

Benefits

SAMWUMED's two benefit plans, **Option A** and **Option B**, have been carefully designed to provide for the healthcare needs of the Scheme's members.

It is important that members use their benefits wisely; asking their healthcare providers questions to make sure that their care is necessary and appropriate. This will go a long way to ensure that benefits are available for the entire year.

Benefits are available from 01 January to 31 December each year, except for those members who join the Scheme later in the year in which case pro-rated benefits will apply.

Benefits cannot be transferred between categories and cannot be carried over from one year to another. Members cannot claim more than the annual maximum benefit to which they are entitled in terms of the Rules of the Scheme.

SAMWUMED pays for all healthcare services according to the Scheme Tariff and members are advised to make sure that their service providers charge within this tariff to avoid out of pocket costs.

Benefits explained

Benefits can be grouped into two categories:

- **Day-to-day benefits**
Day-to-day benefits have limits that are determined by the Scheme Rules.
- **Secondary or Tertiary Care, including hospitalisation (which includes PMB conditions)**
Prescribed Minimum Benefits are a set of conditions that medical schemes have to provide care for as prescribed by the Medical Schemes Act of 1998. It also includes, amongst others, the treatment of a number of chronic conditions.

Members and dependants are covered for PMBs on both options. It is important that members know what the Scheme's rules are regarding PMBs.

The Scheme will cover in full the diagnosis, treatment, and medical management of confirmed PMB conditions according to the minimum standards of care if members obtain treatment from the State hospital system which has been selected by the Scheme as its Designated Service Provider (DSP).

If a member **voluntarily** chooses to obtain care in respect of PMB conditions at a provider that is not a Scheme DSP, the benefit payable in respect of such services will be limited to the tariff that the Scheme would have paid at a DSP. The member will be responsible for the payment of costs that exceed this tariff.

If a member **involuntarily** obtains care in respect of PMB conditions at a provider that is not a Scheme DSP, the benefit payable in respect of such services will cover 100% of the cost if:

- the service was not available from the Scheme's DSP, or could not be provided without unreasonable delay;

- immediate medical or surgical treatment for a PMB condition was required under circumstances or at locations that reasonably precluded the beneficiary from obtaining such treatment from a DSP; or
- there was no DSP within reasonable proximity to the member's ordinary place of business or residence.

Please note that pre-authorisation must be obtained before members involuntarily obtain treatment or care from a non-DSP, except in the event of an extreme emergency in which case authorisation must be obtained on the first working day after the event.

Please read the benefits tables carefully and take note of instances where pre-authorisations are required or certain limits apply.

If you have any questions, please contact our Client Services Department by dialling 0860 104 117 and pressing 1 when prompted.

Option A

Option A has been designed to provide for essential day to day medical expenses, hospitalisation and specialist care in consideration of our more cost conscious members.

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

100% of cost unlimited for confirmed diagnosis, treatment and care of the statutory PMB at a State facility, or any other Designated Service Provider (DSP) appointed by the Scheme. Pre-authorisation, medication formularies and Scheme Rules; and care plans apply. Co-payments may apply as provided for in the Scheme Rules. If you are uncertain, please request more information about this from our call centre.

Option A: Benefits for 2010

ALTERNATIVE HEALTHCARE

Podiatrist Homeopath Naturopath Chiropractor	Included with GP consultations and visits. Practitioners to be registered with the Health Professions Council of SA.
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AMBULANCE SERVICES

Road and air	R 990.00 per incident. Emergency assistance only.
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APPLIANCES

Medical	M R 1,650.00
Surgical	M1 R 2,310.00
	M2+ R 2,950.00
	Subject to the submission of a clinical motivation and costing for pre-authorisation by the Scheme. Limits and cycles as per the Scheme's list of approved appliances apply.

DENTISTRY

	M R 2,040.00
	M1 R 2,440.00
	M2 R 3,390.00
	M3+ R 4,080.00
Basic	Basic dentistry: Fillings, root canal treatments, scaling and polishing, extractions, fissure sealants, dentures and repairs (subject to prescribed cycles).
Advanced	Advanced dentistry: Pre-authorisation required from Scheme. Orthodontics, crown and bridge work or any procedure that requires anaesthetics. Hospitalisation costs payable for removal of wisdom teeth or treatment for children under the age of 7 will be paid the from hospitalisation benefit.

DENTISTRY – CONTINUED

Exclusions	Exclusions: cosmetic dentistry, veneers and implants.
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GP CONSULTATIONS, VISITS AND PROCEDURES

Doctor's rooms or home	<p>Family limit per year:</p> <p>M R 1,990.00</p> <p>M1 R 3,160.00</p> <p>M2 R 4,030.00</p> <p>M3+ R 5,180.00</p> <p>Beneficiary limit of R 1,990.00 per year.</p>
Emergency treatment and procedures	<p>Sub-limit of R 690.00 per family, per year.</p> <p>Included with GP consultations, visits and procedures.</p>
In-Hospital	Included with In-Patient benefit.

HIV/AIDS

In-Hospital	<p>Pre-authorisation required.</p> <p>Included with In-Patient benefit.</p> <p>Subject to Designated Service Providers (DSPs) and registration with HIV/AIDS Specialised Managed Care programme.</p>
Medication	<p>Register with the HIV/AIDS Chronic Medication Programme.</p> <p>Subject to treatment protocols and generic reference pricing.</p>
Out-of-Hospital: Consultations, procedures and investigations	<p>Register with the HIV/AIDS Chronic Medication Programme.</p> <p>Subject to treatment plans and Designated Service Provider (DSP) arrangements.</p>

INFERTILITY

Only PMB conditions	Subject to State hospitals for Hysterosalpingogram (HSG) and Diagnostic Dilatation and Curettage (DD&C).
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MEDICATION

Prescribed, dispensed or acute	<p>M R 1,040.00 M1 R 2,060.00 M2 R 3,080.00 M3+ R 4,110.00</p> <p>Sub-limit of R 1,040.00 per beneficiary, per year. Includes alternative healthcare medication registered with the Medicines Control Council; injections and related materials.</p>
Pharmacy Advised Therapy (PAT): (Over-the-counter medicine)	<p>Limited to R 370.00 per family, per year. Sub-limit of R 70.00 per script. Included with prescribed, dispensed or acute medication limit.</p>
Primary Healthcare Benefit Programme	<p>Condition specific benefits, sub-limits and treatment plans apply. Remind your pharmacist to include the appropriate ICD-10 diagnostic codes on all claims for this Programme.</p> <p>Limited to listed conditions and number of incidents per beneficiary per year as outlined below:</p> <ul style="list-style-type: none"> • Stomach pain, heartburn, indigestion (including reflux), 2 • Acute gastroenteritis: vomiting and diarrhoea, 2 • Upper and lower respiratory tract infections, 3 • Oral and topical candidiasis: thrush/fungal or yeast infections, 2 • Helminthic infestation: worms, 2 • Headache, 4 • Bacterial conjunctivitis: eye infection, 2 • Urinary tract infection (acute uncomplicated cystitis), 1 • Urticaria: skin rashes, insect bites and stings, 2
Chronic medication	Subject to Chronic Disease List (CDL) and registration with Chronic Medication Programme.

MENTAL HEALTH/SUBSTANCE DEPENDENCY

Consultations, visits and procedures	R 9,490.00 per family, per year. Included with In-Patient benefit. Clinical motivation required for authorisation of continued consultations after one initial assessment.
Hospitalisation	Must be referred by a specialist. Subject to registration with Disease Management Programme for psychiatric disorders. PMB conditions unlimited at State hospitals.

OPTICAL

Frames Lenses	R 2,920.00 per family, subject to prescribed cycles. Exclusions apply, including but not limited to repairs. Spectacle lenses and contact lenses cannot be obtained simultaneously. Frames: R 470.00 limit per beneficiary. Lenses: White lenses: 100% of the lower of cost or Optical Assistant's tariff. Photochromic lenses: 100% of the lower of cost or Optical Assistant's tariff up to a maximum of R 230.00 per pair and subject to a prescription of +0.50/-0.50 and above. Fixed or gradient tints up to 35%: 100% of the lower of costs or Optical Assistant's tariff.
Contact lenses	Contact lenses with a prescription reading of -0.75 or +1.00 and above: 100% of the lower of costs or Optical Assistant's tariff up to a maximum of R 1,530.00 per beneficiary, subject to a two year cycle.
Eye test	One eye test per beneficiary per year at Optical Assistant's tariff. Subject to family limit.

OUT-PATIENT

Consultations, visits and procedures	M R 880.00 M1 R 1,170.00 M2+ R 1,480.00 Subject to State Out-Patient facilities.
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PATHOLOGY

Out-of-Hospital	Included with Specialist benefit.
In-Hospital	R 2,040.00 per family, per year. Included with In-Patient benefit.

PHYSIOTHERAPY

Out-of-Hospital	Included with Specialist benefit. Referral by General Practitioner required. Clinical motivation required for authorisation of continued consultations after two visits.
In-Hospital	R 1,220.00 per family, per year. Included with In-Patient benefit.

PROSTHESES

Internal	R 15,850.00 per family, per year. Included with In-Patient benefit. Subject to the submission of a clinical motivation and costing for pre-authorisation by the Scheme.
External (Incl. artificial eyes and limbs)	R 8,130.00 per family, per year. Included with In-Patient benefit. Subject to the submission of a clinical motivation and costing for pre-authorisation by the Scheme.

RADIOLOGY/RADIOGRAPHY

General Out-of-hospital:	R 1,090.00 per family, per year. Includes two ultrasounds per pregnancy.
In-Hospital	Included with In-Patient benefit.
Specialised In- and Out-of-Hospital	R 4,930.00 per family, per year Subject to pre-authorisation from the Scheme. Limited to 2 scans per family per year. MRI/CAT scans, Angiograms or similar.

REMEDIAL

Occupational and speech therapy; audiology and dieticians	Included with Specialist benefit for In- or Out-of-hospital treatment.
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SPECIALIST CONSULTATIONS, VISITS AND PROCEDURES

Out-of-Hospital	Family limit, per year: M R 1,980.00 M1 R 2,960.00 M2 R 4,810.00 M3+ R 5,650.00 Beneficiary limit of R 1,980.00 per year. Subject to referral from GP.
In-Hospital	Included with In-Patient benefit.
Ante-natal consultations	Eight visits per family included in Specialist benefit.

HOSPITALISATION

In-Patient	M R 51,320.00 M1 R 64,150.00 M2 R 76,980.00 M3+ R 89,810.00 Subject to pre-authorisation. Registration with Clinical Disease Management Programme for asthma, cardiovascular disease, diabetes, and cancer required where applicable. Unlimited benefits for PMB conditions subject to pre-authorisation at a DSP. “Take Home” medication limited to 7 days supply.
Alternatives to hospitalisation: Private nursing Frail care Hospice Step-down facility	R 6,810.00 per family, per year. Included with In-Patient benefit.
Blood transfusion services	Included with In-Patient benefit.

HOSPITALISATION – CONTINUED

Renal dialysis	Included with In-Patient benefit. Subject to State hospitals.
Confinement: Caesarean section	R 17,960.00 per family, per year. Included with In-Patient benefit.
Normal delivery	R 10,270.00 per family, per year. Included with In-Patient benefit.
Spontaneous abortion: threatened incomplete inevitable	Included with In-Patient benefit. R 4,360.00 per family, per year. R 12,200.00 per family, per year. R 12,200.00 per family, per year.
Voluntary abortion:	Included with In-Patient benefit. R 3,400.00 per family, per year.
Organ Transplant Out-of-Hospital	Scheme Rules and treatment plans apply. Subject to Overall Annual Limit and State hospitals. Pre-authorisation required.
In-Hospital	Included with In-Patient benefit. Subject to State hospitals.
Oncology Out-of-Hospital	Subject to pre-authorisation and registration with Disease Management Programme. Subject to Overall Annual Limit and State hospitals.
In-Hospital	Included with In-Patient benefit and subject to State hospitals.

OVERALL ANNUAL LIMIT

M	R 66,710.00
M1	R 82,110.00
M2	R 109,050.00
M3+	R 134,710.00



Option B

Option B has been designed to provide comprehensive healthcare benefits in line with its contributions.

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

100% of cost unlimited for confirmed diagnosis, treatment and care of the statutory PMB at a State facility, or any other Designated Service Provider (DSP) appointed by the Scheme. Pre-authorisation, medication formularies and Scheme Rules; and care plans apply. Co-payments may apply as provided for in the Scheme Rules. If you are uncertain, please request more information about this from our call centre.

Option B: Benefits for 2010

ALTERNATIVE HEALTHCARE

Podiatrist Homeopath Naturopath Chiropractor	Included with GP and specialist consultations and visits. Practitioners to be registered with the Health Professions Council of SA.
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AMBULANCE SERVICES

Road and air	Preferred Provider only: Netcare 911. Emergency assistance only. Unlimited
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APPLIANCES

Medical Surgical	R 3,400.00 per family, per year. Subject to the submission of a clinical motivation and costing for pre-authorisation by the Scheme. Limits and cycles as per the Scheme's list of approved appliances apply.
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DENTISTRY

	M R 4,360.00 M1 R 5,010.00 M2 R 5,840.00 M3+ R 6,550.00
Basic	Basic dentistry: Fillings, root canal treatments, scaling & polishing, extractions, fissure sealants, dentures and repairs (subject to prescribed cycles).
Advanced	Advanced dentistry: Pre-authorisation required from Scheme. Orthodontics, crown and bridge work or any procedure that requires anaesthetics. Hospitalisation costs payable for removal of wisdom teeth or treatment for children under the age of 7 will be paid the from hospitalisation benefit.

DENTISTRY – CONTINUED

Exclusions	Exclusions: cosmetic dentistry: veneers and implants.
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GP AND SPECIALIST CONSULTATIONS AND VISITS

Doctor's rooms or home	Family limit, per year. M R 2,290.00 M1 R 3,680.00 M2 R 5,030.00 M3+ R 6,290.00 Beneficiary limit of R 2,290.00 per year. Specialist consultation subject to referral from GP.
In-Hospital	Subject to In-patient benefit.
Ante-natal Consultations	Eight visits per family included in GP and Specialist benefit.

GP AND SPECIALIST PROCEDURES AND TESTS

	R 4,750.00 per family, per year.
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HIV/AIDS

In-Hospital	Pre-authorisation required. Included with In-Patient benefit. Subject to Designated Service Providers (DSPs) and registration with HIV/AIDS Specialised Managed Care programme.
Medication	Register with the HIV/AIDS Chronic Medication Programme. Subject to treatment protocols and generic reference pricing.
Out-of-Hospital: Consultations, procedures and investigations	Register with the HIV/AIDS Chronic Medication Programme. Subject to treatment plans and Designated Service Provider (DSP) arrangements.

INFERTILITY

PMB conditions only

Subject to State hospitals for Hysterosalpingogram (HSG) and Diagnostic Dilatation and Curettage (DD& C).

MEDICATION

Prescribed, dispensed or acute

M R 2,060.00

M1 R 2,700.00

M2 R 4,110.00

M3+ R 5,400.00

Sub-limit of R 2,060.00 per beneficiary, per year.

Includes alternative healthcare medication registered with the Medicines Control Council; injections and related materials.

Pharmacy Advised Therapy (PAT):
(Over-the-counter medicine)

Limited to R 620.00 per family, per year.

Sub-limit of R80.00 per script

Included with prescribed, dispensed or acute medication limit.

Primary Healthcare Benefit
Programme

Condition specific benefits, sub-limits and treatment plans apply.

Remind your pharmacist to include the appropriate ICD-10 diagnostic codes on all claims for this Programme.

Limited to listed conditions and number of incidents per beneficiary per year as outlined below:

- Stomach pain, heartburn, indigestion (including reflux), 3
- Acute gastroenteritis: vomiting and diarrhoea, 3
- Upper and lower respiratory tract infections, 4
- Oral and topical candidiasis: thrush/fungal or yeast infections, 3
- Helminthic infestation: worms, 2
- Headache, 6
- Bacterial conjunctivitis: eye infection, 2
- Urinary tract infection (acute uncomplicated cystitis), 2
- Urticaria: skin rashes, insect bites and stings, 2

Chronic medication

Subject to Chronic Disease List (CDL) and registration with Chronic Medication Programme.

MENTAL HEALTH/SUBSTANCE DEPENDENCY

Consultations, visits and procedures.	R 12,830.00 per family, per year. Included with In-Patient benefit. Clinical motivation required for authorisation of continued consultations after one initial assessment.
Hospitalisation	Must be referred by a specialist. PMB unlimited at State hospitals. Subject to registration with Disease Management Programme for psychiatric disorders.

OPTICAL

Frames Lenses	R 3,500.00 per family, subject to prescribed cycles. Exclusions apply, including but not limited to repairs. Spectacle lenses and contact lenses cannot be obtained simultaneously. Frames: R 590.00 limit per beneficiary. Lenses: White lenses: 100% of the lower of cost or Optical Assistant's tariff Photochromic lenses: 100% of the lower of cost or Optical Assistant's tariff up to a maximum of R 230.00 per pair and subject to a prescription of +0.50/-0.50 and above. Fixed or gradient tints up to 35%: 100% of the lower of costs or Optical Assistant's tariff.
Contact lenses	Contact lenses with a prescription reading of -0.75 or +1.00 and above: 100% of the lower of costs or Optical Assistant's tariff up to a maximum of R 1,530.00 per beneficiary, subject to a two year cycle.
Eye test	One eye test per beneficiary per year at Optical Assistant's tariff. Subject to family limit.

PATHOLOGY

In- and Out-of-Hospital	R 4,110.00 per family, per year.
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PHYSIOTHERAPY

In- and Out-of-Hospital	R 2,700.00 per family, per year. Referral by General Practitioner required. Clinical motivation required for authorisation of continued consultations after two visits.
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PROSTHESES

Internal	R 16,180.00 per family, per year. Included with In-Patient benefit. Subject to the submission of a clinical motivation and costing for pre-authorisation by the Scheme.
External (Incl. artificial eyes and limbs)	R 9,490.00 per family, per year. Included with In-Patient benefit. Subject to the submission of a clinical motivation and costing for pre-authorisation by the Scheme.

RADIOLOGY/RADIOGRAPHY

General In- and Out-of-Hospital	R 4,110.00 per family, per year. Includes 2 ultrasounds per pregnancy.
Specialised In- and Out-of-Hospital	R 8,100.00 per family, per year MRI/CAT or similar. Scans limited. Subject to pre-authorisation from the Scheme. Limited to 2 scans per family per year.

REMEDIAL THERAPY

Occupational and speech therapy; audiology and dieticians	R 2,700.00 per family, per year. In- or Out-of-hospital treatment.
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HOSPITALISATION

In-Patient	R 256,590.00 per family, per year. Subject to pre-authorisation. Registration with Clinical Disease Management Programme for asthma, cardiovascular disease, diabetes, and cancer required where applicable. Unlimited benefits for PMB conditions subject to pre-authorisation at a DSP. “Take Home” medication limited to 7 days supply.
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HOSPITALISATION – CONTINUED

<p>Alternatives to hospitalisation: Private nursing Frail care Hospice Step-down facility</p>	R 8,980.00 per family, per year.
Blood transfusion services	Included with In-Patient benefit.
Renal dialysis	Included with In-Patient benefit. Subject to State hospitals.
<p>Confinement: Caesarean section</p>	R 19,250.00 per family, per year.
Normal delivery	R 12,830.00 per family, per year.
<p>Organ Transplant Out-of-Hospital</p>	Scheme rules and treatment plans apply. Subject to Overall Annual Limit and State hospitals. Pre-authorisation required.
In-Hospital	Included with In-Patient benefit. Subject to State hospitals.
<p>Oncology Out-of-Hospital</p>	Subject to pre-authorisation and registration with Disease Management Programme. Subject to Overall Annual Limit and State hospitals.
In-Hospital	Included with In-Patient benefit and subject to State hospitals.

OVERALL ANNUAL LIMIT

	Unlimited
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