



## 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 B

Option B has been designed for those with greater healthcare needs and offers superior benefits. We are proud to announce a first for the Scheme. Option B will have no Overall Annual Limit. Yes you heard correctly, Option B UNLIMITED Overall Annual Limit.

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

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

2009	Unlimited
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# OPTION B 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 Consultations & Visits.
<b>AMBULANCE SERVICES</b>	Road and Air	Unlimited (NETCARE 911 - Preferred provider only) Contact 082 911
<b>APPLIANCES (EXTERNAL)</b>	Including calipers, surgical collars, orthopedic boots, nebulisers, glucometers, hearing aids, colostomy kits	R3 120 per family per annum.
<b>DENTISTRY</b>	Basic and Advanced Combined	M R4 000 M1 R4 600 M2 R5 360 M3+ R6 010
<b>GP AND SPECIALISTS CONSULTATIONS &amp; VISITS</b>	Rooms or Home	M 14 visits M1 20 visits M2 27 visits M3+ 34 visits
	In-hospital	Subject to In-Patient Benefit.
	Ante-natal Consultations	8 visits included in GP and Specialists consultations and visits
<b>HIV/AIDS</b>	Hospitals	Subject to Public Hospitals and In-patient Benefit. Register with HIV/AIDS Programme.
	Medication	CDL only. Register with HIV/AIDS Programme.
<b>INFERTILITY</b>	Only PMB conditions	Subject to Public Hospitals.
<b>MEDICINES &amp; INJECTION MATERIAL</b>	Acute	M0 R1 890 M1 R2 480 M2 R3 770 M3+ R4 950 Includes Alternative Healthcare Medicines registered with the Medicines Control Council.
	Chronic	Only CDL Unlimited. Register with Chronic Programme.

<b>MEDICINES &amp; INJECTION MATERIAL (cont.)</b>	PAT	R70 per script and limited to R570 per annum included in the acute medication limit.
<b>MENTAL HEALTH &amp; SUBSTANCE DEPENDENCY</b>	Hospitalisation, Consultations, Visits and Procedures.	R11 770 per family per annum. To be referred by a GP. PMB cases Unlimited at Public Hospitals. Included with In-Patient Benefit.
<b>OPTICAL</b>	Frames/Lenses/Contact Lenses	Family Limit of R3 210 per annum Spectacles & Contact Lenses cannot be obtained simultaneously.
	Frames	Frames Limit: R540 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>GP AND SPECIALISTS PROCEDURES &amp; TESTS</b>	Rooms or home (Including scopes.) In-Hospital	R4 360 per family per annum. Subject to In-Patient benefit.
<b>PROSTHESES</b>	Internal Prosthesis External Prosthesis (including artificial eyes and limbs) Excluding Dental Implants.	R14 840 per family per annum. Included with In-Patient Benefit. R8 710 per family. Included with In-Patient Benefit and subject to pre-authorisation.

<b>PATHOLOGY</b>	In-and Out-of-Hospital	R3 770 per family per annum.
<b>PHYSIOTHERAPY</b>	In-and Out-of-Hospital	R2 480 per family per annum.
<b>RADIOLOGY &amp; RADIOGRAPHY</b>	GENERAL (including Ultrasound) In-and Out-of-Hospital	R3 770 per family per annum. Ultrasound subject to two scans per pregnancy
	SPECIALISED RADIOLOGY In-and Out-of-Hospital MRI CAT ANGIOGRAPHY	MRI/CAT scans limit of R7 430 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.
<b>REMEDIAL THERAPY</b>	Occupational, Speech Therapy, Audiology & Dieticians.	R2 480 per family per annum.
<b>HOSPITALISATION</b>	IN-PATIENT Subject to pre-authorisation.	R235 400 per family per annum. Unlimited benefits for PMB conditions subject to pre-authorisations 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.	R8 240 per family per annum.
	BLOOD TRANSFUSION SERVICES In-Hospital	Included in the In-Patient limit.
	RENAL DIALYSIS	Included with In-Patient Benefit, subject to Public Hospitals.
	CONFINEMENT Caesarian Section	R17 660 per family per annum.
	Normal Delivery	R11 770 per family per annum.
	ORGAN TRANSPLANT	Included with In-Patient Benefit, subject to Public Hospitals.
	ONCOLOGY Out-of-Hospital  In-hospital	Subject to Overall Annual Limit and Public Hospitals.  Included with In-Patient Benefit and subject to Public Hospitals.
<b>OVERALL ANNUAL LIMIT</b>		Unlimited