

## SIZWE HOSMED MEDICAL SCHEME PLUS OPTION 2022

### Annexure B.2

### BENEFITS EFFECTIVE 1 JANUARY 2022

OPTION	PLUS 2021	PLUS 2022	INCREASE/CHANGES
<b>Overall Annual Limit In-Hospital benefits</b>	No Overall Annual Limit	No Overall Annual Limit	
<b>Overall Annual Limit on Out of Hospital Benefits For:</b> 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 other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum:  M - R 12 772 M+1 - R 26 908 M+2 - R 29 366 M+3 - R 32 338	Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum:  M - R 13 280 M+1 - R 27 980 M+2 - R 30 540 M+3 - R 33 630	4% increase applied to the rand values, and then rounded to the nearest R5
<b>Prorated benefits</b> are applicable if you join after the 1 <sup>st</sup> of January of a benefit year.	Yes	Yes	
<b>Statutory prescribed</b> minimum benefits. Services rendered payable at 100% of cost at DSP*	No Annual Limit	No Annual Limit	
<b>3 Month General Waiting Periods</b> (Subject to the rights of interchangeability)	Yes	Yes	
<b>12 Months condition</b> 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 <sup>th</sup> month in which the service was rendered <b>will not be covered.</b>	Yes	Yes	
<b>Emergency medical cover whilst traveling outside of South Africa. (Subject to PMBs)</b>	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	PLUS 2021	PLUS 2022	INCREASES/CHANGES
<b>Items 1.01 – 1.25</b> Limited collectively and subject to pre-authorization.			
<b>1.01 Hospital admissions:</b> 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 <b>48 hours</b> of admission. <b>Failure to pre-authorise or to notify the scheme of an admission will result in non-payment of claims.</b>			
<b>1.01.1 Accommodation in Intensive and High Care unit and General Ward, as well as Theatre and Recovery Room</b>	100% of Negotiated Tariff*	100% of Negotiated Tariff*	
OPTION	PLUS 2021	PLUS 2022	INCREASES/CHANGES
<b>1.02 Medicine items and Pharmaceutical Products used whilst in-hospital, including TTO:</b> Subject to PMB medicine formulary* and the use of pharmacy network			
Medicines and consumables used in hospital and theatre	100% Negotiated Tariff *	100% Negotiated Tariff *	

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	Limited to 7 days medicine supply. Subject to benefit limits for non-PMBs	Limited to 7 days medicine supply. Non-PMBs subject to benefit limits, when TTO is obtained after discharge.	No change, reworded
<b>1.03 In-hospital General Practitioner and Specialist services:</b> Subject to PMB and case management protocols. All procedures must be preauthorised			
<b>1.03.1 Consultations and procedures</b>	200% of Negotiated Tariff*	200% of Negotiated Tariff*	
<b>1.04 In-Hospital Radiology and Pathology.</b> 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.			
<b>1.04.1 Basic Radiology and Pathology in-hospital</b>	100% of Scheme Tariff	100% of Scheme Tariff	
<b>1.04.2 Advanced/Specialised Radiology: (Joint benefit In and Out of Hospital) Subject to preauthorisation and specialist referral.</b>	Limited to 2 scans per beneficiary per annum  10% co-payment is applicable for non-PMBs MRI and CT scans	Limited to 2 scans per beneficiary per annum  10% co-payment is applicable for non-PMBs, MRI and CT scans	
<b>1.05 Major In-Hospital Medical Services and Procedures:</b> All subject to pre-authorization, treatment protocols and clinical guidelines. Failure to preauthorise would result in non-payment of claims. Prescribed Minimum Benefits applicable as prescribed.			
<b>1.05.1 Oncology</b> 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* Enhanced oncology DSP* protocols apply  Unlimited Oncology treatment.  Benefits in excess of <b>R622 298</b> will be subject to 20% co-payment for non-PMBs	100% of DSP Tariff* Enhanced oncology DSP* protocols apply  Unlimited Oncology treatment.  Benefits in excess of <b>R647 190</b> will be subject to 20% co-payment for non-PMBs	4% increase on applied to the rand value, and then rounded to the nearest R5
<b>1.05.2 Renal Dialysis:</b> Department of Health Protocols apply. Unlimited benefits for PMBs. Include peritoneal and haemodialysis.	100% of Negotiated Tariff*	100% of Negotiated Tariff*	Reworded

Subject to pre-authorisation, clinical guidelines, medicine formulary*and registration on the Disease management programme.			
<b>OPTION</b>	<b>PLUS 2021</b>	<b>PLUS 2022</b>	<b>INCREASES/CHANGES</b>
<b>1.05.3 Organ Transplant:</b> Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme. Donor costs are not covered for beneficiaries donating to non-SIZWE HOSMED members	100% of Scheme Tariff*	100% of Scheme Tariff*	
<b>1.05.4 Dental Hospitalisation</b> Subject to PMBs pre-authorisation, and treatment protocols	100% of Scheme Tariff*  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 covered only as Day Case	100% of Scheme Tariff*  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 covered only as Day Case	
<b>1.05.5 Maxillo-facial and Oral Surgery</b> Subject to PMBs, pre-authorisation and treatment protocols	100% of Scheme Tariff*  Limited to symptomatic wisdom teeth and surgical exposure.  Removal of symptomatic impacted wisdom teeth only Day Case  All other procedures subject to PMB only	100% of Scheme Tariff*  Limited to symptomatic wisdom teeth and surgical exposure. All other procedures subject to PMB only  Removal of symptomatic impacted wisdom teeth only as a Day Case	Reworded
<b>OPTION</b>	<b>PLUS 2021</b>	<b>PLUS 2022</b>	<b>INCREASES/CHANGES</b>

<p><b>1.05.6 Drug &amp; Alcohol Rehabilitation.</b> Subject to PMBs, managed care protocols and pre- authorisation. Benefit limits apply</p>	<p>100% of Scheme Tariff*  Limited to <b>R 19 650</b> per family per annum</p>	<p>100% of Scheme Tariff*  Limited to <b>R 20 435</b> per family per annum</p>	<p>4% increase applied to the rand value, and then rounded to the nearest R5</p>
<p><b>1.05.7 Psychiatric Treatment</b> Subject to PMBs, pre- authorisation and managed care protocols Includes consultations, ward fees, medicines, and psychiatry/psychology therapy sessions.</p> <p>Non-PMB psychiatric treatment</p> <p>Admissions are limited to psychiatric emergencies, and failed out-patient management as per Managed Care Protocols</p>	<p>100% of Scheme Tariff*  <b>21</b> in-patient days per beneficiary or up to <b>15</b> out-patient contacts per annum</p> <p><b>14</b> days per family subject to a limit of <b>R 23 074</b></p> <p>Up to <b>3</b> days for psychologist for combined therapy sessions with Psychiatrist during the same admission; thereafter pre- authorisation required with treatment plan.</p>	<p>100% of Scheme Tariff*  <b>21</b> in-patient days per beneficiary or up to <b>15</b> out-patient contacts per annum</p> <p><b>14</b> days per family subject to a limit of <b>R 23 995</b></p> <p>Up to <b>3</b> days for psychologist for combined therapy sessions with Psychiatrist during the same admission; thereafter pre- authorisation required with treatment plan.</p>	<p>4% increase applied to the rand value, and then rounded to the nearest R5</p>
<p><b>1.05.8 Rehabilitation Facilities</b> Subject to PMBs, pre- authorisation and protocols.</p>	<p>100% of Negotiated Tariff*  Limited to <b>14</b> days per beneficiary per annum</p>	<p>100% of Negotiated Tariff*  Limited to <b>14</b> days per beneficiary per annum</p>	
<p><b>1.05.9 Step-down Facilities</b> Subject to PMBs, pre- authorisation and protocols.</p>	<p>100% of Negotiated Tariff*  Limited to <b>14</b> days per beneficiary per annum</p>	<p>100% of Negotiated Tariff*  Limited to <b>14</b> days per beneficiary per annum</p>	
<p><b>1.05.10 Private Nursing</b> In lieu of hospitalisation Subject to PMBs, pre- authorisation and protocols.</p>	<p>100% of Negotiated Tariff*  Limited to <b>14</b> days per beneficiary per annum</p>	<p>100% of Negotiated Tariff*  Limited to <b>14</b> days per beneficiary per annum</p>	
<p><b>1.05.11 Negative pressure wound therapy</b></p>	<p>100% of Negotiated Tariff*</p>	<p>100% of Negotiated Tariff*</p>	

Subject to PMBs, pre-authorisation and protocols.	Limited to <b>R 27 160</b> per family per annum	Limited to <b>R 28 245</b> per family per annum	4% increase applied to rand value, and then rounded to the nearest R5
<b>OPTION</b>	<b>PLUS 2021</b>	<b>PLUS 2022</b>	<b>INCREASES/CHANGES</b>
<b>1.05.12 Hyperbaric Oxygen Therapy</b> Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff*  Limited to <b>R 49 420</b> per family per annum	100% of Negotiated Tariff*  Limited to <b>R 51 395</b> per family per annum	4% increase applied on rand value, and then rounded to the nearest R5
<b>1.05.13 Male Sterilisation/ Vasectomy</b> Subject to pre-authorisation and PMBs	100% of Scheme Tariff*  Limited to <b>R 16 000</b> per beneficiary per annum	100% of Scheme Tariff*  Limited to <b>R 16 640</b> per beneficiary per annum	4% increase applied on rand value, and then rounded to the nearest R5
<b>1.05.14 Female Sterilisation/ Tubal Ligation</b>  Subject to pre-authorisation at Day Clinic or as Day Case, and subject to PMBs.	100% of Scheme Tariff*  Limited to <b>R 16 000</b> per beneficiary per annum	100% of Scheme Tariff*  Limited to <b>R 16 640</b> per beneficiary per annum	4% increase applied to the rand value, and then rounded to the nearest R5
<b>1.05.15 Back and Neck Surgery</b> Subject to PMBs, pre-authorisation and adherence of the conservative back and neck treatment protocol	100% of Scheme Tariff*  <b>R 2 500</b> co-payment* applicable for all non-PMB spinal surgery irrespective of whether completion of conservative treatment has failed or not	100% of Scheme Tariff*  <b>R 2 500</b> co-payment* applicable for all non-PMB spinal surgery irrespective of whether completion of conservative treatment has failed or not	
<b>1.05.16 Stereotactic Radio-Surgery</b> Subject to PMBs, pre-authorisation and protocols.	100% of Scheme Tariff*  Primary Central Nervous System tumours only	100% of Scheme Tariff*  Primary Central Nervous System tumours only	
<b>1.05.17 Age Related Macular Degeneration Treatment</b> Subject to PMBs, pre-authorisation and Scheme formulary* and protocol	100% of Negotiated Tariff	100% of Negotiated Tariff	
<b>1.05.18 Laparoscopic Hospitalisation and Associated Costs</b>	100% of Scheme Tariff*	100% of Scheme Tariff*	

<p>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>Laparoscopic procedures done in-hospital will attract a <b>R 5 000 co-payment*</b> with exception of diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias</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 <b>R 5 000 co-payment*</b> with exception of diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias</p>	<p>Specified - No co-payment applicable when laparoscopic procedures are performed at Day Hospitals or as a Day Case.</p>
OPTION	PLUS 2021	PLUS 2022	INCREASES/CHANGES
<p><b>1.06 Other In-Hospital Medical Services: All benefits subject to PMBs, pre-authorisation, clinical protocols, medical management and benefit availability.</b></p>			
<p><b>1.06.1 Internal and External Prosthesis</b> 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):</p> <p>Aphakic Lenses (Subject to protocol and PMBs)</p>	<p>100% of Negotiated Tariff* Overall prosthesis limit: <b>R 69 000</b> per family per annum</p> <p>Limited to a maximum of 2 levels unless clinically motivated and approved or within PMB protocols. Limited to <b>R 29 150</b> per level subject to overall limit not being exceeded.</p> <p><b>R 42 420</b> per annum. Subject to the overall limit. Excludes cement</p> <p><b>R 5 910</b> per lens</p>	<p>100% of Negotiated Tariff* Overall prosthesis limit: <b>R 71 760</b> per family per annum</p> <p><b>Sub-Limits:</b></p> <p><b>R 30 316</b> per level, subject to overall benefit limit Limited to a maximum of 2 levels unless clinically motivated and approved or within PMB protocols.</p> <p><b>R 44 115</b> per annum, subject to overall benefit limit. Limited to one event per annum unless sepsis or trauma. Excludes cement</p> <p><b>R 6 145</b> per lens per annum</p>	<p>4% increase applied to the rand value, then rounded to the nearest R5</p> <p>Reworded 4% increase applied to the rand value, and then rounded to the nearest R5</p> <p>4% increase applied to the rand value, and then rounded to the nearest R5 Limited to one event per annum unless sepsis or trauma</p> <p>4% increase applied to the rand values, and then rounded to the nearest R5</p>

Cardiac stents Subject to overall prosthesis limit and PMB protocols	1 per lesion-maximum 3 lesions Bare metal stents: <b>R 14 475</b> per stent Drug eluting stents: <b>R 20 505</b> per stent	1 per lesion-maximum 3 lesions Bare metal stents: <b>R 15 975</b> per stent Drug eluting stents: <b>R 22 500</b> per stent	4% increase applied to the rand value, and then rounded to the nearest R5
Internal sphincters and stimulators	Limited to PMBs	Limited to PMBs	
Neurostimulators/Internal nerve stimulator for Parkinson's Disease	Subject to overall prosthesis limit	Subject to overall prosthesis limit	
Cochlear implants	Subject to overall prosthesis limit	Subject to overall prosthesis limit	
Insulin pumps and monthly materials	Subject to overall prosthesis limit. Children under <b>7</b> years of age only.	Subject to overall prosthesis limit. Children under <b>7</b> years of age only.	
Unlisted prosthesis Artificial Limbs and external prostheses including artificial eyes	Maximum <b>R 17 480</b> Subject to overall limit	Maximum <b>R 18 180</b> Subject to overall limit	4% increase applied to the rand value, and then rounded to the nearest R5
<b>1.06.2 Blood Transfusions</b>	100% of Scheme Tariff*	100% of Scheme Tariff*	
<b>1.06.3 Physiotherapy &amp; Biokinetics</b> 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*	100% of Scheme Tariff*	
<b>OPTION</b>	<b>PLUS 2021</b>	<b>PLUS 2022</b>	<b>INCREASES/CHANGES</b>
<b>1.06.4 Dietician &amp; Occupational Therapy</b> 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*	100% of Scheme Tariff*	
<b>1.07 Deductible* Applied for In-Hospital Procedures</b>	Not applicable	Not applicable	



## OUT OF HOSPITAL BENEFITS

### 2. GENERAL PRACTITIONERS AND SPECIALIST

OPTION	PLUS 2021	PLUS 2022	INCREASES/CHANGES
<b>2.1 Consultations (Out-of-Hospital – Including General Practitioners, Specialist and Outpatient Facilities)</b>	100% of Scheme Tariff*  <b>General Practitioner Consultations:</b> 16 GP Visits per Beneficiary limited to 26 GP Visits per Family per Annum.  A 30% co-payment will apply after the 10 <sup>th</sup> GP visit per Beneficiary.  <b>Specialist Consultations:</b> Member: 5 Visits Member + 1 = 7 Visits Member + 2 + = 9 Visits	100% of Scheme Tariff*  <b>General Practitioner Consultations:</b> 16 GP Visits per Beneficiary limited to 26 GP Visits per Family per Annum.  A 30% co-payment will apply after the 10 <sup>th</sup> GP visit per beneficiary.  <b>Specialist Consultations:</b> Member: 5 Visits Member + 1 = 7 Visits Member + 2 + = 9 Visits	
<b>2.2 Diagnostic Investigations</b> Radiology and Pathology benefits. Subject to PMBs and clinical protocols.  <b>Combined Pathology and Basic Radiology:</b>	100% of Scheme Tariff*  <b>Combined Pathology and Basic Radiology:</b> Combined benefits limited to R5 425 per beneficiary per annum, subject to the below sub-limits for Pathology and Radiology. Only PMB benefits payable once limit exhausted.  <b>Pathology:</b> Limited to R 5 100 per beneficiary per annum	100% of Scheme Tariff*  <b>R5 640</b> per beneficiary per annum, subject to sub-limits.  <b>Sublimits:</b>  <b>Pathology:</b> R 5 305 per beneficiary per annum	Reworded 4% increase applied to the rand value, and then rounded to the nearest R5

<p><b>Advanced/Specialised Radiology:</b> (Combined In and Out of hospital benefit as per 1.04 above). Subject to specialist referral and pre- authorisation.</p>	<p><b>Basic Radiology:</b> Limited to <b>R 3 750</b> per beneficiary per annum</p> <p><b>Specialised Radiology:</b> <b>MRI/PET/CT scans:</b> Limited to <b>2</b> scans per beneficiary per annum Subject to referral and pre- authorisation. In &amp; Out of Hospital as per 1.04 above.</p> <p>10% co-payment is applicable for non- PMBs - MRI/CT scans</p>	<p><b>Basic Radiology:</b> <b>R 3 900</b> per beneficiary per annum</p> <p><b>Specialised Radiology:</b> <b>MRI/PET/CT scans:</b> <b>2</b> scans per beneficiary per annum 10% co-payment is applicable for non- PMBs - MRI/CT scans</p> <p>10% co-payment is applicable for non- PMBs - MRI/CT scans</p>	<p>4% increase applied to the rand value, and then rounded to the nearest R5</p> <p>4% increase applied to the rand value, and then rounded to the nearest R5</p>
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### 3. MEDICINE ITEMS AND MATERIALS

OPTION	PLUS 2021	PLUS 2022	INCREASES / CHANGES
<p><b>3.1 Acute Medicine</b></p> <p><b>3.1.1 Mirena device</b></p>	<p>100% of Reference Price*</p> <p>Limited to <b>R 9 025</b> per beneficiary and <b>R 15 350</b> per family per annum.</p> <p>20% co-pay will apply for benefit utilisation above <b>R9 920</b> per family</p> <p>Subject to Medicine formulary* and Protocols, Including Materials and Homeopathic Medicine.</p>	<p>100% of Reference Price*</p> <p><b>R 15 965</b> per family per annum. Limited to <b>R 9 385</b> per beneficiary</p> <p>20% co-pay will apply for benefit utilisation above <b>R9 920</b> per family</p> <p>Subject to a sub-limit of <b>R2 000</b> per beneficiary every 5 years for abnormal uterine bleeding.</p> <p>Subject to Medicine formulary* and Protocols, Including Materials and Homeopathic Medicine.</p>	<p>4% increase applied to the rand values and then rounded to the nearest R5</p> <p>R2 000 Sub limit introduced for Mirena device subject to overall limit 3.1</p>

<p><b>3.2 PMB Chronic Disease List Medicines</b> Subject to registration on the Chronic Medicine programme, and pre- authorisation with the Schemes Pharmacy Benefit Manager.</p> <p>Subject to, clinical protocol, medicine formulary*, and the use of Pharmacy Preferred Provider Networks.</p> <p>Subject to renewal of prescription every six months.</p>	<p>100% of Reference Price* Unlimited</p> <p>Subject to pre- authorisation, treatment protocols and medicine formulary*. Non-formulary* products will incur a <b>30%</b> co-payment* where these are obtained voluntarily by beneficiaries.</p> <p>Benefit Initially payable from limit 3.3 below.</p>	<p>100% of Reference Price* Unlimited benefits</p> <p>Non-formulary* products will incur a <b>30%</b> co-payment* when obtained voluntarily by beneficiaries.</p> <p>Benefit Initially payable from limit 3.3 below.</p>	<p>Reworded</p>
<p><b>3.3 Other Chronic (Non CDL) Medicines</b> PMB's subject to registration and pre- authorisation with the Schemes preferred provider. Chronic Medication to be Obtained from Preferred Provider Network.</p> <p>Subject to renewal of prescription every six months.</p>	<p>100% of Reference Price* <b>R 14 690</b> per beneficiary Limited to <b>R 28 090</b> per family per annum</p> <p>Subject to pre- authorisation, treatment protocols and medicine formulary*</p> <p>Non-formulary* products will incur a <b>30%</b> co-payment* where these are obtained voluntarily by beneficiaries.</p>	<p>100% of Reference Price* <b>R 15 280</b> per beneficiary Limited to <b>R 29 215</b> per family per annum</p> <p>Subject to pre- authorisation, treatment protocols and medicine formulary*</p> <p>Non-formulary* products will incur a <b>30%</b> co-payment* where these are obtained voluntarily by beneficiaries.</p>	<p>4% increase applied to the rand values, and then rounded to the nearest R5</p>
<p><b>3.4 Pharmacy Advised Treatment (PAT)</b> Over the Counter Medication Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines. PAT subject to acute benefit limit</p>	<p>100% of Reference Price* Limited to <b>R 3 210</b> per family per annum Maximum <b>R 230</b> per script Included in Limit 3.1 above</p>	<p>100% of Reference Price* <b>R 3 340</b> per family per annum Maximum <b>R 240</b> per script Included in Limit 3.1 above</p>	<p>4% increase applied to the rand values, and then rounded to the nearest R5</p>
<p><b>3.5 Contraceptive benefit</b></p>	<p>100% of Reference Price* Limited to <b>R 1 680</b> per family per annum. Subject to oral, injectable and patch contraceptives only</p> <p>Subject to the contraceptive formulary*</p>	<p>100% of Reference Price* Limited to <b>R 1 750</b> per family per annum. Subject to oral, injectable and patch contraceptives only</p> <p>Subject to the contraceptive formulary*</p>	<p>4% increase applied to the rand value, and then rounded to the nearest R5</p>

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#### 4. OPTICAL BENEFIT

Contact the Schemes DSP Network provider for availability and locality of Network Optometrists

OPTION	PLUS 2021	PLUS 2022	INCREASES / CHANGES
<p><b>4.1 Spectacle Lenses: In Network ONLY</b> Benefit applicable to members who utilize the Scheme's DSP Optometrists only</p> <p>Limited to one pair of spectacles per beneficiary every 24 months</p>	<p>100% of DSP Tariff*</p> <p><b>R 210</b> per lens – clear single vision or <b>R 445</b> per lens – clear bifocal or <b>R 770</b> per lens – base multifocal Fixed tints up to 35%</p> <p>No benefit for contact lenses if spectacles purchased</p>	<p>100% of DSP Tariff*</p> <p><b>R 210</b> per lens – clear single vision or <b>R 445</b> per lens – clear bifocal or <b>R 770</b> per lens – base multifocal Fixed tints up to 35%</p> <p>No benefit for contact lenses if spectacles purchased</p>	<p>Reworded</p> <p>Fixed tints removed falls under benefit 4.3</p>
<p><b>4.2 Contact Lenses: In Network ONLY</b> Benefit applicable to members who utilize the Scheme's DSP network optometrist only</p> <p>One claim per beneficiary every 24 months</p> <p>Subject to optical protocol</p>	<p>100% of DSP Tariff*</p> <p><b>R 2 915</b> per beneficiary every 24 months</p> <p>No benefit for spectacles if contact lenses purchased.</p>	<p>100% of DSP Tariff*</p> <p><b>R 2 915</b> per beneficiary every 24 months</p> <p>No benefit for spectacles if contact lenses purchased.</p>	<p>Reworded</p>
<p><b>4.3 Frames/Lens Enhancements: In Network ONLY</b> A frame cannot be claimed alone or with contact lenses. Benefit applicable to members who utilize the Scheme's DSP network optometrist only</p> <p>One claim per beneficiary every 24 months</p>	<p>100% of DSP* Tariff</p> <p><b>R 1 230</b> per beneficiary</p>	<p>100% of DSP* Tariff</p> <p><b>R 1 230</b> per beneficiary</p>	<p>Reworded</p>
<b>4.4 Eye Tests: In Network</b>			

Benefit applicable to members who utilize the Scheme's DSP network optometrist only	100% of DSP* Tariff	100% of DSP* Tariff	Reworded
One claim per beneficiary every 24 months	One comprehensive consultation per beneficiary every 24 months	One comprehensive consultation per beneficiary every 24 months	

## 5. DENTISTRY BENEFIT

OPTION	PLUS 2021	PLUS 2022	INCREASES / CHANGES
<b>5.1 Conservative Dentistry (Dentist and Dental therapist)</b>	100% of Scheme Tariff*	100% of Scheme Tariff*	
Conscious sedation: (limited to beneficiaries below the age of 12 years)	Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation	Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation	
Consultations, Fillings, Extractions.	Yes	Yes	
Root Canal treatment included in conservative dentistry	Two (2) Root canal treatment RCT per family per annum	Two (2) Root canal treatment RCT per family per annum	
Preventative scale and polish	Yes	Yes	
Infection Control	Yes	Yes	
Fluoride treatment (limited to beneficiaries below the age of 12 years)	Yes	Yes	
Conscious sedation for children up to the age of 12 years	Yes	Yes	
Dental X-rays	X-rays intra-oral covered. Panoramic radiographs limited to <b>1</b> per beneficiary every 24 months	X-rays intra-oral covered.	300% increase for Tariff 8109 to assist in additional PPE. This is an increase of R59.40 per visit.

	Subject to dental treatment protocols and pre-authorisation for extensive treatment	Panoramic radiographs limited to 1 per beneficiary every 24 months  Subject to dental treatment protocols and pre-authorisation for extensive treatment	
<b>5.2 Advanced Dentistry</b> (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics)  <b>Dental Implants</b>          <b>Partial Metal Frame Dentures</b>          <b>Acrylic (Plastic) Dentures</b>	100% of Scheme Tariff*  <b>R 6 810</b> per beneficiary limited to <b>R 8 580</b> per family per annum.  <b>R 15 000</b> per family once every five years per beneficiary    Limited to one <b>(1)</b> set per beneficiary every <b>5</b> years. Subject to advanced dentistry limit.  Limited to <b>1</b> per beneficiary every 4 years. Subject to availability of benefits	100% of Scheme Tariff*  <b>R 7 080</b> per beneficiary limited to <b>R 8 925</b> per family per annum,  <b>R 15 600</b> per family once every five years per beneficiary including bone augmentation in the chair per authorised implant.    Limited to one <b>(1)</b> set per beneficiary every <b>5</b> years. Subject to advanced dentistry limit.  Limited to <b>1</b> per beneficiary every 4 years. Subject to availability of benefits	4% increase applied to the rand values and then rounded to the nearest R5    4% increase applied to the rand value, and then rounded to the nearest R5. Introduction of Bone Augmentation benefit as a sub limit of overall added to implant benefits
<b>5.3 Maxillo-Facial &amp; Oral, including Dental Surgery (Consultations, Surgical procedures and Operations)</b> Subject to PMB's, pre-authorisation and protocols.	100% of Scheme Tariff* (included in limit 5.2)  Benefit is payable from hospitalisation in cases of accidents, injury, congenital abnormalities and oncology related procedures only.	100% of Scheme Tariff* (included in limit 5.2)  Benefit is payable from hospitalisation in cases of accidents, injury, congenital abnormalities and oncology related procedures only.	

## 6. AUXILIARY BENEFIT

OPTION	PLUS 2021	PLUS 2022	INCREASES / CHANGES
<b>6.1 ALTERNATIVE SERVICES</b> Homeopathy, Naturopathy, Chiropractor and Podiatry Subject to PMBs and Protocols	100% of Scheme Tariff*  Collectively limited to <b>R 4 080</b> per family per annum  Medicine dispensed limited to Acute Medication Limit (3.1)	100% of Scheme Tariff*  Collectively limited to <b>R 4 245</b> per family per annum  Medicine dispensed limited to Acute Medication Limit (3.1)	4% increase added to the rand value, and then rounded to the nearest R5
<b>6.2 REMEDIAL AND OTHER THERAPIES</b> Audiology, Speech therapy, Dieticians, Hearing Aid Acousticians, Occupational Therapy, Orthotics, Social Workers and Speech Therapy	100% of Scheme Tariff*  Collectively limited to <b>R 5 170</b> per family per annum	100% of Scheme Tariff*  Collectively limited to <b>R 5 375</b> per family per annum	4% increase applied to the rand value, and then rounded to the nearest R5
<b>6.3 PHYSIOTHERAPY OUT OF HOSPITAL</b> Biokinetics & Physiotherapy	100% of Scheme Tariff*  <b>R 2 730</b> per beneficiary limited to <b>R 4 370</b> per family per annum.	100% of Scheme Tariff*  <b>R 2 840</b> per beneficiary limited to <b>R 4 545</b> per family per annum.	4% increase applied to the rand values, and then rounded to the nearest R5

## 7. MEDICAL APPLIANCES

OPTION	PLUS 2021	PLUS 2022	INCREASES / CHANGES
<b>7. Appliances</b> E.g., Hearing Aids, Wheelchairs, and callipers etc.  Subject to pre-authorisation	100% of Negotiated Tariff*  Limited to <b>R 14 740</b> per family per annum  <ul style="list-style-type: none"> <li>Stoma Care – Subject to a sub limit of</li> </ul>	100% of Negotiated Tariff*  Limited to <b>R 15 330</b> per family per annum  <ul style="list-style-type: none"> <li>Stoma Care – Subject to a sub limit of</li> </ul>	4% increase on rand value rounded to the nearest R5  4% increase applied to the rand value, and then rounded to the nearest R5

	<p><b>R 7 580</b> per family per annum</p> <ul style="list-style-type: none"> <li>• Wheelchairs – one claim per Beneficiary every 36 months subject to pre-authorization.</li> <li>• Hearing aids – one claim per beneficiary every <b>24</b> months subject to pre-authorization</li> <li>• Blood Pressure Monitors Subject to a sub-limit of <b>R550</b> for beneficiaries registered for Hypertension</li> </ul>	<p><b>R 7 885</b> per family per annum</p> <ul style="list-style-type: none"> <li>• Wheelchairs – one claim per Beneficiary every 36 months subject to pre-authorization.</li> <li>• Hearing aids – one claim per beneficiary every <b>24</b> months subject to pre-authorization</li> <li>• Blood Pressure Monitors Subject to a sub-limit of <b>R570</b> for beneficiaries registered for Hypertension</li> </ul>	<p>4% increase applied to the rand value, and then rounded to the nearest R5</p>
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## 8. OTHER BENEFITS

OPTION	PLUS 2021	PLUS 2022	INCREASES / CHANGES
<p><b>8.1 Air/Road Ambulance &amp; Emergency Services</b></p> <p>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.</p>	<p>100% of Scheme Tariff*</p> <p>24-hour access to Call Centre including telephonic Nurse advise line</p> <p><b>Emergency:</b> Subject to pre-authorization within <b>72 hours</b> after the emergency. Inter-hospital transfers must be done by preferred provider only.</p> <ul style="list-style-type: none"> <li>• Emergency response by road or air to scene of incident and Transfer from scene, to closest, most appropriate facility</li> <li>• Escort return of stranded minors can be arranged</li> </ul>	<p>100% of Negotiated Tariff*</p> <p>24-hour access to Call Centre including telephonic Nurse advise line</p> <p><b>Emergency:</b> Subject to pre-authorization within <b>72 hours</b> after the emergency. Inter-hospital transfers must be done by preferred provider only.</p> <ul style="list-style-type: none"> <li>• Emergency response by road or air to scene of incident and Transfer from scene, to closest, most appropriate facility</li> <li>• Escort return of stranded minors can be arranged</li> </ul>	<p>Tariff amended</p>



	<b>Non-emergency:</b> Subject to pre- authorisation beforehand. <ul style="list-style-type: none"> <li>Facilitation of medically justified inter-facility transfers</li> <li>Medical repatriation</li> </ul>	<b>Non-emergency:</b> Subject to pre- authorisation beforehand. <ul style="list-style-type: none"> <li>Facilitation of medically justified inter-facility transfers</li> <li>Medical repatriation</li> </ul>	
<b>8.2 Psychology &amp; Psychiatry Treatment</b> 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*  <b>R 4 780</b> per beneficiary, Limited to <b>R 9 560</b> per Family.	100% of Scheme Tariff*  <b>R 4 970</b> per beneficiary, Limited to <b>R 9 940</b> per Family.	4% increase applied to the rand value, and then rounded to the nearest R5
<b>8.3 Infertility</b> Subject to PMBs, pre-authorization and protocols.	100% of Scheme Tariff*	100% of Scheme Tariff*	
<b>8.4 Hospice and Private Nursing</b> Subject to PMB's, pre-authorization and protocols.	100% of Negotiated Tariff*  Subject to combined limit of a maximum period of <b>14</b> days per annum-except for PMBs	100% of Negotiated Tariff*  Subject to combined limit of a maximum period of <b>14</b> days per annum-except for PMBs	

## 9. SIZWE HOSMED BAMBINO PROGRAMME

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	PLUS 2021		INCREASES / CHANGES
<b>9.1 SIZWE HOSMED Bambino Programme</b> Subject to Registration on SIZWE HOSMED Bambino Program.	100% of Scheme Tariff* PMB Based on Clinical Protocols  NVD – Limited to <b>3</b> days Caesarean – Limited to <b>4</b> days	100% of Scheme Tariff* PMB Based on Clinical Protocols  NVD – Limited to <b>2</b> days Caesarean – Limited to <b>4</b> days	Confinement for NVD, does not require prolonged hospital stay as per
<b>9.2 Hospital Confinement:</b>			

<p><b>9.3 Home Delivery:</b> By Registered Midwife pre-authorization required</p> <p><b>9.4 Maternity Ultrasounds(s):</b></p> <p><b>9.5 Maternity Visit(s):</b></p> <p><b>9.6 Antenatal Pathology Screening:</b> Haemoglobin, Syphilis, Chlamydia, Bacteriuria, Hepatitis B and Rhesus incompatibility</p> <p><b>9.7 Antenatal Classes:</b> By Registered Nurse</p> <p><b>9.8 Immunisation benefit</b></p>	<p>100% of Negotiated Tariff*</p> <p>Limited to three (3) 2D ultrasounds per pregnancy for In and Out of Hospital</p> <p>Additional 6 GP consultations and 3 specialist consultations per pregnancy (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>Limited to R555 per mother per annum</p> <p>Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age</p>	<p>100% of Negotiated Tariff*</p> <p>Limited to three 2 x 2D ultrasounds per pregnancy and 1 x 3D ultrasound for In and Out of Hospital</p> <p>Additional 6 GP consultations and 3 specialist consultations per pregnancy (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>Limited to R575 per mother per annum</p> <p>Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age</p>	<p>EBM. Complications will be managed as exceptions</p> <p>Inclusion of 1 X 3D ultrasound as an additional benefit</p> <p>4% increase applied to the rand value, and then rounded to the nearest R5</p>
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## 10. SIZWE HOSMED WE CARE

OPTION	PLUS 2021	PLUS 2022	INCREASES / CHANGES
<p><b>10.1 Wellness Programme</b></p>	<p>100% of Scheme Tariff*</p> <ul style="list-style-type: none"> <li>1 Free Pap Smear for Females over 18 Years per beneficiary per Annum</li> <li>1 Free Mammogram for Females over 40 Years per beneficiary per Annum</li> </ul>	<p>100% of Scheme Tariff*</p> <ul style="list-style-type: none"> <li>Free Covid-19 Vaccination per beneficiary</li> <li>Diabetic Eye Care</li> <li>1 Free Pap Smear for Females over 18 Years per beneficiary per Annum</li> </ul>	<p>Covid-19 vaccination added Diabetic Eye Care added</p>

	<ul style="list-style-type: none"> <li>• 1 Free PSA for Males over 40 Years per beneficiary per Annum</li> <li>• 1 Free Cholesterol Test over 20 Years per beneficiary per Annum</li> <li>• 1 Free Flu Vaccine per beneficiary per Annum</li> <li>• 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum</li> <li>• 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum</li> <li>• 1 Free Blood Pressure test per beneficiary per Annum</li> <li>• 1 Free HIV Test per beneficiary per Annum</li> <li>• 1 Free HPV vaccination per beneficiary between 9 and 12 years of age</li> <li>• 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum</li> <li>• Men's Health Benefit</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Free Mammogram for Females over 40 Years per beneficiary per Annum</li> <li>• 1 Free PSA for Males over 40 Years per beneficiary per Annum</li> <li>• 1 Free Cholesterol Test over 20 Years per beneficiary per Annum</li> <li>• 1 Free Flu Vaccine per beneficiary per Annum</li> <li>• 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum</li> <li>• 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum</li> <li>• 1 Free Blood Pressure test per beneficiary per Annum</li> <li>• 1 Free HIV Test per beneficiary per Annum</li> <li>• 1 Free HPV vaccination per beneficiary between 9 and 12 years of age</li> <li>• 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum</li> </ul>	
<b>10.2 HIV/AIDS Management Programme</b> Unlimited Benefits subject to PMB's and registration on the Scheme's programme	100% of Scheme Tariff*  Treatment is subject to the treatment Care plan and clinical protocols per CDL	100% of Scheme Tariff*  Treatment is subject to the treatment Care plan and clinical protocols per CDL	
<b>10.3 Chronic Disease Management Programme (CDL)</b> Unlimited Benefits subject to registration on the Scheme's programme	100% of Scheme Tariff*  Treatment is subject to the treatment Care plan and clinical protocols per CDL	100% of Scheme Tariff*  Treatment is subject to the treatment Care plan and clinical protocols per CDL	
<b>10.4 COVID-19</b> 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”