SIZWE HOSMED MEDICAL SCHEME
VALUE CORE OPTION 2022

Annexure B.6

BENEFITS EFFECTIVE 1 JANUARY 2022

OPTION	VALUE CORE 2021	VALUE CORE 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 other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum: M - **R 9 906** M+1 - **R 20 918** M+2 - **R 22 754** M+3 - **R 25 200**	Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum: M - **R 10 300** M+1 - **R 21 750** M+2 - **R 23 660** M+3 - **R 26 210**	4% increase applied to the rand values, and then rounded to the nearest R5
Prorated benefits are applicable if you join after the 1st 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 4th 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	VALUE CORE 2021	VALUE CORE 2022	INCREASES / CHANGES
Items 1.01 – 1.25 Limited collectively and subject to pre-authorisation.			
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-authorisation 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*	100% of DSP Tariff*	
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 prior to discharge.	100% Negotiated Tariff * Limited to **7** days medicine supply. Subject to benefit limits for non-PMBs	100% Negotiated Tariff * Limited to **7** days medicine supply. Non-PMB TTO subject to benefit limits,	 Reworded.

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 Radiology and Pathology tests conducted while admitted to hospital: 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 **1.04.2** Advanced/Specialised Radiology: (Joint benefit In and Out of Hospital) Subject to preauthorisation and specialist referral.	100% of Scheme Tariff Limited to **2** scans per beneficiary per annum 10% co-payment is applicable for non-PMBs MRI and CT scans	100% of Scheme Tariff **2** scans per beneficiary per annum 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* Enhanced oncology DSP* protocols apply Unlimited Oncology treatment. Benefits in excess of **R500 000** 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 **R520 000** will be subject to **20%** co-payment for non-PMBs	4% increase 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. Subject Department of Health protocols apply Subject to pre-authorisation, clinical guidelines, medicine formulary*and registration on the Disease management programme.	100% of Negotiated Tariff*	100% of Negotiated Tariff*	
1.05.3 Organ Transplant:. Department of Health Protocols apply.	100% of Scheme Tariff*	100% of Scheme Tariff*	

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			
OPTION	**VALUE CORE 2021**	**VALUE CORE 2022**	**INCREASES / CHANGES**
1.05.4 Dental Hospitalisation 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 Negotiated 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 a Day Case	Tariff amended
1.05.5 Maxillo-facial and Oral Surgery 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 Negotiated Tariff* Limited to symptomatic wisdom teeth and surgical exposure. All other procedures subject to PMB only. Removal of symptomatic impacted wisdom teeth only as Day Case	Tariff amended
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 19 350** per family per annum	100% of Scheme Tariff* **R 20 125** per family per annum	4% increase applied to the rand values, and then rounded to the nearest R5
1.05.7 Psychiatric Treatment Subject to PMBs, pre-authorisation and	100% of Scheme Tariff*	100% of Scheme Tariff* **21** in-patient days per beneficiary	

clinical guidelines. Includes consultations, ward fees, medicines, and psychiatry/psychology therapy sessions. Non-PMB psychiatric treatment Psychiatric admissions are limited to emergencies and failed out-patient management as per Managed Care Protocols	**21** in-patient days per beneficiary or up to **15** out-patient contacts per annum **14** days per family subject to a limit of **R 20 511** Up to **3** days for Psychologist for combined therapy sessions with Psychiatrist during the same admission; thereafter pre-authorisation required with treatment plan.	or up to **15** out- patient contacts per annum **14** days per family subject to a limit of **R 21 330** Up to **3** days for Psychologist for combined therapy sessions with Psychiatrist during the same admission; thereafter pre-authorisation required with treatment plan.	4% increase applied to the rand values, and then rounded to the nearest R5
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	
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* Limited to **R 26 810** per family per annum	100% of Negotiated Tariff* Limited to **R 27 880** per family per annum	4% increase applied to the rand values, and then rounded to the nearest R5
1.05.12 Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to **R 42 540** per family per annum	100% of Negotiated Tariff* Limited to **R 44 240** per family per annum	

			4% increase applied to the rand values, and then rounded to the nearest R5
1.05.13 Male Sterilisation/ Vasectomy Subject to pre-authorisation and PMBs	100% of Scheme Tariff* Limited to **R 16 000** per beneficiary per annum	100% of Scheme Tariff* Sterilisation limited to **R 16 640** per beneficiary per annum	4% increase 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 Scheme Tariff* Limited to **R 16 000** per beneficiary per annum	100% of Scheme Tariff* Sterilisation limited to **R 16 640** per beneficiary per annum	4% increase applied to the rand values, and then rounded to the nearest R5
OPTION	**VALUE CORE 2021**	**VALUE CORE 2022**	**INCREASES / CHANGES**
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* **R 2 500** co-payment* applicable for all non-PMB spinal surgery irrespective of whether completion of conservative treatment has failed or not	100% of Negotiated Tariff* **R 2 500** co-payment* applicable for all non-PMB spinal surgery irrespective of whether completion of conservative treatment has failed or not	Tariff amended
1.05.16 Stereotactic Radio-Surgery Subject to PMBs, pre-authorisation and protocols.	100% of Scheme Tariff* Primary Central Nervous System tumours only	100% of Negotiated Tariff* Primary Central Nervous System tumours only	Tariff amended
1.05.17 Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and protocol	100% of Negotiated Tariff	100% of Negotiated Tariff	
1.05.18 Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorisation and protocols. Non-PMB laparoscopic procedures will be considered for funding up to PMB level of care for	100% of Scheme Tariff* Laparoscopic procedures done in-hospital will attract a **R 5 000 co-payment*** with exception of diagnostic laparoscopy,	100% of Scheme Tariff* No co-payment applicable when laparoscopic procedures are performed at Day Hospitals or as a Day Case.	Reworded

patients who meet the clinical criteria subject to Pre-authorisation and protocols.	Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias	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 hernia	
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	100% of Negotiated Tariff* Overall prosthesis limit: **R 47 990** per family per annum	100% of Negotiated Tariff* Overall prosthesis limit: **R 49 910** per family per annum **Sub limits:**	4% increase applied to the rand value, and then rounded to the nearest R5
Instrumentation and disc prostheses including all components and fixation devices for back/spine Maximum 1 event per beneficiary per annum	Limited to a maximum of 2 levels unless clinically motivated and approved or within PMB protocols. Limited to **R 23 350** per level subject to overall limit not being exceeded.	**R 24 285** per level, subject to overall prosthesis limit Limited to a maximum of 2 levels unless clinically motivated and approved or within PMB protocols.	4% increase applied to the rand value, and then rounded to the nearest R5 Reworded
Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle)	**R 42 420** per annum. Subject to the overall limit. Excludes cement	**R 44 115** per annum. Subject to the overall limit. Limited to one event per annum unless sepsis or trauma. Excludes cement	4% increase applied to the rand value, and then rounded to the nearest R5
Aphakic Lenses (Subject to protocol and PMBs)	**R 5 910** per lens	**R 6 145** per lens	4% increase applied to the rand value, and then rounded to the nearest R5
Cardiac stents	1 per lesion-maximum 3 lesions. Bare metal stents: **R 14 475** per stent Drug eluting stents: **R 20 505** per stent	1 per lesion-maximum 3 lesions. Subject to overall prosthesis limit Bare metal stents: **R 15 975** per stent Drug eluting stents: **R 22 500** per stent	4% increase applied to the rand values, and then rounded to the nearest R5

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) Internal sphincters and stimulators Neurostimulators/Internal nerve stimulator for Parkinson's Disease Cochlear implants Insulin pumps and monthly materials Unlisted prosthesis Artificial Limbs and external prostheses including artificial eyes	Subject to overall prosthesis limits Limited to PMBs Subject to overall prosthesis limit No benefit Subject to overall prosthesis limit. Children under **7** years of age only. Maximum **R 13 990** Subject to overall limit	Subject to overall prosthesis limits Limited to PMBs Subject to overall prosthesis limit No benefit Subject to overall prosthesis limit. Children under **7** years of age only. Maximum **R 14 550** Subject to overall limit	4% increase applied to the rand value, and then rounded to the nearest R5
OPTION	**VALUE CORE 2021**	**VALUE CORE 2022**	**INCREASES / CHANGES**
1.06.2 Blood Transfusions	100% of Scheme Tariff*	100% of Negotiated Tariff*	Tariff amended
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*	100% of Negotiated Tariff*	Tariff amended
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*	100% of Negotiated Tariff*	Tariff amended
1.07 Deductible* Applied for In-Hospital Procedures	• Joint Replacement • Umbilical Hernia Repair	• Joint Replacement • Umbilical Hernia Repair	

	• Hysterectomy • Functional Nasal Surgery • Elective caesarean section	• Hysterectomy • Functional Nasal Surgery • Elective caesarean section	

OUT OF HOSPITAL

2. GENERAL PRACTITIONERS AND SPECIALIST

OPTION	VALUE CORE 2021	VALUE CORE 2022	INCREASES / CHANGES
2.1 Consultations (Out-of-Hospital – Including General Practitioners, Specialist and Outpatient Facilities)	100% of DSP* Tariff* **General Practitioner Consultations:** Unlimited visits & acute medication from any GP within the DSP* Network A 30% co-payment will apply for GP consultations outside the DSP* Network. **Specialist Consultations:** Member: **3** Visits Member + 1 = **5** Visits Member + 2 + = **7** Visits Specialist consultations require GP referral or payment will made not be made, except for: • Paediatricians • Gynaecologists Only one specialist visit (except for paediatricians/gynaecologist) without a GP referral will be allowed per beneficiary per annum and shall be paid at GP rates.	100% of DSP* Tariff* **General Practitioner Consultations:** Unlimited GP visits & acute medication from any GP within the DSP* Network A 30% co-payment will apply for GP consultations outside the DSP* Network. **Specialist Consultations:** Member: **3** Visits Member + 1 = **5** Visits Member + 2 + = **7** Visits Specialist consultations require GP referral or payment will made not be made, except for: • Paediatricians • Gynaecologists Only one other specialist visit (except for paediatricians/gynaecologist) without a GP referral will be allowed	

		per beneficiary per annum and shall be paid at GP rates.	
2.2 Diagnostic Investigations Radiology and Pathology Benefits Subject to PMBs and clinical protocols. **Combined Pathology and Basic Radiology:** **Advanced/Specialised Radiology:** (combined In and Out of hospital benefit as per 1.04 above). Subject to specialist referral and pre-authorisation.	100% of Scheme Tariff* **Combined Pathology and Basic Radiology:** 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 limit exhausted. **Pathology:** Limited to **R 2 780** per beneficiary per annum **Basic Radiology:** Limited to **R 2 170** per beneficiary per annum **Specialised Radiology:** **MRI/PET/CT scans:** Limited to **2** scans per beneficiary per annum Subject to referral and pre-authorisation. In & Out of Hospital as per 1.04 above. 10% co-payment is applicable for non-PMBs - MRI/CT scans	100% of Scheme Tariff* **Overall Limit:** **R3 725** per beneficiary per annum. **Sublimits:** **Pathology:** **R 2 890** per beneficiary per annum **Basic Radiology: R 2 255** per beneficiary per annum **2** scans per beneficiary per annum . 10% co-payment is applicable for non-PMBs - MRI/CT scans	Reworded 4% increase applied to the rand value, and then rounded to the nearest R5 4% increase applied to the rand values, and then rounded to the nearest R5 4% increase applied to the rand values, and then rounded to the nearest R5 Reworded

3. MEDICINES ITEMS AND MATERIALS

OPTION	VALUE CORE 2021	VALUE CORE 2022	INCREASES / CHANGES
3.1 Acute Medicines	100% of Reference Price*	100% of Reference Price*	

Subject to PMB, clinical protocols, Medicine formulary*and Network Pharmacy utilisation 3.1.1 Mirena device 3.1.2 Homeopathic Medicines	Limited to **R 5 442** per beneficiary and **R 9 550** per family per. **20%** co-pay will apply for benefit utilisation above **R6 075** per family Subject to Medicine formulary* and Protocols, Including Materials Homeopathic Medication excluded	**R 9 930** per family per annum Limited to **R 5 660** per beneficiary aper annum **20%** co-pay will apply for benefit utilisation above **R6 075** per family Subject to a sub-limit of **R2 000** per beneficiary every **5** years for abnormal uterine bleeding. No Benefit	4% increase applied to the rand values, and then rounded to the nearest R5 R2 000 Sub limit introduced for Mirena device subject to overall limit 3.1
OPTION	**VALUE CORE 2021**	**VALUE CORE 2022**	**INCREASES / CHANGES**
3.2 PMB Chronic Disease List Medicines Subject to registration on the Chronic Medicine programme, and pre-authorisation with the Schemes Pharmacy Benefit Manager. Subject to, clinical protocol, medicine formulary*, and the use of Pharmacy Preferred Provider Pharmacy Networks. Subject to renewal of prescription every six months.	100% of Reference Price* Unlimited Subject to pre-authorisation, treatment protocols and medicine formulary*. Non-formulary* products will incur a **30%** co-payment* where these are obtained voluntarily* by beneficiaries. Benefit Initially payable from limit 3.3 below.	100% of Reference Price* Unlimited Non-formulary* products will incur a **30%** co-payment* where these are obtained voluntarily* by beneficiaries. Benefit Initially payable from limit 3.3 below.	Reworded
3.3 Other Chronic (Non CDL) Medicines Subject to registration on the Chronic Medicine programme, and pre-authorisation with the Schemes Pharmacy Benefit Manager. Subject to, clinical protocol, medicine formulary*, and the use of Pharmacy Preferred Provider Networks.	100% of Reference Price* **R 6 920** per beneficiary **R 13 960** per family per annum Subject to pre-authorisation, treatment protocols and medicine formulary*	100% of Reference Price* **R 14 520** per family per annum Limited to **R 7 200** per beneficiary	4% increase applied to the rand values, and then rounded to the nearest R5

Subject to renewal of prescription every six months.	Non-formulary* products will incur a **30%** co-payment* where these are obtained voluntarily by beneficiaries. Network Provider Only	Non-formulary* products will incur a **30%** co-payment* where these are obtained voluntarily by beneficiaries.	
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* Limited to **R 2 030** per family per annum Maximum **R 160** per script Included in Limit 3.1 above Network Provider Only	100% of Reference Price* Limited to **R 2 110** per family per annum Maximum **R 165** per script Included in Limit 3.1 above	4% increase applied to the rand values, and then rounded to the nearest R5
3.5 Contraceptive benefit Subject to the contraceptive formulary*	100% of Reference Price* Limited to **R 1 400** per family per annum. Subject to oral, injectable and patch contraceptives only Subject to the contraceptive formulary* Network Provider Only	100% of Reference Price* Limited to **R 1 455** per family per annum. Subject to oral, injectable and patch contraceptives only	4% increase applied to the rand values, and then rounded to the nearest R5

4. OPTICAL BENEFIT

Voluntary use of Optometrists outside of the Network will result in non-payment of benefits. Members can contact the Scheme's Optometry Service Provider to check availability and locality of Network Optometrists

OPTION	VALUE CORE 2021	VALUE CORE 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%	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	Reworded Fixed tints removed falls under benefit 4.3

	No benefit for contact lenses if spectacles purchased	No benefit for contact lenses if spectacles purchased	
4.2 Contact Lenses: In Network ONLY Benefit applicable to members who utilize the Scheme's DSP network optometrist only One claim per beneficiary every 24 months Subject to optical protocol	100% of DSP Tariff* **R 1 810** per beneficiary every 24 months No benefit for spectacles if contact lenses purchased.	100% of DSP Tariff* **R 1 810** 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* **R 795** per beneficiary	100% of DSP Tariff* **R 795** per beneficiary	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* One comprehensive consultation per beneficiary every 24 months	100% of DSP Tariff* One comprehensive consultation per beneficiary every 24 months	Reworded

5. DENTISTRY BENEFIT

Voluntary use of Dentists outside of the Network will result in non-payment of benefits. Members can contact the Scheme's Dental Benefit Manager to check availability and locality of Network Dentists. Dental treatment protocols apply. Dental services are subject to pre-authorisation.

OPTION	VALUE CORE 2021	VALUE CORE 2022	INCREASES / CHANGES
5.1 Conservative Dentistry (Dentist and Dental therapist) Subject to treatment protocols and pre-authorisation for extensive treatment	100% of Scheme Tariff*	100% of Scheme Tariff*	

Contracted Network Provider Only Consultations, Fillings, Extractions. Root Canal treatment included in conservative dentistry Preventative scale and polish Infection Control Fluoride treatment (limited to beneficiaries below the age of 12 years) Dental X-rays	Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation Yes Two (2) Root canal treatment RCT per family per annum Yes Yes Yes X-rays intra-oral covered Panoramic Radiographs limited to **1** per beneficiary every 24 months Subject to treatment protocols and pre-authorisation for extensive treatment Contracted Network Provider Only	Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation Yes Two (2) Root canal treatment RCT per family per annum Yes Yes Yes X-rays intra-oral covered Panoramic Radiographs limited to 1 per beneficiary every 24 months	300% increase for Tariff 8109 to assist in additional PPE. This is an increase of R59.40 per visit. Reworded
5.2 Advanced Dentistry (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics **Dental Implants**	100% of Scheme Tariff* **R 4 460** per beneficiary limited to **R 6 370** per family per annum.	100% of Scheme Tariff* **R 4 640** per beneficiary limited to **R 6 625** per family per annum.	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.

Partial Metal Frame Dentures **Acrylic (Plastic) Dentures**	**R 15 000** per family once every five years per beneficiary Limited to one **(1)** set per beneficiary every **5** years. Subject to advanced dentistry limit. Limited to **1** per beneficiary every 4 years. Subject to availability of benefits Contracted Network Provider Only	**R 15 600** per family once every five years per beneficiary including bone augmentation in the chair per authorised implant. One **(1)** set per beneficiary every **5** years. Subject to advanced dentistry limit. One (**1**) per beneficiary every 4 years. Subject to availability of benefits	Introduction of Bone Augmentation benefit as a sub limit of overall implant benefits. Reworded
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* (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	VALUE CORE 2021	VALUE CORE 2022	INCREASES / CHANGES
6.1 ALTERNATIVE SERVICES Naturopathy, Chiropractor and Podiatry Subject to PMBs and Protocols Homeopathic Medicine	100% of Scheme Tariff* Collectively limited to **R 3 760** per family per annum Medicine dispensed limited to Acute Medication Limit (3.1). Homeopathic Medication Excluded	100% of Scheme Tariff* Collectively limited to **R 3 910** per family per annum Medicine dispensed limited to Acute Medication Limit (3.1). No Benefit	 4% increase applied to the rand value, and then rounded to the nearest R5 Reworded
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	Collectively limited to **R 3 625** per family per annum	Collectively limited to **R 3 770** per family per annum	4% increase applied to the rand values, and then rounded to the nearest R5
6.3 PHYSIOTHERAPY OUT OF HOSPITAL Biokinetics & Physiotherapy	100% of Scheme Tariff* **R 1 710** per beneficiary limited to **R 2 820** per family per annum.	100% of Scheme Tariff* **R 2 930** per family per annum. Limited to **R 1 780** per beneficiary	4% increase applied to the rand values, and then rounded to the nearest R5

7. MEDICAL APPLIANCES

OPTION	VALUE CORE 2021	VALUE CORE 2022	INCREASES / CHANGES
7. Appliances E.g. Hearing Aids, Wheelchairs and callipers etc. Subject to pre-authorisation	100% of Negotiated Tariff* Limited to **R 14 010** per family per annum	100% of Negotiated Tariff* Limited to **R 14 570** per family per annum	4% increase applied to the rand value, and then rounded to the nearest R5
	• Stoma Care – Subject to a sub limit of **R 7 230** per family per annum • Wheelchairs – one claim per Beneficiary every 36 months subject to pre-authorisation. • Hearing aids – one claim per beneficiary every **24** months subject to pre-authorisation. • Blood Pressure Monitors Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension	• Stoma Care – Subject to a sub limit of **R 7 520** per family per annum • Wheelchairs – one claim per Beneficiary every 36 months subject to pre-authorisation. • Hearing aids – one claim per beneficiary every **24** months subject to pre-authorisation. • Blood Pressure Monitors Subject to a sub-limit of **R570** for beneficiaries registered for Hypertension	4% increase applied to the rand values, and then rounded to the nearest R5 4% increase applied to the rand values, and then rounded to the nearest R5

8. OTHER BENEFITS

OPTION	VALUE CORE 2021	VALUE CORE 2022	INCREASES / CHANGES
8.1 Air/Road Ambulance & Emergency Services	100% of Scheme Tariff*	100% of Negotiated Tariff*	Tariff amended

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.	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. • 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 **Non-emergency:** Subject to pre-authorisation beforehand. • Facilitation of medically justified inter-facility transfers • Medical repatriation	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. • 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 **Non-emergency:** Subject to pre-authorisation beforehand. • 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* **R 2 950** per beneficiary, Limited to **R 7 420** per Family.	100% of Negotiated Tariff* **R 7 715** per Family per annum Limited to **R 3 070** per beneficiary per annum	Tariff amended 4% increase applied to the rand values, and then rounded to the nearest R5
8.3 Infertility Subject to PMBs, pre-authorisation and protocols.	100% of Scheme Tariff*	100% of Negotiated Tariff*	Tariff amended
8.4 Hospice and Private Nursing Subject to PMB's, pre-authorisation and protocols.	100% of Negotiated Tariff* Subject to combined limit of a maximum period of **14** days per annum-except for PMBs	100% of Negotiated Tariff* Subject to combined limit of a maximum period of **14** days per annum-except for PMB's	

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	VALUE CORE 2021	VALUE CORE 2022	INCREASES / CHANGES
9.1 SIZWE HOSMED Bambino Program Subject to Registration on SIZWE HOSMED Bambino Program. At 24 weeks of maternity the Scheme offers a free maternity bag	100% of Scheme Tariff* PMB Based on Clinical Protocols	100% of Scheme Tariff* PMB Based on Clinical Protocols	
9.2 Hospital Confinement:	NVD – Limited to **2** days Caesarean – Limited to **3** days	NVD – Limited to **2** days Caesarean – Limited to **3** days	
9.3 Home Delivery: By Registered Midwife pre-authorisation required	100% of Negotiated Tariff*	100% of Negotiated Tariff*	
9.4 Maternity Ultrasounds(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	Number of ultrasounds increased
9.5 Maternity Visit(s):	Additional **6** GP consultations and **3** 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)	Additional **6** GP consultations and **3** 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)	
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	VALUE CORE 2021	VALUE CORE 2022	INCREASES / CHANGES
10.1 Wellness Programme	100% of Scheme Tariff* • **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	100% of Scheme Tariff* • 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	100% of Scheme Tariff*	100% of Scheme Tariff*	

Unlimited Benefits subject to PMBs and registration on the Scheme's programme	Treatment is subject to the treatment Care plan and clinical protocols per CDL	Treatment is subject to the treatment Care plan and clinical protocols per CDL	
10.3 Disease Management Programme Unlimited Benefits subject to registration on the Scheme's **Active** Disease Management 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*	100% of Scheme Tariff*	

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"