ANNEXURE B:

PLATINUM ENHANCED PLAN

BENEFITS

Effective 1 January 2022

SECTION 1: ENTITLEMENT TO BENEFITS, DEFINITIONS, AND CONDITIONS APPLICABLE

A. ENTITLEMENT TO BENEFITS

Subject to the provisions of Rule 6 and Rule 12 and to the conditions stipulated in section C of this Annexure and set forth in Annexure C, members and their registered dependents are entitled to the benefits as stipulated in this annexure.

1. General

Benefits are pro-rated subject to the month in which the member joins the Scheme. The payment of benefits shall be subject to -

1.1. The provisions of Rule 6.3 and Rule 12 are applicable to all continuation members.

1.2. The conditions as stipulated in preamble C of this Annexure are applicable to all members.

1.3. The following waiting periods shall be imposed, subject to the provisions of the Act and Rule 8.4:

1.3.1. General waiting period: 3 months

1.3.2. Pre-existing conditions: 12 months

B. DEFINITIONS

All definitions applicable to this Option are reflected in the Rules.

C. CONDITIONS APPLICABLE

1. Where specifically indicated in this Annexure that a member's entitlement to benefits shall be subject to such healthcare management programme the member shall be obliged to furnish any information required by the scheme to perform its duties.
2. Specifically, in the case of the hospital benefit management programme, the scheme may require particulars of diagnosis, clinical investigations, procedures and treatment by the attending medical practitioner of the beneficiary prior to and during admission of the beneficiary to hospital.
3. All hospital admissions must be authorised. A co-payment of R1 500 will be applied if authorisation was not obtained prior to admission.
   3.1. This co-payment will be waived in the event of an emergency.
4. Hospital stay is subject to Case Management protocols.
   4.1. Frail care is not a covered benefit.
5. Day procedures and minor procedures are only payable at Day Hospital or doctors' rooms.
   5.1. Where a day procedure is done at a place outside the Day Hospital, it will be payable up to the cost of the day hospital, unless no day hospital is available.
   5.2. Where a minor procedure is done at a place outside the doctors' rooms it will be payable up to the cost of the doctors' rooms.
6. Back and Neck Preventative Programme:

   6.1. Authorisation for spinal surgery for the treatment of chronic back and/or neck pain are subject to managed care protocols.

   6.2. Managed care may request adherence to conservative clinical treatment prior to authorising surgery.

SECTION 2: SCHEDULE OF BENEFITS

D. OUT OF HOSPITAL BENEFITS

1. Prescribed Minimum Benefits (PMB):

In accordance with the Medical Schemes Act, costs will be covered related to the diagnosis, treatment and care of the following conditions as updated by the Council for Medical Schemes (https://www.medicalschemes.com):

i. medical emergencies,
ii. chronic conditions as listed in the Chronic Disease List (CDL),
iii. and medical conditions listed in the Diagnosis Treatment Pairs (DTPs),.

This definition shall apply whenever "PMB applicable" appears in the definition of benefits below. Managed care clinical protocols and designated service provider (DSP) networks are applicable.

2. DAY-TO-DAY BENEFITS

2.1. The following benefits are covered subject to day-to-day benefit limitations: General Practitioners, Specialists (excludes Psychiatrists), Physiotherapists, Radiologists, Pathologists and Acute Medicines

	Limit
Member without dependents	R11 362
Member with one dependent	R16 287
Member with two dependents	R18 740
Member with three dependents	R20 392
Member with four dependents	R22 855
Member with five dependents	R25 329
Member with six or more dependents	R27 639

3. GENERAL PRACTITIONERS

3.1. 100% Sizwe Hosmed rates for visits by general practitioners in the supplier's room or patient's home subject to the number of GP visits stipulated below.

The benefits are subject to availability of funds in the day to day limit described in paragraph D.22 above. PMB applicable.

	Number of visits
Member without dependents	7
Member with one dependent	14
Member with two dependents	16
Member with three dependents	18
Member with four dependents	20
Member with five dependents	21
Member with six or more dependents	22

4. Covid Benefit

Covid benefit provides for the following:

4.1 Covid Vaccine as approved by SAPRA (South African Health Products Regulatory Authority)

4.2 Pathology – Covid test as approved by CMS regulation

4.3 In-Hospital treatment for Covid pneumonia

5. SPECIALISTS

5.1. 100% Sizwe Hosmed rates for consultations and visits to specialists, subject to the stipulated number of specialists visits below, except in cases of emergencies and PMBs subject to overall day-to-day limit subject to overall day-to-day limit. PMB applicable.

5.2. Payment of specialist visits are subject to referral by a GP, with the exception of:

5.2.1. Follow-up visits

5.2.2. Emergencies

5.2.3. Gynaecologist visits

5.2.4. Paediatrician visits for babies up to the age of 12 months

5.3. Psychiatrists are excluded from this benefit and are covered under paragraph D.16

	Number of visits
Member without dependents	4
Member with one dependent	8
Member with two dependents	9
Member with three dependents	10
Member with four dependents	11
Member with five dependents	12
Member with six or more dependents	13

6. PHYSIOTHERAPIST

6.1. 100% Sizwe Hosmed rates subject to the limit set out in the day-to-day benefits above. PMB applicable.

7. RADIOLOGY AND RADIOGRAPHY

7.1. General Radiology

7.1.1. 100% Sizwe Hosmed rates for general diagnostic radiology subject to managed care guidelines and protocols

7.1.2. Tests related to oncology for registered beneficiaries are covered as part the Oncology Management Programme

7.2. Specialised Radiology

7.2.1. (MRI/CAT scan/Angiogram) subject to an overall combined in and out hospital limit of R32 794 per family per year

7.3. Interventional Radiology

7.3.1. Refer to paragraph E.11.3.

8. PATHOLOGY

8.1. 100% Sizwe Hosmed rates for blood and histology tests and other pathology tests performed by a GP, medical specialist or the medical technician and private nurse practitioner subject to managed care guidelines and protocols

8.2. Pathology tests related to oncology and HIV/AIDS for registered beneficiaries are covered as part of the Disease Management Programme. PMB applicable.

9. ACUTE MEDICINE

9.1. Concurrently with the limits shown below, benefits for acute medication and pharmacy advised therapy (PAT) are subject to the overall day-to-day limit. Benefits will be exhausted when set limit is reached

	Sub-limit
Member without dependents	R3 952
Member with one dependent	R6 021
Member with two dependents	R7 115
Member with three dependents	R7 651
Member with four dependents	R8 757
Member with five dependents	R9 030
Member with six or more dependents	R9 304

9.2. This benefit is subject to the conditions stipulated below:

9.2.1. The Pharmaceutical Benefit Management Programme;

9.2.1.1. Reimbursement is at 100% SEP plus

9.2.1.1.1. the dispensing fee as per the Department of Health's latest gazetted Dispensing Regulations, or

9.2.1.1.2. as per the Sizwe Hosmed tariff as negotiated with the service provider;

9.2.2. Medicine must be prescribed by a person legally entitled to prescribe; and

9.2.3. Medicine used during an in-hospital event is excluded from this benefit.

10. MATERNITY AND INFERTILITY

10.1. Antenatal Consultations

10.1.1. 100% Sizwe Hosmed rates for antenatal consultations

10.1.2. Limited to nine (9) midwife, GP or Specialist antenatal visits per pregnancy, over and above the regular GP benefits as stated in paragraph D.3 above,.

10.1.3. Only four (4) specialist obstetrician visits per pregnancy at referral by the GP or midwife, over and above the regular specialist benefits as stated in paragraph D.5.

10.2. **Pregnancy scan and tests**

10.2.1. 100% Sizwe Hosmed rates for pregnancy scans and the following pregnancy-related tests subject to registration for the maternity benefit management program:

10.2.1.1. Two (2) Haemoglobin measurement tests,

10.2.1.2. One (1) blood grouping test,

10.2.1.3. One (1) VDRL test for syphilis and

10.2.1.4. Two (2) HIV blood test over and above the regular pathology benefits in rule 1.1.5

10.2.1.5. One (1) full blood count test

10.2.1.6. Twelve (12) urine analysis tests

10.2.1.7. Vitamins worth R114paid from day to day benefit

10.2.1.8. Two (2) 2D scans per pregnancy, excluding the diagnostic sonar. Scans paid at 2D rates as per negotiated rates with the provider.

10.3. **Infertility**

10.3.1. Covered in accordance with Code 902 M of the PMB Regulations.

10.3.1.1. All investigations for an infertility condition will be covered in a DSP hospital and in accordance with the policies of the relevant Public Authorities.

11. ADDITIONAL OUT OF HOSPITAL BENEFITS

11.1. **Private Nurse**

11.1.1. Subject to benefits at Sizwe Hosmed Private Nurse rates and Pre-Authorisation.

11.1.2. Frail care is not a covered benefit.

11.1.3. Limit per year per family – R7 826

11.1.4. PMB applicable

11.2. **Clinical and Medical Technologist**

11.2.1. 100% Sizwe Hosmed rates with the following annual limits per family included in the Auxiliary Services benefits

11.2.1.1. Member without a dependent: R1 751

11.2.1.2. Member with one or more dependent: R3 065

11.2.2. PMB applicable

12. AUXILIARY SERVICES

12.1. Limited to speech therapy; podiatry; occupational therapy; social worker; dietetics; audiology, homeopathy; educational psychologist; biokinetist and registered counsellor subject to the provisions as stated below:

12.1.1. 100% Sizwe Hosmed rates with the following annual limits per family:

12.1.2. Member without a dependent: R 1740

12.1.3. Member with one or more dependent: R3 053

12.2. PMB applicable

13. ASSOCIATED HEALTH SERVICES

13.1. **Chiropractic and Homeopathy Treatment**

13.1.1. 100% Sizwe Hosmed rates limited to R1 500 per beneficiary per year

13.1.2. Medicines prescribed and dispensed fall within the benefit limit

14. CHRONIC MEDICINES

14.1. Reimbursement is at 100% SEP plus the dispensing fee as per the Department of Health's latest gazetted Dispensing Regulations;

14.2. 100% negotiated tariff at Preferred Provider Network, subject to formulary and clinical protocols.

14.3. 100% cost for PMB.

14.4. Prescribed Minimum Benefits chronic conditions subject to pre-authorisation and registration on the Chronic Medicine Programme, preferred providers as well as treatment protocols

14.4.1. **PMB Chronic Conditions**

14.4.1.1. Only the CDL and non-CDL conditions listed below will be covered at 100% of the cost of registered medicines prescribed by a person legally entitled to prescribe, provided that:

14.4.1.1.1. The beneficiary is registered on the Chronic Disease Management Programme

14.4.1.1.2. Where there is a generic equivalent the benefit shall not exceed the maximum retail price of the generic equivalent;

14.4.1.1.3. Medicines prescribed are within the formulary and where the formulary is not adhered to, a reference price will be applied;

14.4.1.1.4. Where medication prescribed is not authorised the benefit shall be at 100% of the cost and subject to and charged against the limits set below.

CDL conditions

Addison's disease	Epilepsy
Asthma	Glaucoma
Bipolar mood disorder	Haemophilia
Bronchiectasis	HIV/AIDS
Cardiac failure	Hyperlipidaemia
Cardiomyopathy	Hypertension
Chronic obstructive pulmonary disease (COPD)	Hypothyroidism
Chronic renal disease	Multiple sclerosis
Coronary artery disease	Parkinson's disease
Crohn's disease	Rheumatoid arthritis
Diabetes insipidus	Schizophrenia
Diabetes mellitus types 1 & 2	Systemic lupus erythematosus

Dysrhythmias	Ulcerative colitis

Non-CDL conditions

Allergic Rhinitis (ENT Treatment, Paediatric Treatment)	Hormone replacement therapy (HRT)
Anaemia: vitamin B12 deficiency	Hypoparathyroidism
Anti-phospholipid syndrome	Gout
Aplastic anaemia	Iron deficiency anaemia
Benign Prostatic Hypertrophy	Osteo-arthritis
Depression	Stroke
Endocarditis	

14.4.2. **Non-PMB Chronic Conditions**

14.4.2.1. Medicines are subject to approval and acceptance on the Chronic Medicine Programme, conditions and limits stipulated in the table below. Subject to a maximum of R6 393 per beneficiary.

	Limit
Member without dependent	R6 393
Member with one dependent	R12 807
Member with two dependents	R19 221
Member with three dependents	R25 625
Member with four dependents	R32 028
Member with five dependents	R38 453
Member with six or more dependents	R44 868

15. APPLIANCES

15.1. 100% Sizwe Hosmed rate with the following annual limits per family:

15.1.1. Member without a dependent: R1 740

15.1.2. Member with one or more dependent: R3 053

15.2. Includes procurements towards the following devices and appliances subject to approval via managed care protocols:

15.2.1. Nebulizer,

15.2.2. Glucometer,

15.2.3. Insulin pump and

15.2.4. blood pressure machines

15.2.5. Morphine pump,

15.2.6. C-PAP machine and

15.2.7. Other clinically appropriate unspecified appliance items.

15.3. Any appliance item is payable only once per year

15.4. The cost of C-PAP machines is payable from this benefit, subject to fulfilment of clinical criteria and procurement protocols

15.5. Prescribed Minimum Benefits apply. All items are payable at cost with no co-payment or deductibles, subject to minimum benefit package, preferred provider network and Managed Care clinical protocols

16. MENTAL HEALTH

16.1. Limited to Psychiatrists, Clinical and Counselling Psychologists for mental health disorders.

16.2. Benefit excludes services covered under the auxiliary benefit.

16.3. Sizwe Hosmed 100% Sizwe Hosmed rates subject to annual limit of R9 525 per family

16.4. All consultations in doctors' rooms are paid at 100% Sizwe Hosmed rates subject to the mental health limit.

16.5. All PMBs are payable at cost with no co-payments or deductibles, subject to the minimum benefit package and managed care clinical protocols.

17. PREVENTATIVE CARE

17.1. **Wellness consultations:**

17.1.1. Subject to a family limit of R1 696 per family per year

17.2. **Wellness screening**

17.2.1. Includes the following tests:

17.2.1.1. Blood sugar,

17.2.1.2. Cholesterol,

17.2.1.3. Blood pressure,

17.2.1.4. Body Mass Index,

17.2.1.5. HIV testing

17.2.2. One screening test per beneficiary per year covered

17.2.3. One consultation visit in doctors rooms

17.2.4. Limited to R295per beneficiary per year at a Preferred Provider facility

17.3. **Other screening tests**

17.3.1. Cover limited to the following tests:

17.3.1.1. Females:

17.3.1.1.1. Mammogram every two (2) years for women above age 40 years:

17.3.1.1.2. Pap smear every two (2) years for women above 21 years

17.3.1.2. Males (above 40 years): Prostate-Specific Antigen test

17.3.1.2.1. Limited to one test per beneficiary per year

17.3.1.2.2. Subject to family limit of R2 332per year

17.4. **Female Contraceptives**

17.4.1. Contraceptives limit of R3 021 per family per year subject to Managed Care protocols and formulary

17.5. **Vaccinations**

17.5.1. Flu vaccine

17.5.2. Pneumococcal vaccine

17.5.3. Human Papilloma Virus (HPV) vaccine

17.5.4. Immunisation for children six (6) years and younger,

17.5.5. Immunization permitted will be in line with those provided by the Department of Health, subject to family wellness screening family limit

18. OPTICAL

18.1. All sub-limits and rules specified are subject to Optical Benefit Management Program

18.1.1. One set of Spectacle Lenses and one set of Frames, or one set of Contact Lenses per beneficiary every two (2) years

18.1.2. Each beneficiary must choose either spectacles or contact lenses once every two (2) years

18.1.3. Eye test; one (1) test per beneficiary per twenty-four (24) months

18.1.4. **Spectacles, lenses and frames**

18.1.4.1. 100% of Sizwe Hosmed rates for spectacles and lenses prescribed or supplied by a registered ophthalmologist, optometrist or supplementary optical practitioner

18.1.5. **Visual examination**

18.1.5.1. If undertaken by a registered optometrist or ophthalmologist, shall be based on the Sizwe Hosmed rates. The benefit shall be 100% of the Sizwe Hosmed rate at the scheme's preferred provider network and shall be limited to one eye test per beneficiary per twenty-four months

18.1.6. **Frames**

18.1.6.1. Limited to one pair per beneficiary per twenty-four (24) month period within the specified benefit. The difference, where applicable, is payable by the member directly to the supplier

18.1.6.2. The benefit is limited to one pair of spectacles per beneficiary per twenty-four (24) month period, except where two spectacles are approved by the Fund in place of a pair of spectacles with bifocal or multi focal lenses, after clinical motivation to the Fund by a registered optometrist or ophthalmologist

18.1.6.3. The benefit is limited to the negotiated tariffs for glass lenses

18.1.6.4. The benefit for bifocal or multi focal lenses shall be limited to the cost of 65-mm, bifocal lenses with a reading segment of 28 mm

18.1.7. **All add-ons:**

18.1.7.1. Generic add on tints up to 35% and Generic add on coatings (hard coatings and anti-reflex coatings) up to the benefit limit

18.1.7.2. Sunglasses and repairs to spectacles are excluded from benefits

18.1.7.3. Benefits shall not be granted for spectacles if a beneficiary has already received a benefit for contact lenses until twenty-four months has lapsed since the last claim

18.1.7.4. Each claim for lenses/ frames must be submitted together with the lens prescription

18.1.8. **Contact lenses**

18.1.8.1. Benefit payable and subject to the specified benefit limits for Spectacles Lenses and frames described below.

18.1.8.2. 100% of the Scheme rate of clear contact lenses if prescribed by a registered optometrist, or supplementary optical practitioner in accordance with the approved tariff for these service providers. Provided that:

18.1.8.2.1. The application by a member be motivated by a recommendation from a registered optometrist or ophthalmologist that contact lenses are clinically essential as determined by the lens prescription on clinical/medical grounds and approved by the Fund

18.1.8.3. The benefit sub-limit is limited to

18.1.8.3.1. one pair of permanent contact lenses per beneficiary per twenty-four (24) months period, or

18.1.8.3.2. twenty-four (24) pairs of monthly disposable contact lenses per twenty-four (24) month cycle or

18.1.8.3.3. daily disposable contact lenses per beneficiary per twenty-four (24) month cycle.

18.1.8.3.4. Additional benefits may be approved on medical/clinical grounds if approved by the Fund.

18.1.8.4. In cases where contact lenses are not clinically essential and worn at the election of the member, the benefit shall be limited to the equivalent of two single vision glass lenses of 65 mm

and a sphere of 2 dioptres plus the benefit amount of the frame, plus the cost of a refraction as a combined benefit.

18.1.8.5. Benefit shall not be granted for contact lenses if a beneficiary has already received a pair of spectacles in a given twenty-four (24) month period.

18.1.8.6. Contact lens cleaning materials are excluded from benefits

18.2. **Spectacles Lenses and frames combined limit**

18.2.1. The benefits have limits per member per family of 100% Sizwe Hosmed tariff

Benefit Description	Limit per Beneficiary
Frames	R959
Single Focus Lenses	R202 per lens
Bi-focal Lenses	R438 per lens
Multi-focal lenses	R804 per lens
Contact Lenses	R1738

18.2.2. Frames – 100% of the Sizwe Hosmed rate

18.2.3. Lens additions - subject to benefit cycle limit

19. DENTISTRY

Dentistry benefits are subject to a Dental Benefit Management Programme. Benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Fund exclusions apply to dental benefits. Refer to Annexure C for a detailed list of Fund exclusions.

Radiology and pathology are subject to the conditions and limits stipulated hereunder and in paragraphs E.11 and E.12 respectively.

19.1. **Conservative dentistry**

100% Sizwe Hosmed rates subject to managed care protocols for the following benefits:

19.1.1. Consultations: two (2) annual check-ups per beneficiary (once in six (6) months)

19.1.2. X-rays

19.1.2.1. Intra-oral: benefit is subject to managed care protocols

19.1.2.2. Extra-oral: one (1) per beneficiary in a three (3) year period

19.1.3. Preventative care: two (2) annual scale and polish treatments per beneficiary (once in 6 months)

19.1.4. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age

19.1.5. Benefit for fluoride is limited to beneficiaries from age 5 and younger than 13 years of age.

19.1.6. Fillings: once per tooth in 720 days

19.1.7. Extractions

19.1.8. Root canal treatment: Managed Care Protocols apply. Excludes wisdom teeth (3rd molars) and primary (milk) teeth

19.1.9. Plastic dentures:

19.1.9.1. One (1) set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a 4-year period, subject to pre-authorisation

19.2. **Specialised Dentistry**

100% of Sizwe Hosmed rates, pre-authorisation (where indicated) and managed care protocols. If authorisation is obtained after the procedure or treatment has been done, a 20% co-payment will apply to all related claims.

19.2.1. Partial chrome cobalt dentures and associated laboratory costs:

19.2.1.1. 2 partial frames (an upper and a lower) per beneficiary in a 5-year period, limited to 1 family member per year

19.2.2. Crowns and bridges and associated laboratory costs:

19.2.2.1. Pre-authorisation is required.

19.2.2.2. 1 crown per family per year

19.2.2.3. Once per tooth in a 5-year period

19.2.2.4. Subject to managed care protocols

19.2.3. Implants and associated laboratory costs: No benefit

19.2.4. Orthodontics and associated laboratory costs:

19.2.4.1. Subject to managed care protocols.

19.2.4.2. Pre-authorisation is required.

19.2.4.3. A 35% co-payment is applicable.

19.2.4.4. Benefit for fixed comprehensive treatment is limited to individuals from age 9 to younger than 18 years of age.

19.2.5. Periodontics:

19.2.5.1. Subject to registration on the Periodontal Programme

19.2.5.2. Limited to conservative, non-surgical therapy only (root planning)

19.2.5.3. Surgical periodontics: No benefit

19.2.6. Maxillofacial surgery and oral pathology in the dental chair:

19.2.6.1. 100% of the Sizwe Hosmed rate, subject to managed care protocols

19.2.6.2. Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/treatments.

19.2.6.3. The claims for oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.

19.3. **Dental Hospitalisation**

19.3.1. In-hospital treatment:

19.3.1.1. Pre-authorisation is required, subject to managed care protocols.

19.3.1.2. A co-payment of R1 000 per hospital admission applies, if a member opts to go to a day clinic (discipline 76/77) instead of a hospital (discipline 57/58), subject to the availability of a day clinic in his demographic area.

19.3.1.3. No funding will be granted without pre-authorisation except in the case of an emergency. If authorisation is obtained after

the procedure has been done, a 20% co-payment will be applied on the hospital account.

19.3.1.4. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.

19.3.1.5. General anaesthetic benefits are available for the removal of impacted teeth.

19.3.1.6. Inhalation sedation in dental rooms:

19.3.1.6.1. 100% of the Sizwe Hosmed rate; subject to managed care protocols

19.3.1.7. Moderate/deep sedation in dental rooms:

19.3.1.7.1. 100% of the Sizwe Hosmed rate; subject to pre-authorisation and managed care protocols.

19.3.1.7.2. Limited to extensive dental treatment

20. HEARING AIDS

20.1. 100% of Sizwe Hosmed rate, subject to an annual limit of R13 858 per family.

20.2. Only one hearing unit per beneficiary every three (3) years from date of acquisition and subject to pre-authorisation

21. ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)

21.1. Refer to paragraph 2.15

22. AMBULANCE SERVICES

22.1. 100% cost as authorized by the contracted service provider

22.2. Authorisation for emergency transportation should be obtained within 24 hours

22.3. If services are not pre-authorised through the preferred provider, claims will not qualify for payment.

23. NON-MOTORISED WHEELCHAIRS

23.1. 100% Sizwe Hosmed rate with the following annual limit per family:

23.1.1. Member with or without dependents: R3 634

23.2. Any wheelchair is payable once every 4 years, subject to the limits as stipulated above.

23.3. PMB applicable

E. IN-HOSPITAL BENEFITS

1. HOSPITALISATION FOR PRESCRIBED MINIMUM BENEFITS

1.1. PMBs consist of the provision of the diagnosis, treatment and care costs of:

1.1.1. The Diagnostic and Treatment Pairs and

1.1.2. Any emergency medical condition

1.2. The level of health care provided in the state sector shall be used as the benchmark when determining PMB level of care.

1.3. The interpretation of the PMBs shall follow the predominant Public Hospital practice, as outlined in the relevant provincial or national public hospital clinical protocols, where these exist.

1.4. PMBs are subject to Pre-authorisation, Minimum Benefit Package, Designated Service Providers (DSP) and Treatment Protocols;

1.5. PMBs are covered in accordance with the provisions of Regulations 8 of the Medical Schemes Act;

1.6. Care Plans (Chronic Treatment Plans) Benefit

1.6.1. Follow up treatment plan benefit for chronic PMB conditions; these include follow up consultations, pathology tests and specialised tests relevant to specific PMB conditions as stipulated in paragraph E.1 but excluding additional PMBs (Depression and HRT). The benefit is subject to the number of consultations, and tests as per the schemes funding rules and protocols.

2. APPLICABLE CONDITIONS

2.1. Hospitalisation Benefits are subject to pre-authorisation;

2.2. A co-payment of R1 500 is applicable if no authorization is obtained prior to admission except for emergencies

2.3. 100% of negotiated tariff for accommodation in general ward, high care ward and intensive care unit;

2.4. 100% of negotiated tariff for theatre fees;

2.5. 100% of negotiated tariff for medicines, materials and hospital equipment and the transport of blood;

2.6. Medicines given to a patient to take home limited to a supply of seven (7) days;

2.7. Overall hospital benefit includes rehabilitation and sub-acute care

3. ANNUAL LIMIT

3.1. Private Hospitals

3.1.1. Subject to Pre-authorisation, and Managed Care Protocols.

3.1.2. Benefits have no limits and no specific Clinical limitations are applicable.

3.1.3. 100% cost for all PMB's where the negotiated rate is not applicable

3.2. Private Hospitals – Outpatient Care

3.2.1. 100% of the Sizwe Hosmed rate for out-patient services, materials and medicines at the negotiated tariffs.

3.2.2. 100% cost for all PMB's where the negotiated rate is not applicable

3.3. Alternatives to Hospitalisation

3.3.1. Subject to the hospital benefit management programme, disease management programme and the conditions and limits

3.3.2. 100% of negotiated rates for all service rendered by registered step-down nursing. facilities, and rehabilitation centres.

3.3.3. Hospice at 100% of cost.

3.3.4. 100% Sizwe Hosmed rates for services rendered under Home Care in lieu of hospitalisation subject to managed care protocols and preferred provider arrangements

4. IN – HOSPITAL GENERAL PRACTITIONERS

4.1. Subject to the Hospital Benefit Management Programme;

4.2. 100% of the Sizwe Hosmed rate for consultations and visits by General Practitioners in Hospital.

5. IN – HOSPITAL MEDICAL SPECIALISTS

5.1. Subject to the Hospital Benefit Management Programme

5.2. 100% of the Sizwe Hosmed rate for consultations and visits by Medical Specialists in Hospital.

6. IN – HOSPITAL AUXILIARY SERVICES AND PHYSIOTHERAPY

6.1. **Auxiliary Services:**

6.1.1. Limited to the following: dietician, speech therapy, occupational therapy,

6.1.2. Subject to PMB, clinical protocols and pre-authorisation

6.1.3. 100% Sizwe Hosmed rates whilst hospitalised

6.2. **Physiotherapy:**

6.2.1. 100% Sizwe Hosmed rates whilst hospitalised, subject to managed care protocols

7. MATERNITY

7.1. **Hospitalisation (Private Hospitals)**

7.1.1. Subject to the hospital benefit management programme and to the disease management programme and to the conditions and annual limits stipulated

7.1.2. 100% of cost for accommodation at general ward rates, theatre fees, labour ward fees, drugs, dressings, medicines and materials in a private or provincial hospital and 100% of the cost for drugs, dressings, medicines and materials supplied by a midwife.

7.2. **Delivery**

7.2.1. 100% of the cost for the delivery by a general practitioner, medical specialist or midwife and materials supplied.

7.3. **Post-Natal Services and Midwifery**

7.3.1. Subject to the hospital or maternity benefit management programme and to the disease management programme.

7.3.2. 100% of the Sizwe Hosmed rate for post-natal care by a midwife or as an alternative to hospitalisation.

8. BLOOD TRANSFUSIONS AND BLOOD REPLACEMENT PRODUCTS:

8.1. 100% Sizwe Hosmed rates of blood transfusions and blood replacement products limited to PMBs.

9. PROSTHESIS

9.1. Subject to pre-authorisation, treatment protocols and Prescribed Minimum Benefits

9.2. Surgical and non-surgical: 100% of the cost of prosthesis subject to an annual limit of R49 279 per family within hospital limit as stipulated.

9.3. **Internal Prosthesis**

9.3.1. Joints – hip and knee (partial and total)

9.3.1.1. Only one prosthesis and only one joint per year

9.3.2. Spine – two (2) levels per year done in one procedure.

9.3.2.1. Should more than two (2) spinal level be required, approval will be granted subject to managed care protocols

9.3.3. Cardiac (Pacemaker, internal defibrillators, grafts, valves)

9.3.3.1. Subject to benefits and PMB protocols apply

9.4. **External Prosthesis**

9.4.1. Subject to benefit limit and PMB protocols apply

9.5. **Stents**

9.5.1. Vascular stents – two stents per family per year

9.5.2. Cardiac stents – three stents per family per year

9.6. **Other**

9.6.1. Subject to benefit limit and PMB protocols apply

9.7. **Refractive Surgery Including Radial Keratotomy**

9.7.1. R7 290 per family per year

10. ONCOLOGY

10.1. Oncology benefits subject to Pre-authorisation, Prescribed Minimum Benefit, and Treatment Protocols

10.2. 100% of the Sizwe Hosmed rate for consultations, visits, treatment, specialised radiology medication and 100% of the costs of materials used in radiotherapy and chemotherapy subject to Manged Care Protocols.

10.3. Benefit will pay at 80% of costs above R520 000 per beneficiary per year.

11. RADIOLOGY AND RADIOGRAPHY

Subject to benefit limit and PMB protocols apply

11.1. **General Radiology:**

11.1.1. has no in-hospital limit but is subject to clinical protocols

11.2. **Specialised Radiology:**

11.2.1. (MRI/CAT scan/Angiogram) subject to an overall combined in and out of hospital limit of R32 794 per family per year, pre-authorisation and managed care protocols

11.3. **Interventional Radiology:**

11.3.1. Within hospital limit, subject to pre-authorisation and managed care protocols

12. PATHOLOGY

12.1. Subject to the Hospital Benefit Management Programme and to the Disease Management Programme.

12.2. 100% of the Sizwe Hosmed rates for tests performed by a general practitioner or medical specialist

12.3. Pathology tests required for HIV/AIDS Management fall within the limit as stipulated under paragraph E.15

13. MENTAL HEALTH

13.1. **Psychiatry Hospitalisation**

13.1.1. Limited to twenty-one (21) days per beneficiary per year. This benefit includes psychiatrist consultations and six (6) in hospital consultations by clinical psychologist – subject to PMBs.

13.1.2. Limited to R2 000 per day to a maximum value of R42 000

13.1.3. Four (4) additional out of hospitals consultations in lieu of hospitalisation are allowed subject to managed care protocols

13.2. **Alcoholism, Drug Addiction, Narcotism**

13.2.1. Prescribed Minimum Benefits Subject to Pre-Authorisation, Minimum Benefit Package, and treatment protocols.

13.2.2. Only three (3) days withdrawal treatment and twenty-one (21) days for rehabilitation at an appropriate facility.

14. ORGAN TRANSPLANT AND RENAL DIALYSIS

14.1. **Renal Dialysis**

14.1.1. Benefit is restricted to the requirements set out in the Prescribed Minimum Benefits at a designated service provider.

14.2. **Organ Transplant**

14.2.1. 100% of the Sizwe Hosmed rates of organ or transplantation thereof and cost of postoperative anti-rejection medicines required by the recipient.

14.2.2. Harvesting, transporting and donor fees are covered as part of PMB, even where a donor is not a Sizwe Hosmed member

14.2.3. Coverage for post-transplant complications beyond three months of surgery limited to the recipient

14.2.4. Only donors and organs from within the Republic of South Africa will be covered

14.2.5. Transplant Prescribed Minimum Benefits subject to Pre-authorisation, Minimum Benefit Package, treatment protocols and Designated Service Providers

15. HUMAN IMMUNODIFFICIENCY VIRUS AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)

15.1. HIV/AIDS as a PMB benefit is subjected to a Disease management program that the beneficiaries in need are encouraged to enrol for. In the event of hospitalisation for HIV/AIDS, Sizwe Hosmed Medical Fund will apply the protocols set out in paragraph E.1.

15.2. Sizwe Hosmed Medical Fund will pay the cost in full, subject to treatment protocols for any accredited provider of the services.

15.3. Benefits include counselling, prescribed medication, pathology tests and relevant consultations.

F. EXCLUSIONS

1. Refer to Annexure C of the Scheme Rules.

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