

SIZWE HOSMED MEDICAL SCHEME VALUE OPTION 2022

Annexure B.5

BENEFITS EFFECTIVE 1 JANUARY 2022

OPTION	VALUE 2021	VALUE 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 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	
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	VALUE 2021	VALUE 2022	INCREASES/CHANGES
Items 1.01 – 1.25 Limited collectively and subject to pre- authorisation.	None	None	
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.			
1.01.1 Accommodation in Intensive and High Care unit and General Ward, as well as Theatre and Recovery Room	100% of Negotiated Tariff*	100% of Negotiated 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	100% Negotiated Tariff * Limited to 7 days medicine supply.	100% Negotiated Tariff * Limited to 7 days medicine supply.	No change, reworded

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	Subject to benefit limits for non-PMBs	Non-PMB TTO subject to benefit limits, when TTO is not given before discharge.	
OPTION	VALUE 2021	VALUE 2022	INCREASES/CHANGES
1.03 In-hospital General Practitioner and Specialist services: Subject to PMB and case management protocols. All procedures must be preauthorised			
1.03.1 Consultations and procedures	100% of Negotiated Tariff*	100% of Negotiated Tariff*	
1.04 In-Hospital Radiology and Pathology. All Advanced/Specialised Radiology (such as CT, PET, MUGA and MRI scans), as well as Radio-isotope studies; require special authorisation and specialist referral. Failure to preauthorise would result in non-payment of claims.			
1.04.1 Basic Radiology and Pathology in-hospital	100% of Scheme Tariff	100% of Scheme Tariff	
1.04.2 Advanced/Specialised Radiology: (Joint benefit In and Out of Hospital) Subject to preauthorisation and specialist referral.	Limited to 2 scans per beneficiary per annum 10% co-payment is applicable for non-PMBs MRI and CT scans	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. Failure to preauthorise would result in non-payment of claims. 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	Reworded 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. Department of Health protocols apply	100% of Negotiated Tariff*	100% of Negotiated Tariff*	Reworded

Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme.			
1.05.3 Organ Transplant: Unlimited benefits for PMBs. Department of Health Protocols apply. 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*	
OPTION	VALUE 2021	VALUE 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 Scheme Tariff* Advanced Dentistry Benefit in hospital limited to extensive conservative treatment for children under 7 years of 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	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	Wording amended
1.05.6 Drug & Alcohol Rehabilitation.	100% of Scheme Tariff*	100% of Scheme Tariff*	

Subject to PMBs, managed care protocols and pre- authorisation. Benefit limits apply	Limited to R 19 350 per family per annum	Limited to R 20 125 per family per annum	4% increase applied to the rand value, and then rounded to the nearest R5
1.05.7 Psychiatric Treatment Subject to PMBs, pre- authorisation and managed care protocols Includes consultations, ward fees, medicines, and psychiatry/psychology therapy sessions. Non-PMB psychiatric treatment: Admissions are limited to psychiatric emergencies and failed out-patient management as per Managed Care Protocols	100% of Scheme Tariff* 21 in-patient days per beneficiary or up to 15 out-patient contacts per annum 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.	100% of Scheme Tariff* 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 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 value, and then rounded to the nearest R5
OPTION	VALUE 2021	VALUE 2022	INCREASES/CHANGES
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*	100% of Negotiated Tariff*	

	Limited to R 26 810 per family per annum	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-authorization 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 value, and then rounded to the nearest R5
1.05.13 Male Sterilisation/ Vasectomy Subject to pre-authorization and PMBs	100% of Scheme Tariff* Sterilisation 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 value, and then rounded to the nearest R5
1.05.14 Female Sterilisation/ Tubal Ligation Subject to pre-authorization 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 value, and then rounded to the nearest R5
OPTION	VALUE 2021	VALUE 2022	INCREASES/CHANGES
1.05.15 Back and Neck Surgery Subject to PMBs, pre-authorization 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 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	
1.05.16 Stereotactic Radio-Surgery Subject to PMBs, pre-authorization and protocols.	100% of Scheme Tariff* Primary Central Nervous System tumours only	100% of Scheme Tariff* Primary Central Nervous System tumours only	
1.05.17 Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorization and Scheme formulary* and protocol	100% of Negotiated Tariff	100% of Negotiated Tariff	

<p>1.05.18 Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorisation and protocols.</p> <p>Non-PMB laparoscopic procedures will be considered for funding up to PMB level of care for patients who meet the clinical criteria subject to Pre-authorisation and protocols.</p>	<p>100% of Scheme Tariff*</p> <p>Laparoscopic procedures done in-hospital will attract a R 5 000 co-payment* with exception of diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias</p>	<p>100% of Scheme Tariff*</p> <p>No co-payment applicable when laparoscopic procedures are performed at Day Hospitals or as a Day Cases.</p> <p>Procedures done in-hospital will attract a R 5 000 co-payment* with exception of diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias</p>	<p>Specified - No co-payment applicable when laparoscopic procedures are performed at Day Hospitals or as a Day Cases.</p>
<p>1.06 Other In-Hospital Medical Services: All benefits subject to PMBs, pre-authorisation, clinical protocols, medical management and benefit availability.</p>			
<p>1.06.1 Internal and External Prosthesis Subject to PMBs, pre-authorisation and protocols.</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>Cardiac stents</p>	<p>100% of Negotiated Tariff*</p> <p>Overall prosthesis limit: R 47 990 per family per annum</p> <p>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.</p> <p>R 42 420 per annum. Subject to the overall limit. Excludes cement</p> <p>R 5 910 per lens</p> <p>1 per lesion, maximum 3 lesions</p>	<p>100% of Negotiated Tariff*</p> <p>Overall prosthesis limit: R 49 910 per family per annum</p> <p>Sublimits:</p> <p>R 24 285 per level, subject to overall limit. Limited to a maximum of 2 levels unless clinically motivated and approved or within PMB protocols.</p> <p>R 44 115 per annum, subject to the overall limit. Limited to one event per annum, unless sepsis or trauma. Excludes cement</p> <p>R 6 145 per lens</p> <p>1 per lesion, maximum 3 lesions. Subject to overall prosthesis limit</p>	<p>4% increase applied to the rand value, and 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</p> <p>4% increase applied to the rand value, and then rounded to the nearest R5</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>Unlisted prosthesis Artificial Limbs and external prostheses including artificial eyes</p>	<p>Bare metal stents: R 14 475 per stent Drug eluting stents: R 20 505 per stent</p> <p>Subject to overall prosthesis limits</p> <p>Limited to PMBs</p> <p>Subject to overall prosthesis limit</p> <p>No benefit</p> <p>Subject to overall prosthesis limit. Children under 7 years of age only.</p> <p>Maximum R 13 990 Subject to overall limit</p>	<p>Bare metal stents: R 15 975 per stent Drug eluting stents: R 22 500 per stent</p> <p>Subject to overall prosthesis limits</p> <p>Limited to PMBs</p> <p>Subject to overall prosthesis limit</p> <p>No benefit</p> <p>Subject to overall prosthesis limit. Children under 7 years of age only.</p> <p>Maximum R 14 550 Subject to overall limit</p>	<p>4% increase applied to the rand values, and then rounded to the nearest R5</p> <p>4% increase applied to the rand value, and then rounded to the nearest R5</p>
OPTION	VALUE 2021	VALUE 2022	INCREASES/CHANGES
<p>1.06.2 Blood Transfusions</p>	<p>100% of Scheme Tariff*</p>	<p>100% of Scheme Tariff*</p>	
<p>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</p>	<p>100% of Scheme Tariff*</p>	<p>100% of Scheme Tariff*</p>	

OPTION	VALUE 2021	VALUE 2022	INCREASES/CHANGES
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 Scheme Tariff*	
1.07 Deductible* Applied for In-Hospital Procedures	<ul style="list-style-type: none"> • Joint Replacement • Umbilical Hernia Repair • Hysterectomy • Functional Nasal Surgery • Elective caesarean section 	<ul style="list-style-type: none"> • Joint Replacement • Umbilical Hernia Repair • Hysterectomy • Functional Nasal Surgery • Elective caesarean section 	

OUT OF HOSPITAL

2. GENERAL PRACTITIONERS AND SPECIALIST

OPTION	VALUE 2021	VALUE 2022	INCREASES/CHANGES
2.1 Consultations (Out-of-Hospital – Including General Practitioners, Specialist and Outpatient Facilities)	<p>100% of Scheme Tariff*</p> <p>General Practitioner Consultations: 10 GP Visits per Beneficiary Limited to 20 GP Visits per Family per Annum.</p> <p>A 30% co-payment will apply after the 7th GP visit per Beneficiary.</p> <p>Specialist Consultations: Member: 3 Visits Member + 1 = 5 Visits Member + 2 = 7 Visits</p>	<p>100% of Scheme Tariff*</p> <p>General Practitioner Consultations: 20 GP Visits per family per annum. Limited to 10 GP visits per beneficiary</p> <p>A 30% co-payment will apply after the 7th GP visit per beneficiary.</p> <p>Specialist Consultations: Member: 3 Visits Member + 1 = 5 Visits Member + 2 = 7 Visits</p>	

<p>2.2 Diagnostic Investigations: Radiology and Pathology benefits Subject to PMBs and clinical protocols.</p> <p>Combined Pathology and Basic Radiology</p> <p>Advanced/Specialised Radiology: (combined In and Out of hospital benefit as per 1.04 above). Subject to specialist referral and pre- authorisation.</p>	<p>100% of Scheme Tariff*</p> <p>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.</p> <p>Pathology: Limited to R 2 780 per beneficiary per annum</p> <p>Basic Radiology: Limited to R 2 170 per beneficiary per annum</p> <p>Specialised Radiology: 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.</p> <p>10% co-payment is applicable for non- PMBs - MRI/CT scans</p>	<p>100% of Scheme Tariff*</p> <p>R3 725 per beneficiary per annum, subject to sub-limits</p> <p>Sublimits</p> <p>Pathology: R 2 890 per beneficiary per annum</p> <p>Basic Radiology: R 2 255 per beneficiary per annum</p> <p>2 scans per beneficiary per annum</p> <p>10% co-payment is applicable for non- PMBs - MRI/CT scans</p>	<p>4% increase applied to the rand values, and then rounded to the nearest R5</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	VALUE 2021	VALUE 2022	INCREASES / CHANGES
<p>3.1 Acute Medicines Subject to PMB, clinical protocols, Medicine formulary*and Network Pharmacy utilisation</p>	<p>100% of Reference Price*</p> <p>Limited to R 5 442 per beneficiary and R 9 550 per family per.</p>	<p>100% of Reference Price*</p> <p>R 9 930 per family per annum Limited to R 5 660 per beneficiary per annum</p>	<p>4% increase applied to the rand values, and then rounded to the nearest R5</p>

<p>3.1.1 Mirena device</p>	<p>20% co-pay will apply for benefit utilisation above R6 075 per family</p> <p>Subject to Medicine formulary* and Protocols, Including Materials Homeopathic Medication excluded</p>	<p>20% co-pay will apply for benefit utilisation above R6 075 per family</p> <p>Subject to a sub-limit of R2 000 per beneficiary every 5 years for abnormal uterine bleeding.</p>	<p>R2 000 Sub limit introduced for Mirena device subject to overall limit 3.1</p>
<p>3.2 PMB Chronic Disease List Medicines 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 Pharmacy 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*.</p> <p>Non-formulary* products will incur a 30% 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 benefit</p> <p>Non-formulary* products will incur a 30% co-payment* when obtained voluntarily* by beneficiaries.</p> <p>Benefit Initially payable from limit 3.3 below.</p>	
<p>3.3 Other Chronic (Non CDL) Medicine 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*</p> <p>R 6 920 per beneficiary Limited to R 13 960 per family per annum</p> <p>Subject to pre- authorisation, treatment protocols and medicine formulary*</p> <p>Non-formulary* products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries.</p>	<p>100% of Reference Price*</p> <p>R 14 520 per family per annum Limited to R 7 200 per beneficiary per annum</p> <p>Non-formulary* products will incur a 30% 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>3.4 Pharmacy Advised Treatment (PAT)</p>	<p>100% of Reference Price*</p>	<p>100% of Reference Price*</p>	

Over the Counter Medication Consultation with Pharmacist, restricted to Schedule O, 1 and 2 medicines. PAT subject to acute benefit limit	Limited to R 2 030 per family per annum Maximum R 160 per script Included in Limit 3.1 above	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*	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 value, 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 2021	VALUE 2022	INCREASES / CHANGES
4.1 Spectacle Lenses: In Network ONLY Benefit applicable to members who utilize the Scheme's DSP Optometrists only Limited to one pair of spectacles per beneficiary every 24 months	100% of DSP Tariff* R 210 per lens – clear single vision or R 445 per lens – clear bifocal or R 445 per lens – base multifocal Fixed tints up to 35% No benefit for contact lenses if spectacles purchased	100% of DSP Tariff* R 210 per lens – clear single vision or R 445 per lens – clear bifocal or R 445 per lens – base multifocal No benefit for contact lenses if spectacles purchased	Reworded Fixed tints removed falls under benefit 4.3
4.2 Contact Lenses: In Network ONLY Benefit applicable to members who utilize the Scheme's DSP network optometrist only	100% of DSP Tariff* R 1 810 per beneficiary every 24 months	100% of DSP Tariff* R 1 810 per beneficiary every 24 months	Reworded

One claim per beneficiary every 24 months Subject to optical protocol	No benefit for spectacles if contact lenses purchased.	No benefit for spectacles if contact lenses purchased.	
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

OPTION	VALUE 2021	VALUE 2022	INCREASES / CHANGES
5.1 Conservative Dentistry (Dentist and Dental therapist) Conscious sedation: (limited to beneficiaries below the age of 12 years) Consultations, Fillings, Extractions. Root Canal treatment included in conservative dentistry Preventative scale and polish Infection Control	100% of Scheme Tariff* 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	100% of Scheme Tariff* 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	

<p>Fluoride treatment (limited to beneficiaries below the age of 12 years)</p> <p>Dental X-rays</p>	<p>Yes</p> <p>X-rays intra-oral covered Panoramic Radiographs limited to 1 per beneficiary every 24 months Subject to treatment protocols and pre-authorization for extensive treatment</p>	<p>Yes</p> <p>Yes</p> <p>X-rays intra-oral covered</p>	<p>300% increase for Tariff 8109 to assist in additional PPE. This is an increase of R59.40 per visit.</p>
<p>5.2 Advanced Dentistry (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics)</p> <p>Dental Implants</p> <p>Partial Metal Frame Dentures</p> <p>Acrylic (Plastic) Dentures</p>	<p>100% of Scheme Tariff*</p> <p>R 4 460 per beneficiary limited to R 6 370 per family per annum.</p> <p>R 15 000 per family once every five years per beneficiary</p> <p>Limited to one (1) set per beneficiary every 5 years. Subject to advanced dentistry limit.</p> <p>Limited to 1 per beneficiary every 4 years. Subject to availability of benefits</p>	<p>100% of Scheme Tariff*</p> <p>R 6 625 per family per annum. Limited to R 4 640 per beneficiary</p> <p>R 15 600 per family once every five years per beneficiary including bone augmentation in the chair per authorised implant.</p> <p>One (1) set per beneficiary every 5 years. Subject to advanced dentistry limit.</p> <p>One (1) per beneficiary every 4 years. Subject to advanced dentistry limit</p>	<p>4% increase applied to the rand values, and then rounded to the nearest R5</p> <p>4% increase applied to the rand values, and then rounded to the nearest R5. Introduction of Bone Augmentation benefit as a sub limit of overall added to implant benefits</p>
<p>5.3 Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorization and protocols.</p>	<p>100% of Scheme Tariff* (included in limit 5.2)</p> <p>Benefit is payable from hospitalisation in cases of accidents, injury, congenital abnormalities and oncology related procedures only</p>	<p>100% of Scheme Tariff* (included in limit 5.2)</p> <p>Benefit is payable from hospitalisation in cases of accidents, injury, congenital abnormalities and oncology related procedures only</p>	

6. AUXILIARY BENEFIT

OPTION	VALUE 2021	VALUE 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 values, and then rounded to the nearest R5
6.2 REMEDIAL AND OTHER THERAPIES Audiology, Speech therapy, Dieticians, Hearing Aid Acousticians, Occupational Therapy, Orthotics, Social Workers and Speech Therapy	100% of Scheme Tariff* Collectively limited to R 3 625 per family per annum	100% of Scheme Tariff* Collectively limited to R 3 770 per family per annum	4% increase applied to the rand value, 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 per annum	4% increase applied to the rand values, and then rounded to the nearest R5

7. MEDICAL APPLIANCES

OPTION	VALUE 2021	VALUE 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

	<ul style="list-style-type: none"> Medical repatriation 	<ul style="list-style-type: none"> 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 Scheme Tariff* R 7 715 per Family per annum Limited to R 3 070 per beneficiary per annum	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 Scheme Tariff*	
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 PMB's	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 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	VALUE 2021	VALUE 2022	INCREASES / CHANGES
9.1 SIZWE HOSMED Bambino Program Subject to Registration on SIZWE HOSMED Bambino Program.	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

	<ul style="list-style-type: none"> • 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 • 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 	<ul style="list-style-type: none"> • 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 • 	
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 per CDL	100% of Scheme Tariff* Treatment is subject to the treatment Care plan and clinical protocols per CDL	
10.3 Chronic 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”
- **SAOC*:**

“South African Oncology Consortium”
- **Voluntarily*:**

“Of one’s own free will”