SIZWE MEDICAL FUND
GOMOMO CARE PLAN

ANNEXURE B: GOMOMO 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, including grandchildren, 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 shall be pro-rated subject to the month in which 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.
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. Hospital stay is subject to Case Management protocols
3. All hospital admissions must be authorised. A co-payment of R1 500 will be applied if pre-authorisation was not obtained prior to admission, except in cases of emergencies.
4. Voluntary admissions in hospitals that are not participating in the DSP will be subjected to a co-payment equal to the difference between the DSP and non-DSP rate.
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 rates 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 rate of the doctors' rooms.

   Payment of specialist visit is subject to referral by a GP, with the exception of follow-up visits, or in cases of emergencies.

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1. OUT OF HOSPITAL BENEFITS

1.1. General Practitioners

100% Sizwe rates for visits by General Practitioners in the supplier's room or patient's home. Benefits for the full year, subject to managed care rules, formulary and clinical protocols of the DSP. Each beneficiary

must select a General Practitioner (GP) for provision and coordination of out of hospital services.
Four (4)out of area GP visits per beneficiary per annum within the DSP network are permitted.

1.2. Specialists

100% Sizwe rates, subject to managed care rules, formulary and clinical protocols of the DSP.
Referral to the specialist by the GP is mandatory, unless not possible as in the case of unavailable GP, or in cases of emergencies (refer to definition of medical emergency).

1.3. Antenatal care

100% Sizwe rates for visits subject to managed care rules, formulary and clinical protocols of the DSP.

Specific Benefits:

- Two sonars per pregnancy and subject to managed care protocols, within GP and specialist limits
- Haemoglobin test
- Blood Group test
- Syphilis test
- HIV Elisa test

1.4. Radiology and pathology

100% Sizwe rates subject to managed care rules, formulary and clinical protocols of the DSP for basic radiology and pathology tests performed by a GP, medical specialist or the medical technician and private nurse practitioner.
Advanced radiology limited to a combined in and out of hospital benefit of R7 530 per family.

Prescribed Minimum Benefits: All consultations and visits are payable at 100% cost with no co-payment or deductibles, subject to minimum benefit package, provider network and Managed Care clinical protocols of the DSP

1.5. Acute medication

Subject to managed care rules, formulary and clinical protocols of the DSP.

This benefit is subject to the conditions stipulated below:

a. Reimbursement is at 100% Single Exit Price (SEP) plus the dispensing fee as per the Department of Health's 2015 Dispensing Regulations; or
b. As per the tariff negotiated with the service provider;
c. Medicine must be prescribed by a person legally entitled to prescribe; and
d. Medicine used during an in-hospital event is excluded from this benefit.

Over the counter medication is limited to R320 per family within DSP.

1.6. Chronic medication

Benefit of up to R8 300 per beneficiary per annum.
Subject to the conditions stipulated below:

1. Benefits are subject to pre-authorisation, registration on the chronic medicine programme, formulary and clinical protocols of the DSP;
2. Managed care rules apply;
3. Reimbursement is at 100% SEP plus the dispensing fee as per the Department of Health's 2015 Dispensing Regulations, or as per negotiated tariff with the designated service provider;
4. Medicine must be prescribed by a person legally entitled to prescribe; and
5. Medicine used during an in-hospital event is excluded from this benefit.
6. Where there is a generic equivalent, the chronic medicines benefit shall not exceed the maximum retail price of the generic equivalent.

1.7. Optical

Subject to managed care rules, formulary and clinical protocols of the DSP.

One consultation per beneficiary per 24-month cycle.

Limited to R520 per beneficiary for frames per 24-month cycle.

Spectacles (lenses and frames) or contacts are limited to

- Member : R 1 190
- Member + 1 : R 1 370
- Member + 2 : R 1 520
- Member + 3 : R 2 180

subject to 24-month cycle.

1.8. Dentistry

100% Sizwe rates for visits to dentists, subject to managed care rules, formulary and clinical protocols of the DSP. Subject to annual limits below:

- Member : R 2 920
- Member + 1 : R 3 370
- Member + 2 : R 3 660
- Member + 3 : R 3 960
- Member + 4 : R 4 230
- Member + 5 : R 4 530
- Member + 6 : R 4 970

1.9. Other services

Includes physiotherapists, speech therapists, clinical psychologists, podiatrists, equipment and external prostheses.
100% of contracted rate
Benefit of up to R 2 670 per family subject to PMBs.

1.10. Ambulance services

100% cost as authorised by the contracted service provider;
Authorisation for emergency transportation should be obtained within 24 hours;
If services are not pre-authorised through the preferred provider, claims will not qualify for payment.

2. IN-HOSPITAL BENEFITS

(Refer to 2.3 for PMB's)

2.1 APPLICABLE CONDITIONS

100% of Sizwe DSP rates for accommodation in general ward, high care ward and intensive care unit;
100% of Sizwe DSP rates for theatre fees;
100% of Sizwe DSP rates or negotiated tariff for medicines, materials and hospital equipment and the transportation of blood;
Medicines given to a patient To Take Home (TTO) limited to a supply of seven (7) days only;

Overall hospital benefit includes physical rehabilitation and sub-acute care, both subject to pre-authorisation and managed care rules.

2.2 ANNUAL LIMITS

2.2.1 Private/ Public Hospitals

100% Sizwe rate for inpatient services, materials and medicines subject to managed care rules, formulary and clinical protocols of the DSP.

2.2.2 Private and Public hospitals- out patient care

100% Sizwe rate for outpatient services, materials and medicines .

2.2.3 Alternatives to hospitalisation

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

100% Sizwe rates for all services rendered at registered step-down facilities, nursing facilities and Hospice, subject to pre-authorisation and managed care rules.
100% Sizwe rates for services rendered under Home Care in Lieu of Hospitalisation subject to Managed Care protocols and preferred provider arrangements

2.3 HOSPITALISATION 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 health care 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 clinical 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;
Prescribed Minimum Benefits are subject to Pre-authorisation, Minimum Benefit Package, Designated Service Providers and Treatment Protocols.
PMBs are covered in full without any co-payment or deductibles subject to the provisions of Regulations 8
Voluntary admissions in hospitals that are not participating in the DSP will be subjected to a co-payment equal to the difference between the DSP and the non-DSP rates.
Where the DSP hospital or specialised care is not readily available and in cases of emergencies where there is no Designated Service Provider facility , Sizwe Medical Fund will pay in full at cost (as charged);

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

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

2.4 IN- HOSPITAL GENERAL PRACTITIONERS

Subject to the Hospital Benefit Management Programme
100% of Sizwe rates 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

Limited to PMB level of care

2.6.1 Auxiliary services:

100% Sizwe rates subject to pre–authorisation, managed care rules and clinical protocols.
Limited to dietician, speech therapy, occupational therapy

2.6.2 Physiotherapy

100% Sizwe rates – fall within hospital limit as stipulated

2.7 CLINICAL AND MEDICAL TECHNOLOGISTS

For services rendered, material and apparatus supplied. Limited to PMB level of care.

2.7.1 Clinical technologists

100% Sizwe rates within the overall annual hospital limit, subject to pre-authorisation, managed care rules and clinical protocols.

2.7.2 Medical technologists

100% Sizwe rates within the overall annual hospital limit.

2.8 MATERNITY

2.8.1 Hospitalisation (Public or private hospitals)

Subject to the Hospital Benefit Management Programme, the Disease Management Programme and to the conditions and annual limits stipulated.

100% 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% cost for drugs, dressings, medicines and materials supplied by a midwife.

2.8.2 Delivery

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

2.8.3 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.

2.9 BLOOD TRANSFUSION AND BLOOD REPLACEMENT PRODUCTS:

100% of the cost of blood transfusions and blood replacement products limited to PMBs.

2.10 PROSTHESIS

Overall Prosthesis benefit sub-limit of up to R29 630 per beneficiary per annum subject to pre-authorisation, treatment protocols, DSPs and PMBs. Applies to both surgical and non-surgical prosthesis.
100% Sizwe rates subject to pre-authorisation, treatment protocols and PMBs.

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 of the DSP

2.11 ONCOLOGY

Oncology benefits subject to Pre-authorisation and Treatment Protocols Prescribed Minimum Benefits subject to Pre-authorisation; Minimum Benefit Package and Treatment Protocols.

100% of the Sizwe rate for consultations, visits, treatment, medication and 100% of the costs of materials used in radiotherapy and chemotherapy subject to PMBs.

2.12 PATHOLOGY

Subject to the Hospital Benefit Management Programme and the Disease Management Programme.
100% Sizwe rates for tests performed by a General Practitioner or medical specialist.

Pathology tests required for Acquired Immune Deficiency Syndrome fall within the limit as stipulated under Acquired Immunodeficiency Syndrome in section 2.17

2.13 RADIOLOGY

Subject to the Hospital Benefit Management Programme and the Disease Management Programme.
100% Sizwe rates for diagnostic procedures performed by a General Practitioner or medical specialist.
Limited to PMB level of care.

2.14 DENTAL HOSPITALISATION

Subject to pre-authorisation, the Hospital Benefit Management Programme and the Disease Management Programme.

100% Sizwe rates for procedures performed by a dental practitioner or dental specialist. – benefit is payable within the Hospital annual limit as stipulated.

Limited to PMB level of care

2.15 MENTAL HEALTH

Subject to pre-authorisation and managed care rules

2.15.1 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-hospital visits/consultations in lieu of hospitalisation are allowed subject to managed care protocols

2.15.2 Alcoholism, drug addiction, narcotism

Prescribed Minimum Benefits Subject to Pre-Authorisation, Minimum Benefit Package, at a Designated Service Providers where there are Designated Service Provider arrangements in place and treatment protocols. Where no DSP arrangements exist, any medical institution will serve as a provider for the above- purpose.
Only 3 days withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.

2.16 ORGAN TRANSPLANT AND RENAL DIALYSIS

Organ Transplant /Renal Dialysis treatment subject to Prescribed Minimum Benefit at the Designated Service Provider

2.16.1 Renal Dialysis

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

2.16.2 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.

2.17 HUMAN IMMUNODEFIENCY VIRUS / ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)

The HIV/AIDS as a PMB benefit is subject to a Disease Management Programme that the beneficiaries in need are encouraged to enrol. In the event of hospitalisation for HIV/AIDS, PMB hospitalisation rules will apply as in 2.3.

Where there is no arrangement in place, the Scheme will pay the cost in full, subject to treatment protocols for any accredited service provider.
Benefits are subject to participation in a Preferred Provider Disease Management Programme.

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

3. SPECIFIC CLINICAL LIMITATIONS

The following conditions will only be covered in terms of PMBs at DSP facilities, subject to clinical protocols of the DSP:

- Advanced Laparoscopic surgery
- Reconstructive Surgery
- Joint Replacements e.g. hip / knee
- Cardiac surgery, including cardiac stents
- Spinal surgery
- Breast Reconstructive Surgery

Minor procedures in Drs rooms are only payable at a DSP or at a Day Hospital, subject to PMB
Only one joint (e.g. Right hip joint) per member per annum covered, unless PMB
Only one spinal level (e.g. lumbar spine) covered per member per annum, unless PMB. Should more than one(1) spinal levels be required, approval will be granted subject to managed care protocols.
Only one cardiac stent covered per vessel

4. EXCLUSIONS

In addition to the exclusions listed in Annexure C, the following conditions are specifically excluded from benefits

- Refractive surgery including Radial Keratotomy
- Breast Reduction
- Breast Augmentation
- Keloids
- Frail Care

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