

SIZWE MEDICAL FUND HOSPITAL CARE PLAN (ENHANCED)

ANNEXURE B

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 shall be prorated 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.
- 2) Specifically, in the case of the hospital benefit management programme, the scheme may require particulars of diagnosis, clinical investigations, procedures and treatment

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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 cases of emergencies
- 4) Co-payments shall be applicable to the following procedures:
 - a) General scopes – R1 300
 - b) Endoscopic (Laparoscopic surgery) investigations – R3 000
- 5) Hospital stay is subject to Case Management protocols. **Frail care is not a covered benefit.**
- 6) 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.
- 7) Day procedures and minor procedures are only payable at a 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.
- 8) Only one day will be authorized and covered for hospitalisation for symptom admissions e.g. abdominal pain, headache.

1. OUT OF HOSPITAL BENEFITS

1.1 SAVINGS BENEFITS

The following benefits are covered subject to accrued saving benefit

limitations: General Practitioners, Specialists, Physiotherapist, Radiology, Pathology, Acute medicines and Maternity (antenatal and infertility), Optical, Dental, Auxiliary, Mental Health, Appliances and Hearing Aids.

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1.1.1 GENERAL PRACTITIONERS**

100% Sizwe rates for medical and surgical consultations and visits by general practitioners in the supplier's room or patient's home, subject to available savings benefits.

Prescribed Minimum Benefits: All consultations and visits are payable at 100% Sizwe rate 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 medical and surgical consultations and visits by specialists, subject to savings;

Psychiatrists' benefits are subject to savings except for PMB conditions which are covered under mental health;

PMB conditions are subject to Care plans at a designated service provider at negotiated rates.

Prescribed Minimum Benefits: All consultations and visits are payable at 100% Sizwe rate with no co-payment or deductibles, subject to care plans, Provider network and Managed Care clinical protocols

1.1.3 PHYSIOTHERAPIST

100% Sizwe rates subject to savings.

Prescribed Minimum Benefits: All consultations and visits are payable at 100% of cost subject to care plans and Managed Care clinical protocols.

1.1.4 RADIOLOGY AND RADIOGRAPHY

100% Sizwe rates for general diagnostic radiology subject to savings benefits as stipulated in 1.1 above

**General Radiology tests related to oncology are covered as part of this benefit

Specialized radiology (MRI/CAT scan/Angiogram) subject to an overall combined in and out of hospital limit of R 26 660 per family per annum.

Interventional radiology (refer to in hospital benefits)

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

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1.1.5 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 Savings.

**Pathology tests related to oncology and HIV/AIDS for registered beneficiaries are covered as part the Disease Management Programme are covered as part of this benefit

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

1.1.6 ACUTE MEDICINE

There is no levy payable at point of sale, benefit also subject to savings balance available.

1.1.6.1 Legally prescribed

100% of the negotiated tariff of medicines and injection material prescribed by a person legally entitled to prescribe provided that where there is a generic equivalent the benefit shall not exceed the maximum medical aid price. This paragraph excludes prescriptions supplied for use in a hospital but includes all medicines given to a patient to take home. Subject to Savings.

1.1.6.2 Pharmacy advised therapy (PAT)

100% of the negotiated tariff of medicines advised and dispensed by a pharmacist and for which a script is provided where legally required, subject to the available Savings

Reimbursement of the PAT and acute medicine is 100% SEP plus dispensing fee as per 2015 Department of Health Dispensing Regulations or the Sizwe tariff as negotiated with the service provider subject to Savings balance.

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1.1.7 MATERNITY AND INFERTILITY

1.1.7.1 Antenatal consultations

100% Sizwe rates for antenatal consultations subject to clinical protocols/care plans;
 Limited to 9 antenatal visits by either GP or midwife per pregnancy;
 Only 2 specialist obstetrician visits per pregnancy at referral by the GP or midwife;
 Subject to registration with the maternity benefit program.

1.1.7.2 Pregnancy scan and tests

100% Sizwe rates for pregnancy scans and the following pregnancy related tests:

- Two (2) Haemoglobin Measurement tests,
- one (1) Blood Grouping test,
- one (1) VDRL test for Syphilis and
- Two (2) HIV blood tests
- Twelve (12) urine analysis tests
- One (1) Full blood count (FBC) test
- Vitamins worth one hundred rands (R100)

Two 2 D scans per pregnancy – this excludes the diagnostic sonar.

1.1.7.3 Infertility

No benefit

1.2 OTHER OUT OF HOSPITAL BENEFITS

1.2.1 PRIVATE NURSE

Subject to PMB benefits.;

Pre- authorisation required;

Frail care is not a covered benefit;

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Prescribed Minimum Benefits: All consultations and visits are payable at 100% Sizwe rate with no co-payment or deductibles, subject to minimum benefit package and Managed Care clinical protocols

1.2.2 CLINICAL AND MEDICAL TECHNOLOGIST

100% Sizwe rates with the following annual limits per family

Member without a dependant	:	subject to Savings
Member with one or more dependant	:	subject to Savings

1.2.3 AUXILLIARY SERVICES

Limited to speech therapy; occupational therapy; social worker; dietetics; audiology; chiropractor; homeopathy; educational psychologist; biokinetics and registered counselor

Subject to the provisions as stated below:

100% Sizwe rates with the following annual limits per family

Member without a dependant	:	subject to Savings
Member with one or more dependant	:	subject to Savings

Prescribed Minimum Benefits: All consultations and visits are payable at 100% Sizwe rates with no co-payment or deductibles, subject to minimum benefit package, preferred Managed Care clinical protocols

1.2.3.1 ASSOCIATED HEALTH SERVICES

1.2.3.1.1 Chiropractic treatment

Benefits are payable from the Savings balance.

1.2.3.1.2 Homeopathy

Benefits are payable from the Savings balance

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1.2.4 CHRONIC MEDICINES

Subject to Pre-authorisation and registration on the chronic medicine programme;
100% negotiated tariff at Designated Service Provider/Preferred Provider Network,
subject to formulary and clinical protocols.

100% Negotiated tariff for Prescribed Minimum Benefits.

Prescribed Minimum Benefits chronic conditions subject to Pre-authorisation, Minimum Benefit Package, designated service providers and Treatment Protocols.

1.2.4.1 Non PMB Chronic conditions

No benefit

1.2.4.2 PMB Chronic Conditions

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

- 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;
- where medication prescribed is not pre-authorized the benefit shall be at 100% of the cost and subject to available Savings.

1.2.5 APPLIANCES

100% Sizwe rates and subject to Savings balance

Includes: Nebulizer, Non- motorized wheelchair, Glucometer, Insulin pump, Morphine pump, C-PAP machine and other unspecified items. Any appliance item is payable only once per annum, subject to the limits as stipulated in the table above

The cost for the purchase 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 100% Sizwe rates with no co-payment or deductibles, subject to minimum benefit package, preferred provider network and Managed Care clinical protocols

BLOOD TRANSFUSION AND BLOOD REPLACEMENT PRODUCT

100% Sizwe rate of the blood transfusions and blood replacement subject to Prescribed Minimum Benefits

1.2.6 MENTAL HEALTH

Limited to in-hospital consultations for Psychiatrist, Clinical and Counseling Psychologist and excludes Auxiliary and other healthcare practitioners;

100% Sizwe rates subject to Prescribed Minimum Benefits.

1.2.6.1 NON- PMB

All consultations at doctor's rooms will be paid at 100% Sizwe rates subject to Savings benefit availability and appropriate ICD10 code, from the mental health benefit.

1.2.6.2 PMB

As interpreted in the General Regulations made in terms of the Medical Schemes Act, 131 of 1998 providing a schedule of "diagnosis and treatment pairs", which cumulatively comprise the prescribed minimum benefits (PMB) to be provided to beneficiaries of medical schemes in terms of section 29(1)(o) of the Act;

All items are payable at 100% Sizwe rates with no co-payment or deductibles, subject to minimum benefit package, preferred provider network and Managed Care clinical protocols

1.2.7 PREVENTATIVE CARE

Subject to the family limit of R 2 140 per annum

Limited to one test per beneficiary per annum where not otherwise specified

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1.2.7.1 Wellness screening

Includes the following tests:

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

One screening test per beneficiary per annum covered;

Limited to R 330 per beneficiary per annum at a Preferred Provider facility;

1.2.7.2 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

1.2.7.3 Vaccinations

- Flu Vaccine
- Pneumococcal Vaccine
- HPV Vaccine
- Immunisation for children six (6) years old and younger , immunisation permitted will be in line with those provided by the Department of Health subject to Wellness screening family limit

1.2.7.4 Female Contraceptives

Oral contraceptives subject to managed care protocols and Savings

1.2.8 OPTICAL

Subject to available Savings

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

Each beneficiary must choose either spectacles or contact lenses;

Eye test – subject to savings.

1.2.10.1 Spectacles, lenses and frames – combined limit

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100% of Sizwe rates and subject to available savings, for spectacles and lenses prescribed or supplied by a registered optometrist, ophthalmologist or supplementary optical practitioner;

1.2.10.2 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 and shall be subject to available savings;

1.2.10.3 Frames

Benefits are limited to one pair per beneficiary per twenty four month period within the combined benefit. The difference, where applicable, is payable by the member directly to the supplier.

The benefit is limited to available savings.

1.2.10.4 Contact lenses

Subject to available savings.

1.2.9 DENTISTRY

Dental benefits are paid at the Sizwe dental tariff (SDT).

Dental treatment in hospital and under IV conscious sedation in the dental rooms must be pre-authorized*.

If no pre-authorization is obtained:

In-hospital: If authorisation is approved after the treatment has been done, a 20% penalty will apply on the hospital account. Penalties do not apply to emergency/PMB** hospital admission.

Out of hospital: If authorisation for IV conscious sedation is approved after the treatment has been done, a 20% penalty will apply.

Dental 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. Scheme exclusions apply to dental benefits. In the event of a dispute, the rules of the scheme will prevail.

** PMB = Prescribed Minimum Benefits

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1.2.9.1 Conservative dentistry

100% of the Sizwe rates subject to the Savings balance

1.2.9.2 Orthodontics

100% of Sizwe rates, and available Savings

1.2.9.3 Dental Hospitalisation

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

Dental Hospitalisation Benefits subject to Pre-authorisation, Hospital Benefit Management Programme and Dental Benefit Management Programme.

No limit is applicable

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.
- IV conscious sedation in rooms (if out-of-hospital treatment is more appropriate)
- 100% of the Sizwe rate; subject to pre-authorisation and managed care protocols.
- Limited to the In-Hospital dental benefits

1.2.9.4 Specialised dentistry

100% Sizwe rates and subject to Savings

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1.2.9.5 Dentures

100% of Sizwe rates, subject to available Savings

1.2.10 HEARING AIDS

100% of Sizwe rates, subject to available Savings

1.2.11 ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)

The HIV/AIDS as a PMB benefit is provided via a designated provider, where there are prior arrangements between the Sizwe Medical Fund and the Provider. Where there is no arrangement in place, Sizwe Medical Fund will pay the cost of any provider of the services.

No annual limit is applicable and benefits are subject to participation in a Preferred Provider Disease Management Programme.

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

All interventions are subject to pre-authorization, preferred provider networks and PMB regulations.

1.2.12 AMBULANCE SERVICES

100% cost as authorized by the contracted service provider;

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

2. IN-HOSPITAL BENEFITS

2.1 APPLICABLE CONDITIONS

Hospitalization Benefits are subject to pre-authorization. A co-payment of R1 500 will be levied where pre-authorization is not obtained prior to admission, except for an emergency.

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100% of Sizwe rates OR negotiated tariff for accommodation in general ward, high care ward and intensive care unit

100% of Sizwe rates OR negotiated tariff for theatre fees

100% of Sizwe rates OR 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 only

Overall hospital benefit includes rehabilitation and sub-acute care;

2.2 ANNUAL LIMIT

2.2.1 Private/ Public Hospitals

Prescribed Minimum Benefit subject to Preauthorisation, Designated Service Providers, Managed Care and Treatment Protocols.

2.2.2 Private and Public hospitals- out patient care

100% Sizwe rate for out-patient services, materials and medicines at tariff.

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

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2.2.3 Alternatives to hospitalization:

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

100% of Sizwe rates for all services 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

2.2.4 Sub-acute and Physical Rehabilitation:

100% Sizwe rates;

Pre-authorisation required;

Subject to Prescribed Minimum Benefit protocols;

Non-PMB conditions subject to auxiliary benefit limit (1.2.3 out of hospital benefit above).

2.2.5 Treatment In lieu of hospitalization:

Applies to clinical management of conditions and or procedures for conditions that would have been authorized and done in a hospital environment;

Subject to preauthorisation at a Designated or Preferred Provider;

Limitations and exclusions apply as per Scheme Rules.

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 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 clinic protocols, where these exist;

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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;

Where there is no Designated Service Provider facility arranged, Sizwe Medical Fund will pay in full at cost (Should a member voluntarily opt not to use a DSP, a co-payment will apply or payment will be up to the cost payable at a DSP whichever is the lowest .

The following chronic conditions will 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

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

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conditions as stipulated in paragraph 2.3 but excluding additional PMBs (non-CDL conditions). 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 AUXILLARY 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, pre-authorisation and managed care protocols.

2.7 2.7 MATERNITY

2.7.1 Hospitalisation (Public or private hospitals)

Subject to the hospital benefit management programme and, disease management programme.

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.

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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% of the Sizwe rate of blood transfusions and blood replacement products subject to PMBs.

2.9 PROSTHESIS

Defined as artificial devices used to replace or augment a missing or impaired body part;

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

Surgical and non-surgical:

100% of the Sizwe rates of prosthesis, subject to PMB

Services to be obtained at a Preferred Provider/DSP where applicable.

2.9.1 Internal prosthesis

- Joints – hip and knee (partial and total):
- Only one prosthesis and only one joint per beneficiary cycle;
- Spine – two levels per year done in one procedure; Should more than two (2) levels be required, approval will be granted subject to managed care protocols.
- Cardiac (Pacemaker, internal defibrillators, grafts, valves)

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- 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.

2.10 **ONCOLOGY**

Oncology benefits subject to Pre-authorisation, Prescribed Minimum Benefits, Treatment Protocols and Designated Service Providers;

Where no Designated Service Provider facilities have been arranged, Sizwe Medical Fund will pay for services in full at cost;

Should a member voluntarily opt not to use a DSP, a co-payment will apply or payment will be up to the cost payable at a DSP, whichever is the lowest;

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

2.11 **RADIOLOGY AND RADIOGRAPHY**

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

Specialized radiology

(MRI/CAT scan/Angiogram) subject to an overall in hospital limit of R 26 660 per family per annum;

Interventional radiology

Payable from hospital limit, subject to pre-authorisation and clinical protocols.

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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 Acquired Immune Deficiency Syndrome fall within the limit as stipulated under Acquired Immunodeficiency Syndrome.

2.13 MENTAL HEALTH

Psychiatry hospitalisation will be 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.

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 rehabilitation at an appropriate facility.

2.14 ORGAN TRANSPLANT AND RENAL DIALYSIS

Benefits are subject to PMB conditions and clinical protocols

Organ Transplant /Renal Dialysis treatment subject to limits of R200 890 per family per annum as specified.

Renal Dialysis

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

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Organ transplant

100% of the Sizwe rates for organ transplantation 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)

The HIV/Aids as a PMB benefit is provided via a DSP facility provider, where there are prior arrangements between the Sizwe Medical Fund and the Provider. Where there is no arrangement in place, Sizwe Medical Fund will pay the cost in full, subject to treatment protocols from 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

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

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No benefits are available/payable

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