

SIZWE MEDICAL FUND AFFORDABLE CARE PLAN

ANNEXURE B: AFFORDABLE CARE BENEFITS

(Effective 1 January 2019)

A ENTITLEMENT TO BENEFITS

Subject to the provisions of Rule 6 and Rule 12 and to the conditions stipulated in preamble C of this Annexure and paragraph one of annexure C, members and their registered dependants are entitled to the benefits as stipulated in paragraphs 1 to 4.

1. General

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:

General waiting period : 3 months

Pre-existing conditions : 12 months

Benefits are pro-rated subject to the month in which the member joins the Scheme

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.

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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, except in the case of an emergency.
4. Hospital stay is subject to Case Management protocols. **Frail care is not a covered benefit.**
5. Day procedures and minor procedures are only payable at Day Hospital or doctors' rooms. 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. 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.

1. OUT OF HOSPITAL BENEFITS

1.1 DAY-TO-DAY BENEFITS

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 dependants | R 10 380 |
| Member with one dependant | R 14 880 |
| Member with two dependants | R 17 120 |
| Member with three dependants | R 18 630 |
| Member with four dependants | R 20 880 |
| Member with five dependants | R 23 140 |
| Member with six or more dependants | R 25 250 |

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1.1.1 General Practitioners

100% Sizwe rates for visits by general practitioners in the supplier's room or patient's home subject to the stipulated number of GP visits stipulated below. The benefits are subject to availability of funds in the day to day limit as in 1.1 above

| | Number of visits |
|------------------------------------|-------------------------|
| Member without dependants | 7 |
| Member with one dependant | 14 |
| Member with two dependants | 16 |
| Member with three dependants | 18 |
| Member with four dependants | 20 |
| Member with five dependants | 21 |
| Member with six or more dependants | 22 |

Prescribed Minimum Benefits: All consultations and visits are payable at cost with no co-payment or deductibles, subject to minimum benefit package, provider network and Managed Care clinical protocols

1.1.2 SPECIALISTS

100% Sizwe 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.

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

- Follow-up visits
- Emergencies
- Gynaecologist visits
- Paediatrician visits for babies up to the age of 12 months

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Psychiatrists are EXCLUDED from this benefit and are covered under mental health

| | Number of visits |
|------------------------------------|-------------------------|
| Member without dependants | 4 |
| Member with one dependant | 8 |
| Member with two dependants | 9 |
| Member with three dependants | 10 |
| Member with four dependants | 11 |
| Member with five dependants | 12 |
| Member with six or more dependants | 13 |

Prescribed Minimum Benefits: All consultations and visits are payable at cost with no co-payment or deductibles, subject to minimum benefit package, provider network and Managed Care clinical protocols

1.1.3 PHYSIOTHERAPIST

100% Sizwe rates subject to the limit set out in the day-to-day benefits above;
Prescribed Minimum Benefits: All consultations and visits are payable at cost with no co-payment or deductibles, subject to minimum benefit package, provider network and Managed Care clinical protocols

1.1.4 RADIOLOGY AND RADIOGRAPHY

1.1.4.1 General radiology

100% Sizwe rates for general diagnostic radiology subject to managed care protocols

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

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1.1.4.2 Specialised radiology

(MRI/CAT scan/Angiogram) subject to an overall combined in and out hospital limit of R29 960 per family per annum

1.1.4.3 Interventional radiology

(Refer to section 2.11)

Prescribed Minimum Benefits: All consultations and visits are payable at cost with no co-payment or deductibles, subject to minimum benefit package, provider network and Managed Care clinical protocols

1.1.5 PATHOLOGY

100% Sizwe 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 guide lines and protocols
Pathology tests related to oncology and HIV/AIDS for registered beneficiaries are covered as part of the Disease Management Programme.

Prescribed Minimum Benefits: All consultations and visits are payable at cost with no co-payment or deductibles, subject to minimum benefit package, provider network and Managed Care clinical protocols

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1.1.6 ACUTE MEDICINE

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

| | Sub-limit |
|------------------------------------|------------------|
| Member without dependants | R 3 610 |
| Member with one dependant | R 5 500 |
| Member with two dependants | R 6 500 |
| Member with three dependants | R 6 990 |
| Member with four dependants | R 8 000 |
| Member with five dependants | R 8 250 |
| Member with six or more dependants | R 8 500 |

This benefit is subject to the conditions stipulated below:

- a. The Pharmaceutical Benefit Management Programme;
 - i. Reimbursement is at 100% SEP plus the dispensing fee as per the Department of Health's 2015 Dispensing Regulations, or as per the Sizwe tariff as negotiated with the service provider;
- b. Medicine must be prescribed by a person legally entitled to prescribe; and
- c. Medicine used during an in-hospital event is excluded from this benefit.

1.1.7 MATERNITY AND INFERTILITY

1.1.7.1 Antenatal consultations

100% Sizwe rates for antenatal consultations

Limited to 9 midwife , GP or Specialist antenatal visits per pregnancy, over and above the regular GP benefits as stated in rule 1.1.1 above, if the patient is registered for the Maternity benefit management program within 24 weeks of falling pregnant.

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Only 4 specialist obstetrician visits per pregnancy at referral by the GP or midwife, over and above the regular specialist benefits as stated in rule 1.1.2.

1.1.7.2 Pregnancy scan and tests

100% Sizwe rates for pregnancy scans and the following pregnancy-related tests subject to registration for the maternity benefit management program within 24 weeks of falling pregnant:

- Two (2) Haemoglobin Measurement tests,
- one (1) Blood Grouping test,
- one (1) VDRL test for Syphilis and
- Two (2) HIV blood test over and above the regular Pathology benefits in rule 1.1.5
- One (1) Full Blood Count test
- Twelve(12) urine analysis tests)
- Vitamins worth R100 paid from day to day benefit

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

1.1.7.3 Infertility

All **investigations** for an infertility condition will only be covered in the public sector or DSP hospital and in accordance with the policies of the relevant Public Authorities.

Treatment for infertility is not covered.

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1.2 ADDITIONAL OUT OF HOSPITAL BENEFITS

1.2.1 PRIVATE NURSE

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

Frail care is not a covered benefit.

Limit per year per family : R 7 150

Prescribed Minimum Benefits: All consultations and visits are payable at cost with no co-payment or deductibles, subject to minimum benefit package, provider network and Managed Care clinical protocols

1.2.2 CLINICAL AND MEDICAL TECHNOLOGIST

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

| | |
|-----------------------------------|-----------|
| Member without a dependant | : R 1 600 |
| Member with one or more dependant | : R 2 800 |

Prescribed Minimum Benefits: All consultations and visits are payable at cost with no co-payment or deductibles, subject to minimum benefit package, provider network and Managed Care clinical protocol

1.2.3 AUXILIARY SERVICES

Limited to speech therapy; podiatry; occupational therapy; social worker; dietetics; audiology, homeopathy; educational psychologist; biokineticist and registered counselor

Subject to the provisions as stated below:

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

| | |
|-----------------------------------|-----------|
| Member without a dependant | : R 1 590 |
| Member with one or more dependant | : R 2 790 |

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

1.2.3.1 ASSOCIATED HEALTH SERVICES

1.2.3.1.1 Chiropractic treatment

1.2.3.1.2 100% Sizwe rates limited to R 1 370 per beneficiary per annum Homeopathy

Benefits are payable under the conditions stipulated in paragraph 1.2.3 Medicines prescribed and dispensed fall within the benefit limit

1.2.4 CHRONIC MEDICINES

Reimbursement is at 100% SEP plus the dispensing fee as per the Department of Health's 2015 Dispensing Regulations;

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

100% cost for Prescribed Minimum Benefits.

Prescribed Minimum Benefits chronic conditions subject to Pre-authorisation and registration on the chronic medicine programme, preferred providers as well as treatment Protocols

PMB Chronic Conditions

Conditions as stipulated in paragraph 2.3 below will be covered at 100% of the cost of registered medicines and injection material prescribed by a person legally entitled to prescribe, provided that:

- The beneficiary is registered on the chronic disease management programme
- Where there is a generic equivalent the benefit shall not exceed the maximum retail price of the generic equivalent;
- Medicines prescribed are within the formulary and where the formulary is not adhered to, a reference price will be applied;

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- 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.

Non-PMB Chronic conditions

Conditions as stipulated in Section 2.3 will be covered up to the annual chronic benefit limit.

Medicines are subject to approval and acceptance on the chronic medication programme, conditions and limits stipulated in the table below.

| | Limit |
|------------------------------------|--------------|
| Member without dependant | R5 840 |
| Member with one dependant | R11 700 |
| Member with two dependants | R17 560 |
| Member with three dependants | R23 410 |
| Member with four dependants | R29 260 |
| Member with five dependants | R35 130 |
| Member with six or more dependants | R40 990 |

Subject to a maximum of R5 840 per beneficiary.

1.2.5 APPLIANCES

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

| | |
|-----------------------------------|-----------|
| Member without a dependant | : R 1 590 |
| Member with one or more dependant | : R 2 790 |

Includes procurements towards the following devices and appliances: Nebulizer, Glucometer, Insulin pump and blood pressure machines however, approval is subject to managed care protocols

Morphine pump, C-PAP machine and other clinically appropriate unspecified appliance items. Any appliance item is payable only once per annum

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

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Prescribed Minimum Benefits: 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

1.2.6 MENTAL HEALTH

Limited to Psychiatrists, Clinical and Counselling Psychologists for mental health disorders. Benefit excludes services covered under the auxiliary benefit. 100% Sizwe rates subject to annual limit of R 9 050 per family.

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

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

1.2.7 PREVENTATIVE CARE

1.2.7.1 Wellness consultations:

Subject to a family limit of R1 550 per family per annum

1.2.7.2 Wellness screening

Includes the following tests:

Blood sugar, Cholesterol, Blood pressure, Body Mass Index, HIV testing

One screening test per beneficiary per annum covered

One consultation visit in doctors rooms

Limited to R 270 per beneficiary per annum at a Preferred Provider facility

1.2.7.3 Other screening tests

Cover limited to the following tests:

- Females:

- Mammogram every 2 years for women above age 40 years:
- Pap smear every 2 years for women above 21 years

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

Limited to one test per beneficiary per annum

Subject to family limit of R 2 130 per annum

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1.2.7.4 Female Contraceptives

Contraceptives limit of R 2 760 per family per annum subject to Managed Care protocols and formulary

1.2.7.5 Vaccinations

- Flu vaccine
- Pneumococcal vaccine
- Human Papilloma Virus (HPV) vaccine
- Immunisation for children six (6) years and younger, immunization permitted will be in line with those provided by the Department of Health ,subject to family wellness screening family limit

1.2.8 OPTICAL

All sub-limits and rules specified are subject to Optical Benefit Management Programme

One set of Spectacle Lenses and one set of Frames, or one set of Contact Lenses per beneficiary every two years

Each beneficiary must choose either spectacles or contact lenses once every two years

Eye test – one test per beneficiary per twenty-four months

1.2.8.1 Spectacles, lenses and frames

100% of Sizwe rates determined by the Board of Trustees for spectacles and lenses prescribed or supplied by a registered optometrist, supplementary optical practitioner

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1.2.8.2 Visual examination

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

1.2.8.3 Frames

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

The benefit is limited to one pair of spectacles per beneficiary per twenty four 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 by a registered optometrist or ophthalmologist to the Fund

The benefit is limited to the negotiated tariffs for glass lenses

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

1.2.8.4 All add-ons:

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

Sunglasses and repairs to spectacles are excluded from benefits

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

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

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1.2.8.5 Contact lenses

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

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:

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

The benefit sub limit is limited to one pair of permanent contact lenses per beneficiary per twenty four months period, twelve pairs of monthly disposable or 365 daily disposable contact lenses per beneficiary per annum. Additional benefits may be approved on medical/clinical grounds if approved by the Fund.

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.

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

Contact lens cleaning materials are excluded from benefits

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1.2.8.6 Spectacles Lenses and frames combined limit

The benefits have annual limits per member family of 100% Sizwe tariff

| Benefit Description | Limit per Beneficiary |
|----------------------------|------------------------------|
| Frames | R 840 |
| Single Focus Lenses | R 185 per lens |
| Bi-focal Lenses | R 400 per lens |
| Multi-focal lenses | R 735 per lens |
| Contact Lenses | R 1 580 |

Frames – 100% of the Sizwe rate

Lens additions - subject to benefit cycle limit

1.2.9 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 2.11 and 2.12 respectively.

1.2.9.1 Conservative dentistry

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

- Consultations: two (2) annual check-ups per beneficiary (once in six (6) months)
- X-rays (intra-oral): benefit is subject to managed care protocols
 - Extra-oral: one (1) per beneficiary in a three (3) year period
- Oral hygiene: two (2) annual scale and polish treatments per beneficiary (once in 6 months)
 - Benefit for fissure sealants is limited to beneficiaries younger than 16

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years of age

- Benefit for fluoride is limited to beneficiaries from age 5 and younger than 13 years of age.
- Fillings: once per tooth in 365 days
- Extractions
- Root canal treatment: Managed Care Protocols apply. Excludes wisdom teeth (3rd molars) and primary (milk) teeth
- Plastic dentures:
 - 1 set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a 4 year period, subject to pre-authorisation

1.2.9.2 Specialised Dentistry

100% of Sizwe 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.

- Partial metal frame dentures and associated laboratory costs:
 - 2 partial frames (an upper and a lower) per beneficiary in a 5 year period, limited to 1 family member per annum
- Crowns and bridges and associated laboratory costs:
 - Pre-authorisation is required.
 - 1 crown per family per year
 - Once per tooth in a 5 year period
 - Subject to managed care protocols
- Implants and associated laboratory costs: No benefit
- Orthodontics and associated laboratory costs:
 - Subject to managed care protocols.
 - Pre-authorisation is required.
 - A 35% co-payment is applicable.
 - Benefit for fixed comprehensive treatment is limited to individuals from age 9 and younger than 18 years of age.
- Periodontics:
 - Subject to registration on the Periodontal Programme
 - Limited to conservative, non-surgical therapy only (root planning)
 - Surgical periodontics: No benefit
- Maxillo facial surgery and oral pathology in the dental chair:
 - 100% of the Sizwe rate, subject to managed care protocols
 - Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/treatments.
 - The claims for oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be

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covered if supported by a laboratory report that confirms diagnosis.

1.2.9.3 Dental Hospitalisation

In-hospital treatment:

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

A co-payment of R1 500 per hospital admission applies.

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.

- General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.
- General anaesthetic benefits are available for the removal of impacted teeth.

Laughing gas in dental rooms:

- 100% of the Sizwe rate; subject to managed care protocols

IV conscious sedation in rooms:

- 100% of the Sizwe rate; subject to pre-authorisation and managed care protocols.
- Limited to extensive dental treatment

1.2.10 HEARING AIDS

100% of Sizwe rate, subject to an annual limit of R12 660 per family.

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

1.2.11 ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)

(Refer to paragraph 2.15)

1.2.12 AMBULANCE SERVICES

100% cost as authorized by the contracted service provider

Authorisation for emergency transportation should be obtained within 24 hours

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

1.2.13 Non-motorised wheelchairs

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

Member with or without dependants : R 3 320

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

Prescribed Minimum Benefits: 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

2. IN-HOSPITAL BENEFITS

2.1 APPLICABLE CONDITIONS

Hospitalization Benefits are subject to pre-authorization; A co-payment of R1 500 is applicable if no authorization is obtained prior to admission except for emergencies
100% of negotiated tariff for accommodation in general ward, high care ward and intensive care unit;

100% of negotiated tariff for theatre fees;

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

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

Overall hospital benefit includes rehabilitation and sub-acute care

2.2 ANNUAL LIMIT

2.2.1 Private/ Public Hospitals

Subject to Pre-authorization, and Managed Care Protocols.

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

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

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2.2.2 Private and Public hospitals- out patient care

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

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

2.2.3 Alternatives to hospitalization

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

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

100% Sizwe rates for services rendered under Home Care in lieu of Hospitalisation subject to Managed Care protocols and preferred provider arrangements

2.3 HOSPITALIZATION FOR PRESCRIBED MINIMUM BENEFITS

The prescribed minimum benefits consist of the provision of the diagnosis, treatment and care costs of:

- a) The Diagnostic and Treatment Pairs and
- b) Any emergency medical condition.

The level of healthcare provided in the state sector shall be used as the benchmark when determining PMB level of care;

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

PMB are not subject to annual benefit limits, except for such limits as may be prescribed in terms of the regulations;

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Prescribed Minimum Benefits are subject to Pre-authorisation, Minimum Benefit Package, and Treatment Protocols. PMBs are covered in full without any co-payment or deductibles subject to the provisions of Regulations 8.

The following chronic conditions will also be covered in terms of PMBs:

| | |
|---------------------------------------|------------------------------|
| Addison's disease | Epilepsy |
| Asthma | Glaucoma |
| Bipolar Mood Disorder | Haemophilia |
| Bronchiectasis | Hyperlipidaemia |
| Cardiac failure | Hypertension |
| Cardiomyopathy | Hypothyroidism |
| Chronic obstructive pulmonary disease | Multiple sclerosis |
| Chronic renal disease | Parkinson's disease |
| Coronary artery disease | Rheumatoid arthritis |
| Crohn's disease | Schizophrenia |
| Diabetes insipidus | Systemic Lupus Erythematosus |
| Diabetes mellitus types 1 & 2 | Ulcerative colitis |
| Dysrhythmias | HIV/AIDS |

Additional PMBs:

| |
|-----------------------------|
| Depression |
| Hormone Replacement Therapy |

The following non-CDL chronic conditions are covered:

| | |
|---|-------------------------|
| Anaemia: vitamin B12 Deficiency | Hypoparathyroidism |
| Anti-phospholipid Syndrome | Iron Deficiency Anaemia |
| Aplastic Anaemia | Osteo-arthritis |
| Benign Prostatic Hypertrophy | Stroke |
| Endocarditis | Gout |
| Allergic Rhinitis (ENT Treatment, Paediatric Treatment, Asthma) | |

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Care Plans (Chronic Treatment Plans) Benefit

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 2.3 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.

2.4 IN- HOSPITAL GENERAL PRACTITIONERS

Subject to the Hospital Benefit Management Programme;
100% of the Sizwe rate for consultations and visits by General Practitioners in Hospital.

2.5 IN – HOSPITAL MEDICAL SPECIALISTS

Subject to the Hospital Benefit Management Programme
100% of the Sizwe rate for consultations and visits by Medical Specialists in Hospital.

2.6 IN – HOSPITAL AUXILIARY SERVICES AND PHYSIOTHERAPY

2.6.1 Auxiliary services:

Limited to the following: dietician, speech therapy, occupational therapy,
Subject to PMB, clinical protocols and pre-authorisation
100% Sizwe rates whilst hospitalised

2.6.2 Physiotherapy:

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

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2.7 MATERNITY

2.7.1 Hospitalisation (Public or private hospitals)

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

2.7.2 Delivery

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

2.7.3 Post-natal services and midwifery

Subject to the hospital or maternity benefit management programme and to the disease management programme
100% of the Sizwe rate for post-natal care by a midwife or as an alternative to hospitalisation.

2.8 BLOOD TRANSFUSIONS AND BLOOD REPLACEMENT PRODUCTS:

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

2.9 PROSTHESIS

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

Surgical and non-surgical: 100% of the cost of prosthesis subject to an annual limit of R 42 670 per family within hospital limit as stipulated

2.9.1 Internal prosthesis

- Joints – hip and knee (partial and total)

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- Only one prosthesis and only one joint per annum
- Spine – two (2) levels per year done in one procedure. Should more than two (2) spinal level be required, approval will be granted subject to managed care protocols
- Cardiac (Pacemaker, internal defibrillators, grafts, valves) – Subject to benefits and PMB protocols apply

2.9.2 External prosthesis

Subject to benefit limit and PMB protocols apply

2.9.3 Stents

- Vascular stents – two stents per family per annum
- Cardiac stents – three stents per family per annum

2.9.4 Other

Subject to benefit limit and PMB protocols apply

2.10 ONCOLOGY

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

100% of the Sizwe rate for consultations, visits, treatment, specialised radiology medication and 100% of the costs of materials used in radiotherapy and chemotherapy subject to the overall Oncology limit of R331 450 per family from annual hospital benefit.

2.11 RADIOLOGY AND RADIOGRAPHY

General Radiology: has no in-hospital limit but is subject to clinical protocols

Specialised Radiology: (MRI/CAT scan/Angiogram) subject to an overall combined in and out of hospital limit of R29 960 per family per annum, pre-authorisation and managed care protocols.

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Interventional Radiology: Within hospital limit, subject to pre-authorisation and managed care protocols

2.12 PATHOLOGY

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

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

Pathology tests required for HIV/AIDS Management fall within the limit as stipulated under 2.15

2.13 MENTAL HEALTH

2.13.1 Psychiatry hospitalisation

Limited to 21 days per beneficiary per annum. This benefit includes psychiatrist consultations and 6 in hospital consultations by clinical psychologist – subject to PMBs.

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

2.13.2 Alcoholism, drug addiction, narcotism

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

Only 3 days withdrawal treatment and 21 days for rehabilitation at an appropriate facility.

2.14 ORGAN TRANSPLANT AND RENAL DIALYSIS

Organ Transplant /Renal Dialysis treatment subject to PMB

The Renal Dialysis

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

Organ transplant

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

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

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

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

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

2.15 ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)

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 Medical Fund will apply the Scheme rules as per rule 2.3.

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

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

2.16 LIMITATIONS ON SPECIFIED TREATMENT AND SICKNESS CONDITIONS

Notwithstanding the provisions of the paragraphs above the benefit for services provided in terms of the Rules in respect of the under noted specified treatment or sickness conditions will (unless stipulated otherwise below) be

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given at the percentage stipulated in the relevant paragraphs of the lower of the cost or the Sizwe rates subject to the limitations set down in the relevant paragraphs below:

Refractive surgery including Radial Keratotomy

R 6 660 per family per annum

3. EXCLUSIONS

Refer to Annexure C of the Scheme Rules.

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