

SIZWE HOSMED MEDICAL SCHEME ESSENTIAL - COPPER OPTION 2022

Annexure B.11

BENEFITS EFFECTIVE 1 JANUARY 2022

OPTION	ESSENTIAL 2021	ESSENTIAL - COPPER 2022	INCREASE/CHANGES
Overall Annual Limit In-Hospital benefits	No Overall Annual Limit Limited to PMB conditions	No Overall Annual Limit Limited to PMB conditions	
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 other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are limited to PMBs Unlimited PMB benefits, Subject to DSP	Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are limited to PMBs Unlimited PMB benefits, Subject to DSP	
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	ESSENTIAL 2020	ESSENTIAL - COPPER 2022	INCREASE/CHANGES
Items 1.01 – 1.25 Limited collectively and subject to pre-authorization.			
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.			
1.01.1 Accommodation in Intensive and High Care unit and General Ward, as well as Theatre and Recovery Room	100% of DSP Tariff* Limited to PMBs	100% of DSP Tariff* Limited to PMBs	
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	100% Negotiated Tariff *	100% Negotiated Tariff *	
Medicine to take home after discharge (TTO, paid from hospital benefit if given to the patient before	Limited to 7 days medicine supply. Limited to PMBs	Limited to 7 days medicine supply. Limited to PMBs	

being discharged. Subject to formulary* and the use of pharmacy network			
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* Limited to PMBs	100% of Negotiated Tariff* Limited to PMBs	
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	100% of Scheme Tariff*	100% of Scheme Tariff*	
1.04.2 Advanced Radiology: Joint benefit In and Out of Hospital Subject to preauthorisation and specialist referral.	Limited to 2 scans per beneficiary per annum. Limited to PMBs	Limited to 2 scans per beneficiary per annum. Limited to PMBs	
1.05 Major In-Hospital Medical Services and Procedures: All subject to pre-authorization, 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 Limited to PMBs	100 % of DSP Tariff* Standard oncology DSP* Protocols apply Limited to PMBs	
1.05.2 Renal Dialysis: Unlimited benefits for PMBs. Include peritoneal and haemodialysis. Subject to pre-authorization, treatment guidelines, medicine formulary*and registration on the Disease management programme.	100% of Negotiated Tariff* Limited to PMBs	100% of Negotiated Tariff* Limited to PMBs	
1.05.3 Organ Transplant: Unlimited benefits for PMBs. Subject to pre-authorization, clinical guidelines and registration on	100% Scheme Tariff* Limited to PMBs	100% Scheme Tariff* Limited to PMBs	

the Disease Management Programme. Department of Health Protocols apply. Donor costs are not covered for beneficiaries donating to non-SIZWE HOSMED members			
OPTION	ESSENTIAL 2021	ESSENTIAL - COPPER 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 under 7 years of age involving more than 3 teeth Removal of symptomatic impacted wisdom teeth covered only as Day Case	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	
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 PMBs Limited to R 12 360 per family per annum	100% of Scheme Tariff* Limited to PMBs 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	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	

Admissions are limited to psychiatric emergencies and failed out-patient management as per Managed Care Protocols			
1.05.8 Rehabilitation Facilities Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to PMBs	100% of Negotiated Tariff* Limited to PMBs	
1.05.9 Step-down Facilities Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to PMBs	100% of Negotiated Tariff* Limited to PMBs	
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 annum PMBs only	100% of Negotiated Tariff* Limited to 14 days per annum PMBs only	
1.05.11 Negative pressure wound therapy Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to PMB conditions only	100% of Negotiated Tariff* Limited 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* Limited to PMBs	100% of Negotiated Tariff* Limited to PMBs	
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* Limited to PMBs	100% of Negotiated Tariff* Limited to PMBs	
OPTION	ESSENTIAL 2021	ESSENTIAL - COPPER 2022	INCREASE/CHANGES
1.05.15 Back and Neck Surgery Subject to PMBs, pre-authorisation and	100% of Scheme Tariff* Limited to PMBs	100% of Scheme Tariff*	

adherence of the conservative back and neck treatment protocol		Limited to PMBs	
1.05.16 Stereotactic Radio-Surgery Subject to PMBs, pre-authorisation and protocols.	No Benefit	No Benefit	
1.05.17 Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and protocol	100% Negotiated Tariff Limited to PMBs	100% Negotiated Tariff Limited to PMBs	
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 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.	100% of Scheme Tariff* 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	100% of Scheme Tariff* No co-payment applicable when laparoscopic procedures are performed at Day Hospitals or as a Day Case. 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	
1.06 Other In-Hospital Medical Services: All benefits subject to PMBs, pre-authorisation, clinical protocols, medical management and benefit availability.			
1.06.1 Internal and External Prosthesis Subject to PMBs, and pre-authorisation Instrumentation and disc prostheses including all components and fixation devices for back/spine Maximum 1 event per beneficiary per annum	100% of Negotiated Tariff* Overall prosthesis limit: R 19 650 per family per annum Limited to PMBs Limited to PMBs	100% of Negotiated Tariff* Overall prosthesis limit: R 20 435 per family per annum Limited to PMBs Limited to PMBs	4% increase on applied to the rand values, and then rounded to the nearest R5

<p>Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle): Limited to one event per annum unless sepsis or trauma</p> <p>Aphakic Lenses (Subject to protocol and PMBs)</p> <p>Cardiac stents Subject to overall prosthesis limit and PMB protocols</p> <p>Cardiac Valves, Aortic stent grafts, peripheral arterial stents grafts, Single/dual pacemaker Cardiac resynchronization devices (CRT), Implantable Cardioverter Defibrillators (ICD) with Pacing Capabilities (CRT-D)</p> <p>Internal sphincters and stimulators</p> <p>Neurostimulators/Internal nerve stimulator for Parkinson's Disease</p> <p>Cochlear implants</p> <p>Insulin pumps and monthly materials</p>	<p>Prosthesis limited to equivalent available in the state. Excludes cement Limited to PMBs</p> <p>Limited to PMBs</p> <p>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.</p> <p>Subject to overall prosthesis benefit</p> <p>Limited to PMBs</p> <p>No benefit</p> <p>No benefit</p> <p>No benefit</p>	<p>Prosthesis limited to equivalent available in the state. Excludes cement Limited to PMBs</p> <p>Limited to PMBs</p> <p>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.</p> <p>Subject to overall prosthesis benefit</p> <p>Limited to PMBs</p> <p>No benefit</p> <p>No benefit</p> <p>No benefit</p>	<p>4% increase on applied to the rand values, and then rounded to the nearest R5</p>
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Unlisted prosthesis Artificial Limbs and external prostheses including artificial eyes	Maximum R 9 330 subject to overall prosthesis limit	Maximum R 9 705 subject to overall prosthesis limit	
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	
1.06.4 Dietician & Occupational Therapy 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	
1.07 Deductible* Applied for In-Hospital Procedures	Not applicable	Not applicable	

Day Hospital Procedures

OPTION	ESSENTIAL 2021	ESSENTIAL - COPPER 2022	INCREASES / CHANGES
<p>Day Hospital Procedures Procedures to be done at Designated Service Provider (DSP*) hospital network Subject to pre-authorisation</p> <p>co-payment* still applicable to defined conditions above</p>	<p>Subject to Scheme Tariff*</p> <p>Subject to PMB conditions only:</p> <ol style="list-style-type: none"> 1. Biopsy 2. Breast Biopsy 3. Cataract 4. Colonoscopy 5. Cone Biopsy/ Colposcopy 6. Cystoscopy 7. ERCP 8. Excision of Extensive Skin lesions /Repair/Skin Graft 9. Gastroscopy or Colonoscopy or Oesophagoscopy 10. Haemorrhoidectomy 11. Hysteroscopy, D&C, Minor Gynaecological Procedures 12. Myringotomy / Grommets 13. Repair of Wounds 14. Termination of Pregnancy 15. Tonsillectomy and Adenoidectomy 16. Umbilical and Inguinal Hernia 	<p>Subject to Scheme Tariff*</p> <p>Subject to PMB conditions only:</p> <ol style="list-style-type: none"> 1. Biopsy 2. Breast Biopsy 3. Cataract 4. Colonoscopy 5. Cone Biopsy/ Colposcopy 6. Cystoscopy 7. ERCP 8. Excision of Extensive Skin lesions /Repair/Skin Graft 9. Gastroscopy or Colonoscopy or Oesophagoscopy 10. Haemorrhoidectomy 11. Hysteroscopy, D&C, Minor Gynaecological Procedures 12. Myringotomy / Grommets 13. Repair of Wounds 14. Termination of Pregnancy 15. Tonsillectomy and Adenoidectomy 16. Umbilical and Inguinal Hernia 	<p>No Changes</p>

OUT OF HOSPITAL

2. GENERAL PRACTITIONERS AND SPECIALIST

OPTION	ESSENTIAL 2021	ESSENTIAL - COPPER 2022	INCREASES / CHANGES
2.1 Consultations (Out-of-Hospital – Including General Practitioners, Specialist and Outpatient Facilities)	<p>100% of DSP Tariff*</p> <p>General Practitioner Consultations: DSP* GP Unlimited visits & acute medication from any GP within the DSP* Network at 100% of DSP* Tariff*</p> <p>A 30% co-payment will apply for GP consultations outside the DSP* Network.</p> <p>Specialist Consultations: 100% of Scheme Tariff* Limited to 3 Visits per family per annum only on referral from DSP* GP. Subject to pre-authorisation Limited to PMB conditions only</p>	<p>100% of DSP Tariff*</p> <p>General Practitioner Consultations: DSP* GP Unlimited visits & acute medication from any GP within the DSP* Network at 100% of DSP* Tariff*</p> <p>A 30% co-payment will apply for GP consultations outside the DSP* Network.</p> <p>Specialist Consultations: 100% of Scheme Tariff* Limited to 3 Visits per family per annum only on referral from DSP* GP. Subject to pre-authorisation Limited to PMB conditions only</p>	
2.2 Diagnostic Investigations Subject to PMBs and protocols.	<p>100% of Negotiated Tariff* Limited to PMBs</p> <p>Pathology: Limited to R 870 per beneficiary per annum Network Provider Only Limited to PMB conditions only</p>	<p>100% of Negotiated Tariff* Limited to PMBs</p> <p>Pathology: Limited to R 900 per beneficiary per annum Network Provider Only Limited to PMB conditions only</p> <p>Basic Radiology:</p>	4% increase on applied to the rand values, and then rounded to the nearest R5

<p>All advanced radiology subject to pre- authorisation.</p> <p>Advanced Radiology: Joint benefit In and Out of Hospital</p>	<p>Basic Radiology: Limited to R 870 per beneficiary per annum Referral by Network Provider</p> <p>MRI/PET/CT scans: Limited to 2 scans per beneficiary per annum Subject to referral by Network Provider only</p>	<p>Limited to R 900 per beneficiary per annum Referral by Network Provider</p> <p>MRI/PET/CT scans: Limited to 2 scans per beneficiary per annum Subject to referral by Network Provider only</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	ESSENTIAL 2021	ESSENTIAL - COPPER 2022	INCREASES / CHANGES
<p>3.1 Acute Medicines</p>	<p>100% of Reference Price* DSP* GP Unlimited Acute medication dispensed by the DSP* GP</p> <p>Acute Medication Obtained from Pharmacy: R 1 270 per beneficiary limited to R 3 540 per family per annum</p> <p>Subject to Medicine formulary* and Protocols, Including Materials.</p> <p>Homeopathic Medication excluded</p>	<p>100% of Reference Price* DSP* GP Unlimited Acute medication dispensed by the DSP* GP</p> <p>Acute Medication Obtained from Pharmacy: R 1 320 per beneficiary limited to R 3 680 per family per annum</p> <p>Subject to Medicine formulary* and Protocols, Including Materials.</p> <p>Homeopathic Medication excluded</p>	<p>4% increase on applied to the rand values, and then rounded to the nearest R5</p>
<p>3.2 PMB Chronic Disease List Medicines PMB's subject to registration and pre- authorisation with the Schemes preferred provider.</p>	<p>100% of Reference Price* Unlimited</p>	<p>100% of Reference Price* Unlimited</p>	

<p>Chronic Medication to be Obtained from Preferred Provider Network.</p> <p>Subject to renewal of prescription every six months.</p>	<p>Subject to pre-authorisation by Designated Service Provider, Treatment Protocols, Medicine formulary* and Registration of the Chronic Medicine by the DSP* GP.</p> <p>Provider Network Only</p>	<p>Subject to pre-authorisation by Designated Service Provider, Treatment Protocols, Medicine formulary* and Registration of the Chronic Medicine by the DSP* GP.</p> <p>Provider Network Only</p>	
<p>3.3 Other Chronic (Non CDL) Medicines 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>No Benefit</p>	<p>No Benefit</p>	
<p>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</p>	<p>100% of Reference Price*</p> <p>Limited to R 650 per Family per annum Maximum R 100 per script.</p>	<p>100% of Reference Price*</p> <p>Limited to R 675 per Family per annum Maximum R 105 per script.</p>	<p>4% increase on applied to the rand values, and then rounded to the nearest R5</p>
<p>3.5 Contraceptive benefit</p>	<p>100% of Reference Price*</p> <p>Limited to R 70 per beneficiary per month, subject to R 770 per family per annum. Subject to oral and injectable contraceptives only</p> <p>Subject to the contraceptive formulary*</p>	<p>100% of Reference Price*</p> <p>Limited to R 75 per beneficiary per month, subject to R 800 per family per annum. Subject to oral and injectable contraceptives only</p> <p>Subject to the contraceptive formulary*</p>	<p>4% increase on applied to the rand values, and then rounded to the nearest R5</p>

4. OPTICAL BENEFIT

Contact the Schemes DSP Network for availability and Locality of Network Optometrists

OPTION	ESSENTIAL 2021	ESSENTIAL - COPPER 2022	INCREASES / CHANGES
<p>4.1 Spectacle Lenses: In Network ONLY 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>R 210 per lens – clear single vision or R 445 per lens – clear bifocal or R 445 per lens – base multifocal No Benefit for Fixed Tints</p> <p>No benefit for contact lenses if spectacles purchased</p>	<p>100% of DSP Tariff*</p> <p>R 210 per lens – clear single vision or R 445 per lens – clear bifocal or R 445 per lens – base multifocal</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>4.2 Contact Lenses: In Network ONLY 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>R 645 per beneficiary every 24 months</p> <p>No benefit for spectacles if contact lenses purchased. Provider Network Only</p>	<p>100% of DSP Tariff*</p> <p>R 645 per beneficiary every 24 months</p> <p>No benefit for spectacles if contact lenses purchased. Provider Network Only</p>	<p>Reworded</p>
<p>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</p> <p>One claim per beneficiary every 24 months</p>	<p>100% of DSP Tariff*</p> <p>R 300 per beneficiary</p>	<p>100% of DSP Tariff*</p> <p>R 300 per beneficiary</p>	<p>Reworded</p>
<p>4.4 Eye Tests: In Network</p>	<p>100% of DSP Tariff*</p>	<p>100% of DSP Tariff*</p>	

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

5. DENTISTRY BENEFIT

OPTION	ESSENTIAL 2021	ESSENTIAL - COPPER 2022	INCREASES / CHANGES
5.1 Conservative Dentistry (Dentist and Dental therapist)	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	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	X-rays (limited to intra-oral) Dental protocols apply and pre-authorisation required for extensive treatment plans Quantity limitations apply	

	Contracted Network Provider Only	Contracted Network Provider Only	
5.2 Advanced Dentistry (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics)	100% of Scheme Tariff* Limited to PMBs	100% of Scheme Tariff* Limited to PMBs	
Dental Implants	No benefit	No benefit	
Partial Metal Frame Dentures	No benefit	No benefit	
Acrylic (Plastic) Dentures	1 set of Acrylic/plastic dentures per beneficiary every 4 years. Repairs, realigning and repairing of Dentures every 12 months Limited to PMB. Contracted Network Provider Only	1 set of Acrylic/plastic dentures per beneficiary every 4 years. Repairs, realigning and repairing of Dentures every 12 months Limited to PMB. Contracted Network Provider Only	
5.3 Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorisation and protocols.	100% of Scheme Tariff* Limited to PMBs	100% of Scheme Tariff* Limited to PMBs	

6. AUXILIARY BENEFIT

OPTION	ESSENTIAL 2020	ESSENTIAL - COPPER 2022	INCREASES / CHANGES
6.1 ALTERNATIVE SERVICES Homeopathy, Naturopathy, Chiropractor and Podiatry Subject to PMBs and Protocols	No Benefit	No Benefit	
6.2 REMEDIAL AND OTHER THERAPIES	100% of Scheme Tariff*	100% of Scheme Tariff*	

Audiology, Speech therapy, Dieticians, Hearing Aid Acousticians, Occupational Therapy, Orthotics, Social Workers and Speech Therapy	Limited to PMBs	Limited to PMBs	
6.3 PHYSIOTHERAPY OUT OF HOSPITAL Biokinetics & Physiotherapy	100% of Scheme Tariff* Limited to PMB conditions only and clinical protocols 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.	100% of Scheme Tariff* Limited to PMB conditions only and clinical protocols 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.	

7. MEDICAL APPLIANCES

OPTION	ESSENTIAL 2021	ESSENTIAL 2022	INCREASES / CHANGES
7. Appliances E.g. Hearing Aids, Wheelchairs and callipers etc. Subject to pre-authorisation	100% of Negotiated Tariff* Limited to R 2 920 per family per annum In and Out of Hospital Limited to PMB conditions only • Blood Pressure Monitors Subject to a sub-limit of R550 for beneficiaries registered for Hypertension	100% of Negotiated Tariff* Limited to R 2 035 per family per annum In and Out of Hospital Limited to PMB conditions only • Blood Pressure Monitors Subject to a sub-limit of R570 for beneficiaries registered for Hypertension	4% increase on applied to the rand values, and then rounded to the nearest R5 4% increase on applied to the rand values, and then rounded to the nearest R5

8. OTHER BENEFITS

OPTION	ESSENTIAL 2021	ESSENTIAL - COPPER 2022	INCREASES / CHANGES
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<p>8.1 Air/Road Ambulance & Emergency Services</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>Emergency: Subject to pre-authorization within 72 hours after the emergency. Inter-hospital transfers must be done by preferred provider only.</p> <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-authorization beforehand.</p> <ul style="list-style-type: none"> • Facilitation of medically justified inter-facility transfers • Medical repatriation 	<p>100% of Negotiated Tariff*</p> <p>24-hour access to Call Centre including telephonic Nurse advise line</p> <p>Emergency: Subject to pre-authorization within 72 hours after the emergency. Inter-hospital transfers must be done by preferred provider only.</p> <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-authorization beforehand.</p> <ul style="list-style-type: none"> • Facilitation of medically justified inter-facility transfers • Medical repatriation 	<p>Tariff amended</p>
<p>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</p>	<p>Limited to PMB conditions only</p>	<p>Limited to PMBs only</p>	
<p>8.3 Infertility Subject to PMBs, pre-authorization and protocols.</p>	<p>Limited to PMB conditions only</p>	<p>Limited to PMBs only</p>	
<p>8.4 Hospice and Private Nursing Subject to PMB's, pre-authorization and protocols.</p>	<p>100% of Negotiated tariff*</p> <p>Limited to PMB conditions only</p>	<p>100% of Negotiated Tariff*</p> <p>Limited to PMBs only</p>	

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	ESSENTIAL 2021	ESSENTIAL - COPPER 2022	INCREASES / CHANGES
9.1 SIZWE HOSMED Bambino Program Subject to Registration on SIZWE HOSMED Bambino Program, PMBs and Protocols	100% of Scheme Tariff* PMB Based on Protocols	100% of Scheme Tariff*	Number of ultrasounds increased
9.2 Hospital Confinement:	Admissions only at DSP* Hospital Network.	Admissions only at DSP* Hospital Network.	
9.3 Home Delivery: By Registered Midwife pre-authorisation required	NVD – Limited to 2 days Caesarean – Limited to 3 days	NVD – Limited to 2 days Caesarean – Limited to 3 days	
9.4 Maternity Ultrasounds(s):	100% of Negotiated Tariff*	100% of Negotiated Tariff*	
9.5 Maternity Visit(s):	Limited to two (2) 2D ultrasounds per pregnancy for In and Out of Hospital	Limited to two 3 x 2D ultrasounds per pregnancy for In and Out of Hospital	
	100% of Scheme Tariff* Subject to DSP* GP and Specialist consultation limit as per 2.1	100% of Scheme Tariff* Subject to DSP* GP and Specialist consultation limit as per 2.1	
9.6 Antenatal Pathology Screening: Haemoglobin, Syphilis, Chlamydia, Bacteriuria, Hepatitis B and Rhesus incompatibility	100% of Scheme Tariff*	100% of Scheme Tariff*	
9.7 Antenatal Classes: By Registered Nurse	No benefit	No benefit	
9.8 Immunisation benefit	Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age	Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age	

10. SIZWE HOSMED WE CARE

OPTION	ESSENTIAL 2021	ESSENTIAL - COPPER 2022	INCREASES / CHANGES
10.1 Wellness Programme	100% of Scheme Tariff* <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 Blood Pressure 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 	100% of Scheme Tariff* <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 	Covid-19 vaccination added Diabetic Eye Care added
10.2 HIV/AIDS Management Programme 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	100% of Scheme Tariff* Treatment is subject to the treatment care plan and clinical protocols per CDL	Wording amended "per CDL" included

10.3 Chronic Disease Management Programme (CDL) 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	
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”