



## SAMWUMED OPTIONS

SAMWUMED currently offers its members two options:

- Option A – affordable cover providing essential day-to-day medical benefits, including hospital cover.
- Option B – comprehensive cover designed for those with greater healthcare needs.

SAMWUMED contributions are income based and raised in arrears. Staff members are subsidised at 60% and pensioners at 70%.

# OPTION A

This is the most popular low-cost option in local government. It provides all the essential day-to-day medical benefits, including hospital cover.

## **Option A has the following components:**

- PMBs covered 100% of cost subject to Scheme tariff/NHRPL at designated service provider
- Overall Annual Limits for 2009:

<b>M0</b>	R61 200
<b>M1</b>	R75 330
<b>M2</b>	R100 050
<b>M3+</b>	R123 590

# OPTION A BENEFITS 2009

## Statutory Prescribed Minimum Benefits (PMBs) (subject to application and authorisation)

100% of cost unlimited for the diagnosis, treatment and care costs of the Statutory Prescribed Minimum Benefits in a State Facility, or any other Designated Service Provider (DSP) appointed by the Scheme.

Pre-authorisation, medicine formularies and Scheme protocols (Care Plans) apply. Co-payments may apply in the event of a beneficiary voluntarily accessing PMBs from a non-DSP.

Diagnosis costs are only regarded as a PMB if resulting in a confirmed PMB diagnosis

CATEGORY	SUB-CATEGORY	2009
<b>ALTERNATIVE HEALTH CARE PRACTITIONERS</b>	Chiropody, homeopaths, naturopaths & chiropractors.	Included with GP Consultations and Visits.
<b>AMBULANCE SERVICES</b>	Road and Air	R904 per case.
<b>APPLIANCES (EXTERNAL)</b>	Including calipers, surgical collars, orthopaedic boots, nebulisers, glucometers, hearing aids, colostomy kits	M R1 510 M1 R2 120 M2+ R2 710
<b>DENTISTRY</b>	Basic and Advanced Combined	M R1 870 M1 R2 240 M2 R3 110 M3+ R3 740
<b>GPs CONSULTATIONS, VISITS AND PROCEDURES</b>	Rooms or Home  Emergency treatment & Procedures	M 11 visits M1 19 visits M2 26 visits M3+ 30 visits  R630 per family per annum.
	In-hospital	Included with In Patient Benefit
<b>HIV/AIDS</b>	Hospitals  Medication	Subject to Public Hospitals and In-patient Benefit. Register with HIV/AIDS Programme. CDL only. Register with HIV/AIDS Programme.
<b>INFERTILITY</b>	Only PMB conditions.	Subject to Public Hospitals.
<b>MEDICINES &amp; INJECTION MATERIAL</b>	Prescribed or Dispensed Acute	M R 950 M1 R1 890 M2 R2 830 M3+ R3 770  Limited to R950 per beneficiary. Includes Alternative Healthcare Medicines registered with the Medicines Control Council.

CATEGORY	SUB-CATEGORY	2009
<b>MEDICINES &amp; INJECTION MATERIAL (cont.)</b>	Chronic	Only CDL Unlimited. Register with the Chronic Programme.
	PAT	R60 per script and limited to R340 per annum. Included in Acute Medicine Limit. Subject to the beneficiary limit.
<b>MENTAL HEALTH &amp; SUBSTANCE DEPENDENCY</b>	Hospitalisation, Consultations/ Visits and Procedures.	R8 710 per family per annum. To be referred by a GP. PMB cases Unlimited at a Public Hospitals. Included with In-Patient Benefit.
<b>OPTICAL</b>	Frames/Lenses/Contact Lenses	Family Limit of R2 680 per annum Spectacles & Contact Lenses cannot be obtained simultaneously.
	Frames	Frames Limit: R430 per beneficiary. Subject to a two year cycle.
	Lenses	White lenses: 100% of the lower of cost or Optical Assistants' Tariff.  Photochromic lenses: 100% of the lower of cost or Optical Assistants' Tariff up to a maximum of R210 per pair subject to a prescription of +0.50/-0.50 and above  Fixed or gradient tints up to 35%: 100% of the lower of cost or Optical Assistants' Tariff to a maximum of R210 per pair subject to a prescription of +0.50/-0.50 and above  Subject to a two year cycle.
	Contact lenses	Contact lenses with a prescription of -0.75 or +1.00 and above: 100% of the lower of cost or Optical Assistants' Tariff up to a maximum of R1 400 per person over a two year cycle.
	Eye Tests	At Optical Assistants' Tariff, limited to One Consultation per beneficiary per annum. Subject to family limit.
<b>OUT-PATIENT BENEFITS</b>	Consultations/Visits and procedures at State out-patient facilities.	M R 810 M1 R1 070 M2+ R1 360

CATEGORY	SUB-CATEGORY	2009
PATHOLOGY	Out-of-Hospital	Included with Specialist Benefit.
	In-Hospital	Limit of R1 870 per family per annum.
PHYSIOTHERAPY	Out-of-Hospital	Included with Specialist Benefit.
	In-Hospital	Included with In-Patient Benefit. Sub-limit of R1 120 per family per annum.
PROSTHESES	Internal Prosthesis	R14 540 per family. Included with In-Patient Benefit.
	External Prosthesis (including artificial eyes and limbs)	R7 460 per family. Included with In-Patient Benefit and subject to pre-authorisation.
	Excluding Dental Implants.	
RADIOLOGY & RADIOGRAPHY	GENERAL (including Ultrasound) Out-of-hospital	R1 000 per family per annum. Ultrasound subject to two scans per pregnancy.
	In-Hospital	Included with In-Patient benefit.
	SPECIALISED RADIOLOGY  MRI CAT ANGIOGRAPHY	MRI/CAT scans limit of R4 970 per family per annum and subject to pre-authorisation. Included with In-Patient Benefit if done in hospital. Limit of TWO scans per family per annum.
REMEDIAL THERAPY	Occupational, Speech Therapy, Audiology & Dieticians.	Included with Specialist Benefit.
SPECIALIST CONSULTATIONS, VISITS AND PROCEDURES	Out-of-Hospital	M R1 820 M1 R2 720 M2 R4 410 M3+ R5 180
	In Hospital	Included with In-Patient Benefit.
	Ante-Natal Consultations	Limited to 8 visits. Included in the Specialist Benefit.

CATEGORY	SUB-CATEGORY	2009
HOSPITALISATION	IN-PATIENT Subject to pre-authorisation.	M R47 080 M1 R58 850 M2 R70 620 M3+ R82 390 Unlimited benefits for PMB conditions subject to pre-authorisation at a DSP. "Take Home" medicines limited to a maximum of 7 days supply.
	ALTERNATIVES TO HOSPITALISATION Private, Home-Nursing, Registered Frail Care, Convalescence and Hospice.	R6 250 per family per annum. Included with In-Patient Benefit.
	BLOOD TRANSFUSION SERVICES In Hospital	Included with In-Patient limits.
	RENAL DIALYSIS	Included with In-Patient Benefit, subject to Public Hospitals.
	CONFINEMENT Caesarian Section	R16 480 Included with In-Patient Benefit.
	Normal Delivery	R9 420 Included with In-Patient Benefit.
	Spontaneous Abortion Threatened Incomplete Inevitable	Included with In-Patient Benefit R 4 000 R11 190 R11 190
	Voluntary	R3 120 Included with In-Patient Benefit.
	ORGAN TRANSPLANT	Included with In-Patient Benefit, subject to Public Hospitals.
	ONCOLOGY Out-of-Hospital	Subject to Overall Annual Limit in Public Hospitals.
	In-hospital	Included with In-Patient Benefit and subject to Public Hospitals.
OVERALL ANNUAL LIMIT		M R 61 200 M1 R 75 330 M2 R100 050 M3+ R123 590