4 056 Adult = R3 492 Child = R816 Out of hospital subject to sub limits and MSA*	Member = 4.20% Adult = 4.20% Child = 7.14%

		No Overall Annual Limit	
Prorated benefits are applicable if you join after the 1 st of January of a benefit year.	Yes	Yes	
Statutory prescribed minimum benefits. Services rendered payable at 100% of cost at DSP*	No Annual Limit	No Annual Limit	
Designated Provider Network	Yes	Yes	
3 Month General Waiting Periods (Subject to the rights of interchangeability)	Yes	Yes	
12 Months condition specific waiting period for pre-existing conditions (Subject to the rights of interchangeability)	Yes	Yes	
Claims received later than the last day of the 4 th month in which the service was rendered will not be covered.	Yes	Yes	
Emergency medical cover whilst traveling outside of South Africa. (Subject to PMBs)	100% of Scheme rates payable in RSA currency. Subject to completion of documentation prior to leaving RSA. Subject to approval by Scheme.	100% of Scheme rates payable in RSA currency. Subject to completion of documentation prior to leaving RSA. Subject to approval by Scheme.	

IN HOSPITAL BENEFITS

1. HOSPITALISATION AND ASSOCIATED COSTS - PRIVATE

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASE/CHANGES
Items 1.01 - 1.25			

Limited collectively and subject to pre-authorization.			
<p>1.01 Hospital admissions: Unlimited benefits for Prescribed Minimum Benefit conditions, subject to PMB legislation and regulations. All hospital admissions (including PMBs) are subject to pre-authorization and case management protocols. In case of emergency admissions, the Scheme must be notified within 48 hours of admission. Failure to pre-authorise or to notify the scheme of an admission will result in non-payment of claims. Hospital benefits are only available at the Designated Service Providers. Voluntary use of non-DSP* hospital will result in a 10% co-payment.</p>			
1.01.1 Accommodation in Intensive and High Care unit and General Ward, as well as Theatre and Recovery Room	100% of DSP Tariff* Non-PMB benefits subject to availability of benefits	100% of DSP Tariff* Non-PMB benefits subject to availability of benefits	
1.02 Medicines items and Pharmaceutical Products used whilst in-hospital, including TTO: Subject to PMB, medicine formulary* and the use of pharmacy network			
Medicines and consumables used in hospital and theatre Medicine to take home after discharge (TTO, paid from hospital benefit if given to the patient before being discharged. Subject to formulary* and the use of pharmacy network	100% Negotiated Tariff * Limited to 7 days medicine supply Subject to MSA for non-PMB	100% Negotiated Tariff * Limited to 7 days medicine supply Subject to MSA for non-PMB	
OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASE/CHANGES
1.03 In-hospital General Practitioner and Specialist services: Subject to PMB and case management protocols. All procedures must be preauthorised			
1.03.1 Consultations and procedures	100% of Negotiated Tariff*	100% of Negotiated Tariff*	
1.04 In-Hospital Radiology and Pathology. All Advanced/Specialised Radiology (such as CT, PET, MUGA and MRI scans), as well as Radio-isotope studies; require special authorisation and specialist referral. Failure to preauthorise would result in non-payment of claims.			
1.04.1 Basic Radiology and Pathology in-hospital Subject to clinical protocols and PMBs	100% of Scheme Tariff Unlimited	100% of Scheme Tariff Unlimited	
1.04.2 Advanced/Specialised Radiology: (Joint benefit In and Out of Hospital) Subject to preauthorisation and specialist referral.	MRI/PET/CAT Scans limited to 2 scans per beneficiary per annum	MRI/PET/CAT Scans limited to 2 scans per beneficiary per annum	

	10% co-payment is applicable for non-PMBs MRI and CT scans	10% co-payment is applicable for non-PMBs MRI and CT scans	
1.05 Major In-Hospital Medical Services and Procedures: All subject to pre-authorisation, treatment protocols and clinical guidelines. Prescribed Minimum Benefits applicable as prescribed.			
1.05.1 Oncology Unlimited benefits for PMBs. Include consultations, investigations and treatment. Subject to the use of DSP and registration on the Disease Management Programme.	100% of DSP Tariff* Standard oncology DSP* Protocols apply Unlimited Oncology treatment Benefits in excess of R235 000 will be subject to 20% co-payment for non-PMBs	100% of DSP Tariff* Standard oncology DSP* Protocols apply Unlimited Oncology treatment Benefits in excess of R244 400 will be subject to 20% co-payment for non-PMBs	4% increase on applied to the rand values, and then rounded to the nearest R5
1.05.2 Renal Dialysis: Unlimited benefits for PMBs. Include peritoneal and haemodialysis. Department of Health protocols apply Subject to pre-authorisation, treatment guidelines, medicine formulary*and registration on the Disease management programme.	100% of Negotiated Tariff*	100% of Negotiated Tariff*	Specified - Department of Health protocols apply
1.05.3 Organ Transplant: Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines and registration on the Disease Management Programme. Department of Health Protocols apply. Donor costs are not covered for beneficiaries donating to non-SIZWE HOSMED members	100% Scheme Tariff*	100% Scheme Tariff*	
OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASE/CHANGES
1.05.4 Dental Hospitalisation Subject to PMBs pre-authorisation, and treatment protocols	100% of Scheme Tariff* Limited to PMBs Advanced Dentistry Benefit in hospital limited to extensive conservative treatment for children	100% of Scheme Tariff* Limited to PMBs Advanced Dentistry Benefit in hospital limited to extensive conservative treatment for children	

	under 7 years of age involving more than 3 teeth Removal of symptomatic impacted wisdom teeth covered only as Day Case	under 7 years of age involving more than 3 teeth Removal of symptomatic impacted wisdom teeth covered only as Day Case	
1.05.5 Maxillo-facial and Oral Surgery Subject to PMBs, pre-authorisation and treatment protocols	No Benefit	No Benefit	
1.05.6 Drug & Alcohol Rehabilitation. Subject to PMBs, managed care protocols and pre-authorisation. Benefit limits apply	100% of Scheme Tariff* Limited to R 12 360 per family per annum	100% of Scheme Tariff* Limited to R 12 855 per family per annum	4% increase on applied to the rand values, and then rounded to the nearest R5
1.05.7 Psychiatric Treatment Subject to PMBs, pre-authorisation and managed care protocols Includes consultations, ward fees, medicines, and psychiatry/psychology therapy sessions. Non-PMB psychiatric treatment Admissions are limited to psychiatric emergencies and failed out-patient management as per Managed Care Protocols	100% of Scheme Tariff* 21 in-patient days per beneficiary or up to 15 out-patient contacts per annum No Benefit	100% of Scheme Tariff* 21 in-patient days per beneficiary or up to 15 out-patient contacts per annum No Benefit	
1.05.8 Rehabilitation Facilities Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum	
OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASE/CHANGES

1.05.9 Step-down Facilities Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum	
1.05.10 Private Nursing In lieu of hospitalisation Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum	
1.05.11 Negative pressure wound therapy Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Subject to PMB conditions only	100% of Negotiated Tariff* Subject to PMB conditions only	
1.05.12 Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to PMBs Public sector protocols apply	100% of Negotiated Tariff* Limited to PMBs Public sector protocols apply	
1.05.13 Male Sterilisation/ Vasectomy Subject to pre-authorisation and PMBs	100% of Negotiated Tariff* Sterilisation limited to R 16 000 per beneficiary per annum	100% of Negotiated Tariff* Sterilisation limited to R 16 640 per beneficiary per annum	4% increase on applied to the rand values, and then rounded to the nearest R5
1.05.14 Female Sterilisation/ Tubal Ligation Subject to pre-authorisation at Day Clinic or as Day Case, and subject to PMBs.	100% of Negotiated Tariff* Sterilisation limited to R 16 000 per beneficiary per annum	100% of Negotiated Tariff* Sterilisation limited to R 16 640 per beneficiary per annum	4% increase on applied to the rand values, and then rounded to the nearest R5
1.05.15 Back and Neck Surgery Subject to PMBs, pre-authorisation and adherence of the conservative back and neck treatment protocol	100% of Scheme Tariff* Limited to PMBs	100% of Scheme Tariff* Limited to PMBs	
1.05.16 Stereotactic Radio-Surgery Subject to PMBs, pre-authorisation and protocols.	No Benefit	No Benefit	

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASE/CHANGES
<p>1.05.17 Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and protocol</p>	100% of Negotiated Tariff	100% of Negotiated Tariff	
<p>1.05.18 Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorisation and protocols. No co-payment applicable when procedure performed in a Day Hospital or as a Day Case</p> <p>Non -PMB Laparoscopic procedures will be considered for funding up to PMB level of care for patients who meet the clinical criteria subject to Pre-authorisation and protocols.</p>	<p>100% of Scheme Tariff*</p> <p>Laparoscopic Hospitalisation & Associated costs will attract a R 5 000 co-payment* with exception of : diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias</p>	<p>100% of Scheme Tariff*</p> <p>No co-payment applicable when laparoscopic procedures are performed at Day Hospitals or as a Day Case.</p> <p>Procedures done in-hospital will attract a R 5 000 co-payment* with exception of diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias</p>	Reworded
1.06 Other In-Hospital Medical Services: All benefits subject to PMBs, pre-authorisation, clinical protocols, medical management and benefit availability.			
<p>1.06.1 Internal and External Prosthesis Subject to PMBs, and pre-authorisation</p> <p>Instrumentation and disc prostheses including all components and fixation devices for back/spine Maximum 1 event per beneficiary per annum</p> <p>Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle): Limited to one event per annum unless sepsis or trauma</p>	<p>100% of Negotiated Tariff*</p> <p>Overall prosthesis limit: R 30 890 per family per annum. Limited t to PMBs</p> <p>Limited to PMBs</p> <p>Subject to overall limit Excludes cement. Limited to PMBs</p>	<p>100% of Negotiated Tariff*</p> <p>Overall prosthesis limit: R 32 125 per family per annum. Limited t to PMBs</p> <p>Limited to PMBs</p> <p>Subject to overall limit Excludes cement. Limited to PMBs</p>	4% increase on applied to the rand values, and then rounded to the nearest R5

Aphakic Lenses (Subject to protocol and PMBs)	R 5 155 per lens	R 5 360 per lens	4% increase on applied to the rand values, and then rounded to the nearest R5
Cardiac stents Subject to overall prosthesis limit and PMB protocols	Limited to PMBs. 1 per lesion- maximum of 3 lesions. Public sector protocols for STEMI apply. No benefit for unstable angina or NSTEMI unless there is evidence of failed conservative medical treatment.	Limited to PMBs. 1 per lesion- maximum of 3 lesions. Public sector protocols for STEMI apply. No benefit for unstable angina or NSTEMI unless there is evidence of failed conservative medical treatment.	
Internal sphincters and stimulators	Subject to overall prosthesis benefit	Subject to overall prosthesis benefit	
Neurostimulators/Internal nerve stimulator for Parkinson's Disease	Limited to PMBs	Limited to PMBs	
Cochlear implants	No benefit	No benefit	
Insulin pumps and monthly materials	No benefit	No benefit	
Unlisted prosthesis Artificial Limbs and external prostheses including artificial eyes	No benefit	No benefit	
	Maximum R 11 660 subject to overall prosthesis limit	Maximum R 12 125 subject to overall prosthesis limit	4% increase on applied to the rand values, and then rounded to the nearest R5
1.06.2 Blood Transfusions	100% of Scheme Tariff* Limited to PMBs	100% of Scheme Tariff* Limited to PMBs	
1.06.3 Physiotherapy & Biokinetics Subject to PMBs, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period Subject to Scheme protocols	100% of Scheme Tariff* Limited to PMBs	100% of Scheme Tariff* Limited to PMBs	
OPTION	ACCESS 2021	ACCESS SAVER – 25 2022	INCREASE/CHANGES
1.06.4 Dietician & Occupational Therapy	100% of Scheme Tariff*	100% of Scheme Tariff*	

Subject to PMBs, treating doctor referral and pre- authorisation by the auxiliary service provider during the admission period Subject to Scheme protocols	Limited to PMBs	Limited to PMBs	
1.07 Deductible* Applied for In-Hospital Procedures	<ul style="list-style-type: none"> • Skin disorders • Arthroscopy • Bunionectomy • Removal of varicose veins • Refractive eye surgery, Aphakic lenses • Infertility treatment • Non-cancerous breast conditions 	<ul style="list-style-type: none"> • Skin disorders • Arthroscopy • Bunionectomy • Removal of varicose veins • Refractive eye surgery, Aphakic lenses • Infertility treatment • Non-cancerous breast conditions 	

	ACCESS 2020	ACCESS SAVER 2022	INCREASE/CHANGES
1.08 CO-PAYMENT WILL APPLY TO THE BELOW PROCEDURES IN HOSPITAL	R 1 583 Deductible* - Except for PMB's <ol style="list-style-type: none"> 1. Tonsillectomy and adenoidectomy 2. Colonoscopy 3. Facet joint injections 4. Myringotomy 	R 1 583 Deductible* - Except for PMB's <ul style="list-style-type: none"> • Colonoscopy • Facet joint injections • Myringotomy 	
	R 3 165 Deductible* - Except for PMB's <ol style="list-style-type: none"> 1. Gastroscopy 2. Cystoscopy 3. Hysteroscopy 4. Flexible sigmoidoscopy 5. Percutaneous radiofrequency ablations 6. Percutaneous rhizotomies 	R 3 165 Deductible* - Except for PMB's <ul style="list-style-type: none"> • Gastroscopy • Cystoscopy • Hysteroscopy • Flexible sigmoidoscopy • Percutaneous radiofrequency ablations • Percutaneous rhizotomies 	
	R 5 275 Deductible* - Except for PMB's	R 5 275 Deductible* - Except for PMB's	

	<ol style="list-style-type: none"> 1. Elective caesarean delivery 2. Joint replacements 3. Back surgery, including spinal fusion 4. Umbilical hernia repair 5. Hysterectomy 6. Functional nasal surgery 	<ul style="list-style-type: none"> • Elective caesarean delivery • Joint replacements • Back surgery, including spinal fusion • Umbilical hernia repair • Hysterectomy • Functional nasal surgery 	
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OUT OF HOSPITAL

2. GENERAL PRACTITIONERS AND SPECIALIST

OPTION	ACCESS 2020	ACCESS SAVER 2022	INCREASES / CHANGES
2.1 Consultations (Out-of-Hospital – Including General Practitioners, Specialist and Outpatient Facilities)	<p>100% Scheme Tariff*</p> <p>General Practitioner Consultations: Paid from MSA*</p> <p>Consultations once MSA* depleted: 4 Additional GP Visits per Family once MSA* depleted</p> <p>Specialist Consultations: Paid from MSA*</p> <p>Consultations once MSA* depleted: 1 Additional specialist Visit per Family once MSA* with any one of the following specialists:</p> <ul style="list-style-type: none"> • Paediatricians • Gynaecologists 	<p>100% Scheme Tariff*</p> <p>General Practitioner Consultations: Paid from MSA*</p> <p>Consultations once MSA* depleted: 4 Additional GP Visits per Family limited to 1 per beneficiary once MSA* depleted. If the specialist consultation once MSA is depleted benefit is utilised, the additional GP visits are limited to 3 per family and 1 per beneficiary.</p> <p>Specialist Consultations: Paid from MSA*</p> <p>Consultations once MSA* depleted:</p>	

		<p>1 Additional specialist Visit per Family once MSA* is depleted with any one of the following specialists:</p> <ul style="list-style-type: none"> • Paediatricians • Gynaecologists 	
<p>2.2 Diagnostic Investigations Radiology and Pathology benefits. Subject to PMBs and clinical protocols.</p> <p>Advanced/Specialised Radiology: (Combined In and Out of hospital benefit as per 1.04 above).</p>	<p>100% of Scheme Tariff* Paid from MSA*</p> <p>Combined Pathology and Basic Radiology:</p> <p>Combined benefits limited to R3 580 per beneficiary per annum, subject to the below sub-limits for Pathology and Radiology. Only PMB benefits payable once combined limit exhausted.</p> <p>Pathology: Limited to R 2 780 per beneficiary per annum</p> <p>Basic Radiology: Limited to R 2 170 per beneficiary per annum</p> <p>Specialised Radiology:</p> <p>MRI/PET/CT scans: Limited to 2 scans per beneficiary per annum.</p> <p>10% co-payment is applicable for all non-PMBs - MRI/CT scans</p>	<p>100% of Scheme Tariff* Paid from MSA*</p> <p>Combined Pathology and Basic Radiology:</p> <p>Combined benefits limited to R3 725 per beneficiary per annum, subject to the below sub-limits for Pathology and Radiology. Only PMB benefits payable once combined limit exhausted.</p> <p>Pathology: Limited to R 2 890 per beneficiary per annum</p> <p>Basic Radiology: Limited to R 2 255 per beneficiary per annum</p> <p>Specialised Radiology:</p> <p>MRI/PET/CT scans: Limited to 2 scans per beneficiary per annum.</p> <p>10% co-payment is applicable for all non-PMBs - MRI/CT scans</p>	<p>4% increase on applied to the rand values, and then rounded to the nearest R5</p> <p>4% increase on applied to the rand values, and then rounded to the nearest R5</p> <p>4% increase on applied to the rand values, and then rounded to the nearest R5</p>

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3. MEDICINE ITEMS AND MATERIALS

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASES / CHANGES
<p>3.1 Acute Medicines</p> <p>3.1.1 Mirena Device</p>	<p>100% of Reference Price* Paid from MSA*</p> <p>Acute Medication Obtained from Pharmacy: Subject to funds available in MSA</p> <p>Subject to Medicine formulary* and Protocols, Including Materials.</p> <p>Homeopathic Medication excluded</p>	<p>100% of Reference Price* Paid from MSA*</p> <p>Acute Medication Obtained from Pharmacy: Subject to funds available in MSA</p> <p>Subject to a sub-limit of R2 000 per beneficiary every 5 years for abnormal uterine bleeding paid from MSA.</p> <p>Subject to Medicine formulary* and Protocols, Including Materials.</p> <p>Homeopathic Medication excluded</p>	<p>R2 000 Sub limit introduced for Mirena device subject to overall limit 3.1</p>
<p>3.2 PMB Chronic Disease List Medicines PMB's subject to registration and pre-authorisation with the Schemes preferred provider. Chronic Medication to be Obtained from Preferred Provider Network. Subject to renewal of prescription every six months.</p>	<p>100% of Reference Price* Unlimited</p> <p>Paid from Risk Pool Subject to pre-authorisation, treatment protocols, Medicine formulary* and Registration of the Chronic Medicine by GP.</p>	<p>100% of Reference Price* Unlimited</p> <p>Paid from Risk Pool Subject to pre-authorisation, treatment protocols, Medicine formulary* and Registration of the Chronic Medicine by GP.</p>	
<p>3.3 Other Chronic (Non CDL) Medicines PMB's subject to registration and pre-authorisation with the Schemes preferred provider.</p>	<p>No Benefit</p>	<p>No Benefit</p>	

Chronic Medication to be Obtained from Preferred Provider Network. Subject to renewal of prescription every six months.			
3.4 Pharmacy Advised Treatment (PAT) Over the Counter Medication Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines. PAT subject to acute benefit limit	100% of Reference Price Paid from MSA*	100% of Reference Price* Paid from MSA*	
3.5 Contraceptive benefit	100% of Reference Price* Paid from MSA* Subject to the contraceptive formulary*	100% of Reference Price* Paid from MSA* Subject to the contraceptive formulary*	

4. OPTICAL BENEFIT

Contact the Schemes Preferred Provider Network for availability and Locality of Network Optometrists

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASES / CHANGES
4.1 Spectacle Lenses: In Network ONLY Benefit applicable to members who utilize the Scheme's DSP Optometrists only Limited to one pair of spectacles per beneficiary every 24 months	100% of DSP Tariff* R 210 per lens – clear single vision or R 445 per lens – clear bifocal or R 445 per lens – base multifocal Fixed tints up to 35% No benefit for contact lenses if spectacles purchased	100% of DSP Tariff* R 210 per lens – clear single vision or R 445 per lens – clear bifocal or R 445 per lens – base multifocal No benefit for contact lenses if spectacles purchased	Reworded Fixed tints removed falls under benefit 4.3
4.2 Contact Lenses: In Network ONLY	100% of DSP Tariff*	100% of DSP Tariff*	

Benefit applicable to members who utilize the Scheme's DSP network optometrist only One claim per beneficiary every 24 months Subject to optical protocol	Paid from Risk Pool R 995 per beneficiary every 24 months. No benefit for spectacles if contact lenses purchased.	Paid from Risk Pool R 995 per beneficiary every 24 months. No benefit for spectacles if contact lenses purchased.	Reworded
4.3 Frames/Lens Enhancements: In Network ONLY A frame cannot be claimed alone or with contact lenses. Benefit applicable to members who utilize the Scheme's DSP network optometrist only One claim per beneficiary every 24 months	100% of DSP Tariff* Paid from Risk Pool R 548 per Frame	100% of DSP Tariff* Paid from Risk Pool R 548 per Frame	Reworded
4.4 Eye Tests: In Network Benefit applicable to members who utilize the Scheme's DSP network optometrist only One claim per beneficiary every 24 months	100% of DSP Tariff* Paid from Risk Pool One comprehensive consultation per beneficiary every 24 months	100% of DSP Tariff* Paid from Risk Pool One comprehensive consultation per beneficiary every 24 months	Reworded

5. DENTISTRY BENEFIT

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASES / CHANGES
5.1 Conservative Dentistry (Dentist and Dental therapist) Conscious sedation: (limited to beneficiaries below the age of 12 years) Consultations, Fillings, Extractions	100% of Scheme Tariff* Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation Yes (Paid from Risk Pool)	100% of Scheme Tariff* Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation Yes (Paid from Risk Pool)	

Root Canal treatment included in conservative dentistry	No Benefit	No Benefit	
Preventative scale and polish	Yes	Yes	
Infection control	Yes	Yes	300% increase for Infection Control - Tariff 8109 to assist in additional PPE. This is an increase of R59.40 per visit.
Fluoride treatment (limited to beneficiaries below the age of 12 years)	Yes	Yes	
Dental X-rays	X-rays (limited to intra-oral) Dental protocols apply and pre- authorisation required for extensive treatment plans Quantity limitations apply Contracted Network Provider Only	X-rays (limited to intra-oral) Dental protocols apply and pre- authorisation required for extensive treatment plans Quantity limitations apply Contracted Network Provider Only	
OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASE/CHANGES
5.2 Advanced Dentistry (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics) Dental Implants	Non-PMBs Paid from MSA* All clinically valid specialised dental treatment covered from MSA* No benefit	Non-PMBs Paid from MSA* All clinically valid specialised dental treatment covered from MSA* No benefit	
Partial Metal Frame Dentures	No benefit	No benefit	
Acrylic (Plastic) Dentures	1 set of Acrylic (plastic) denture per beneficiary every 4 years. Repairs, realigning and repairing of dentures every 12 months. Limited to PMBs	1 set of Acrylic (plastic) denture per beneficiary every 4 years. Repairs, realigning and repairing of dentures every 12 months. Limited to PMBs	
5.3 Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations)	100% of Scheme Tariff* Limited to PMBs	100% of Scheme Tariff* Limited to PMBs	

Subject to PMB's, pre-authorization and protocols.			
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6. AUXILIARY BENEFIT

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASES / CHANGES
6.1 ALTERNATIVE SERVICES Homeopathy, Naturopathy, Chiropractor and Podiatry Subject to PMBs and Protocols	100% of Scheme Tariff* Non-PMBs paid from MSA* Medicine dispensed limited to Acute Medication Limit (3.1). Homeopathic Medication Excluded	100% of Scheme Tariff* Non-PMBs paid from MSA* Medicine dispensed limited to Acute Medication Limit (3.1). Homeopathic Medication Excluded	
OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASE/CHANGES
6.2 REMEDIAL AND OTHER THERAPIES Audiology, Speech therapy, Dieticians, Hearing Aid Acousticians, Occupational Therapy, Orthotics, Social Workers and Speech Therapy	100% of Scheme Tariff* Non-PMBs paid from MSA* Appropriate referral by GP/Specialist Collectively limited to R 2 500 per family per annum	100% of Scheme Tariff* Non-PMBs paid from MSA* Appropriate referral by GP/Specialist Collectively limited to R 2 600 per family per annum	4% increase on rand value rounded to the nearest R5
6.3 PHYSIOTHERAPY OUT OF HOSPITAL Biokinetics & Physiotherapy	100% of Scheme Tariff* Subject to PMB conditions and clinical protocols Non-PMBs paid from MSA* Cardiac and Respiratory conditions: Subject to provision of treatment plan and therapy goals.	100% of Scheme Tariff* Subject to PMB conditions and clinical protocols Non-PMBs paid from MSA* Cardiac and Respiratory conditions: Subject to provision of treatment plan and therapy goals.	

	Maximum of 6 sessions per beneficiary, thereafter subject to progress report and evidence of response.	Maximum of 6 sessions per beneficiary, thereafter subject to progress report and evidence of response.	
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7. MEDICAL APPLIANCES

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASES / CHANGES
7. Appliances E.g. Hearing Aids, Wheelchairs and callipers etc. Subject to pre-authorisation	100% of Negotiated Tariff* Limited to R 6 530 per family per annum Paid from Risk Pool subject to sub limit In & Out of Hospital – PMBs only <ul style="list-style-type: none"> Blood Pressure Monitors Subject to a sub-limit of R550 for beneficiaries registered for Hypertension 	100% of Negotiated Tariff* Limited to R 6 790 per family per annum Paid from Risk Pool subject to sub limit In & Out of Hospital – PMBs only <ul style="list-style-type: none"> Blood Pressure Monitors Subject to a sub-limit of R570 for beneficiaries registered for Hypertension 	4% increase on rand value rounded to the nearest R5 4% increase on rand value rounded to the nearest R5

8. OTHER BENEFITS

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASES / CHANGES
8.1 Air/Road Ambulance & Emergency Services The Schemes preferred provider must be contacted should you require an Ambulance – failure to adhere to this could result in you being held liable for costs incurred.	100% of Scheme Tariff* 24-hour access to Call Centre including telephonic Nurse advise line Emergency: Subject to pre-authorisation within 72 hours after the emergency. Inter-hospital transfers must be done by preferred provider only.	100% of Negotiated Tariff* 24-hour access to Call Centre including telephonic Nurse advise line Emergency: Subject to pre-authorisation within 72 hours after the emergency. Inter-hospital transfers must be done by preferred provider only.	Tariff amended

	<ul style="list-style-type: none"> Emergency response by road or air to scene of incident and Transfer from scene, to closest, most appropriate facility Escort return of stranded minors can be arranged <p>Non-emergency: Subject to pre-authorisation beforehand.</p> <ul style="list-style-type: none"> Facilitation of medically justified inter-facility transfers Medical repatriation 	<ul style="list-style-type: none"> Emergency response by road or air to scene of incident and Transfer from scene, to closest, most appropriate facility Escort return of stranded minors can be arranged <p>Non-emergency: Subject to pre-authorisation beforehand.</p> <ul style="list-style-type: none"> Facilitation of medically justified inter-facility transfers Medical repatriation 	
8.2 Psychology & Psychiatry Treatment Subject to PMB's and referral from GP or Specialist, failure to do so will result in no payment. Subject to confirmed diagnosis, treatment plan and managed care protocols	100% of Scheme Tariff* Subject to PMB conditions only Non-PMBs paid from MSA*	100% of Negotiated Tariff* Subject to PMB conditions only Non-PMBs paid from MSA*	Tariff amended
8.3 Infertility Subject to PMBs, pre-authorisation and protocols.	100% of Scheme Tariff* Non-PMBs paid from MSA*	100% of Negotiated Tariff* Non-PMBs paid from MSA*	Tariff amended
8.4 Hospice and Private Nursing Subject to PMB's, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to PMBs only Non-PMBs subject to MSA*	100% of Negotiated Tariff* Limited to PMBs only Non-PMBs subject to MSA*	

9. SIZWE HOSMED BAMBINO PROGRAM

SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. At 24 weeks of maternity the Scheme offers a free maternity bag with baby goodies, to pregnant women registered on the Bambino Programme.

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASES / CHANGES
9.1 SIZWE HOSMED Bambino Program	100% of Scheme Tariff*	100% of Scheme Tariff*	

<p>Subject to Registration on SIZWE HOSMED Bambino Program, PMBs and protocols.</p> <p>9.2 Hospital Confinement:</p> <p>9.3 Home Delivery: By Registered Midwife pre-authorisation required</p> <p>9.4 Maternity Ultrasounds(s):</p> <p>9.5 Maternity Visit(s):</p> <p>9.6 Antenatal Pathology Screening: Haemoglobin, Syphilis, Chlamydia, Bacteriuria, Hepatitis B and Rhesus incompatibility</p> <p>9.7 Antenatal Classes: By Registered Nurse</p> <p>9.8 Immunisation benefit</p>	<p>PMB Based on Protocols Admissions only at DSP* Hospital Network.</p> <p>NVD – Limited to 2 days Caesarean – Limited to 3 days</p> <p>100% of Negotiated Tariff*</p> <p>Limited to two (2) 2D ultrasounds per pregnancy for In and Out of Hospital</p> <p>Additional 7 GP consultations and 2 specialist consultations per Pregnancy at GP or Specialist (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit)</p> <p>100% of Scheme Tariff*</p> <p>No benefit</p> <p>Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age</p>	<p>Admissions only at DSP* Hospital Network.</p> <p>NVD – Limited to 2 days Caesarean – Limited to 3 days</p> <p>100% of Negotiated Tariff*</p> <p>Limited to two 3 x 2D ultrasounds per pregnancy for In and Out of Hospital</p> <p>Additional 7 GP consultations and 2 specialist consultations per Pregnancy at GP or Specialist (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit)</p> <p>100% of Scheme Tariff*</p> <p>No benefit</p> <p>Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age</p>	<p>Number of ultrasounds increased</p>
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10. SIZWE HOSMED WE CARE

OPTION	ACCESS 2021	ACCESS SAVER 2022	INCREASES / CHANGES
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<p>10.1 Wellness Programme</p>	<p>100% of Scheme Tariff*</p> <ul style="list-style-type: none"> ●1 Free Pap Smear for Females over 18 Years per beneficiary per Annum ●1 Free Mammogram for Females over 40 Years per beneficiary per Annum ●1 Free PSA for Males over 40 Years per beneficiary per Annum ●1 Free Cholesterol Test over 20 Years per beneficiary per Annum ●1 Free Flu Vaccine per beneficiary per Annum ●1 Free Blood Sugar Test over 15 Years per beneficiary per Annum ●1 Free BP check per beneficiary per Annum ●1 Free HIV Test per beneficiary per Annum ●Free HPV vaccination per beneficiary between 9 and 12 years of age ●1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum 	<p>100% of Scheme Tariff*</p> <ul style="list-style-type: none"> ● Free Covid-19 Vaccination per beneficiary ● Diabetic Eye Care ● 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum ● 1 Free Mammogram for Females over 40 Years per beneficiary per Annum ● 1 Free PSA for Males over 40 Years per beneficiary per Annum ● 1 Free Cholesterol Test over 20 Years per beneficiary per Annum ● 1 Free Flu Vaccine per beneficiary per Annum ● 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum ● 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum ● 1 Free Blood Pressure test per beneficiary per Annum ● 1 Free HIV Test per beneficiary per Annum ● 1 Free HPV vaccination per beneficiary between 9 and 12 years of age ● 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum 	<p>Covid-19 vaccination benefit added Diabetic Eye Care benefit added</p>
<p>10.2 HIV/AIDS Management Programme Unlimited Benefits subject to PMB's and registration on the Scheme's programme</p>	<p>100% of Scheme Tariff*</p> <p>Treatment is subject to the treatment care plan and clinical protocols</p>	<p>100% of Scheme Tariff*</p> <p>Treatment is subject to the treatment care plan and clinical protocols per CDL</p>	<p>Wording amended</p>
<p>10.3 Chronic Disease Management Programme (CDL) Unlimited Benefits subject to registration on the Scheme's programme</p>	<p>100% of Scheme Tariff*</p> <p>Treatment is subject to the treatment Care plan and clinical protocols per CDL</p>	<p>100% of Scheme Tariff*</p> <p>Treatment is subject to the treatment Care plan and clinical protocols per CDL</p>	

10.4 COVID-19 Screening diagnosis and treatment. Subject to PMBs	100% of Scheme Tariff* Subject to PMBs	100% of Scheme Tariff* Subject to PMBs	

11. DEFINITIONS:

- **Scheme Tariff*:**
“the Tariff determined or adopted by the Board in respect of the payment for healthcare services rendered to Beneficiaries by service providers who are not subject to a DSP* Tariff or a Negotiated Tariff, determined using the 2006 National Health Reference Price List (NHRPL) with the application of a year on year inflationary increase”
- **DSP*:**
“Designated Service Provider”
- **DSP Tariff*:**
“The fee determined in terms of an agreement between the Scheme and a service provider or a group of service providers in respect of the payment for the relevant health services”
- **Negotiated Tariff*:**
“a Tariff negotiated and agreed ad hoc for services rendered between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to Beneficiaries and which is different from the Scheme Tariff;”
- **Reference Price*:**
“The maximum reimbursable price for a list of generically similar or therapeutically equivalent products with a cost lower than that of the original medicine.”
- **Formulary*:**
“A list of medicines that the Scheme will pay for the treatment of acute and chronic conditions as per the benefit option the member has selected”
- **Co-payment*:**
“a specified rand amount a beneficiary will be liable to self-fund for the cost of a specified medical treatment as stipulated in the benefits per option”
- **Deductible*:**
“A specific percentage or rand amount of the total hospital account related to a specific procedure as stipulated in the benefits per option that the beneficiary is liable for”
- **ICON*:**
“Independent Clinical Oncology Network”
- **Voluntarily*:**
“Of one’s own free will”