

**SAMWUM+ED**

Real Heritage. Real People. Real Health Care.



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BENEFITS BROCHURE  
**2017**





HEALTH FAMILY. HEALTHY COMMUNITY.

# #LET'S BRING GOOD HEALTH HOME.

WE BELIEVE EVERYONE IS ENTITLED TO **QUALITY HEALTHCARE.**

- Our benefit design is structured without all the unnecessary bells and whistles to ensure value for money
- SAMWUMED has low monthly contributions and we aim to be the lowest in the market, without compromising on your benefits
- We are in a sound financial position
- Our administration costs are the lowest in the industry.

**Our products are simple and will help you access essential, yet often expensive, medical treatment when you need it the most.**

No matter which benefit option you take, SAMWUMED Medical Aid offers cover in full and as stipulated by Scheme Rules, for the diagnosis, treatment and care of an extensive range of medical conditions.

## 2017 HIGHLIGHTS

SAMWUMED is proud to introduce its reviewed benefit offerings for the following Scheme rules:



Advanced  
HIV-AIDS  
Programme



No reduction in  
Benefits



Increased Radiology  
and Pathology benefit  
plus Managed Care



Lowest contribution in  
the entire sector

At SAMWUMED we keep things simple and easy by offering two amazing products:

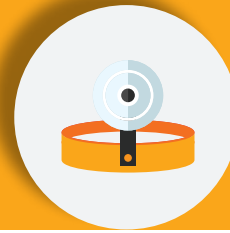
**OPTION A**

**OPTION B**



SAMWUMED OFFERS

# TWO AFFORDABLE MEDICAL AID OPTIONS:



## OPTION

# A

This option is suited for younger members and young families. Maybe you have young children, recently got married or planning to start a family. You and your spouse are young, fit and healthy. You enjoy the preventative care benefits programme and take responsibility for your health. You need moderate day-to-day medical care, but a comprehensive Maternity Benefit Programme and good Hospital Care are essential for your lifestyle.

## OPTION

# B

This option is suited for middle and older age members and their families. Getting older means you need more Day to Day Benefits, Chronic Illness Benefits and at times Hospital Care. You enjoy managing your health by taking advantage of Early Detection Tests. You're also still responsible of taking care of your older children while they live at home as well as your extended family who are dependent on you.

Go ahead and choose the most suitable option for your family's needs.

## IT'S SIMPLE TO BECOME A MEMBER OF SAMWUMED

### STEP 1:

Request and complete an application form from our Sales and Servicing and Broker Consultants or via your HR office.

### STEP 2:

Submit your application with photo copies of South African Identity.

### STEP 3:

You will receive an SMS from SAMWUMED to confirm receipt of your application.

### STEP 4:

You will receive your SAMWUMED Welcome Pack which includes your Membership Guide and Membership Card.

## WHAT DOCUMENTS DO I NEED TO BECOME A MEMBER?



SOUTH AFRICAN ID BOOK OR CARD/  
BIRTH CERTIFICATES,  
BAPTISM OR  
CLINIC CARD



A SWORN AFFIDAVIT  
PROVING FINANCIAL  
DEPENDENCY



LEGAL DOCUMENTS  
OF ADOPTED/FOSTER  
CHILDREN



CONFIRMATION OF  
BANKING DETAILS

## MATERNITY BENEFIT PROGRAMME

Expecting moms can access the SAMWUMED Maternity Programme to help take better care of themselves and their unborn baby by taking advantage of a wide range of maternity preventative care and early detection benefits.

Simply dial **0860 33 33 87** to register and benefit.

### PREVENTATIVE MATERNITY BENEFITS

<b>Folic Acid Supplementation</b>	Receive for up to 3 Months
<b>Ante Natal Consultations</b>	Receive Up To 8 Consultations Per Pregnancy
<b>Vitamin Supplements</b>	Receive for up to 9 Months
<b>HIV Screening</b>	Receive Up To 1 Test Per Pregnancy

### EARLY DETECTION MATERNITY BENEFITS

<b>HIV Screenings</b>	Receive Up To 1 Test Per Pregnancy
<b>PAP Smear (Papanicolaou)</b>	Receive Up To 1 Pap Smear Per Pregnancy
<b>Ultra Sounds</b>	Receive Up To 2 Scans Per Pregnancy

## EMPOWER WITH KNOWLEDGE

Packed with useful information and handy tips to maintain a healthy lifestyle, SAMWUMED members will receive a free print copy of the SAMWUMED Journal magazine. Our publication promises to keep the entire family informed by offering relevant content relating to the health needs of the SAMWUMED members.



## BENEFIT STRUCTURE CHANGES

BENEFIT CATEGORY	OPTION	PROPOSED BENEFIT CHANGE
<b>In-Hospital Radiology</b>	OPTION A	40% Increase to Basic Radiology Limit
	OPTION B	
<b>Out-of-Hospital Radiology and Radiography</b>	OPTION A	40% Increase to Basic Radiology Limit
	OPTION B	
<b>In-Hospital Pathology</b>	OPTION A	40% Increase to Pathology Limit
	OPTION B	
<b>Out-of-Hospital Pathology</b>	OPTION B	40% Increase to Pathology Limit
<b>Ambulance Services, Appliances and Other Out-of-Hospital Treatment</b>	OPTION A	Child immunisations and screenings covered at private pharmacies
	OPTION B	
<b>Chronic and HIV/AIDS Medication</b>	OPTION A	Removal of copayment on chronic DTP not obtained from state facilities
	OPTION B	
<b>Out-of-Hospital Mental Health and Substance Dependency Treatment</b>	OPTION A	Increase the Out-of-Hospital Consultations for Mental Health to 20 per beneficiary per annum
	OPTION B	
<b>In-Hospital Consultations and Procedures</b>	OPTION A	In-Hospital dental health benefit for children under 7 or where this is clinically appropriate
	OPTION B	
<b>In-Hospital Consultations and Procedures</b>	OPTION A	Cover for Laparoscopic Sterilizations
	OPTION B	

**SAMWUMED offers comprehensive Benefit options that will cover you for your primary and secondary medical needs including but not limited to:**

- Comprehensive Preventative Care Benefits and Early Detection
- Day to Day Medical Care
- Chronic Illness Benefits
- Hospital Care
- Medical Emergencies

## COMPREHENSIVE PREVENTATIVE CARE BENEFITS AND EARLY DETECTION








Apart from ensuring our members do not find themselves in hospitals, the SAMWUMED Preventative Healthcare and early detection benefit provides members with an opportunity to take ownership of their own health as a means to better manage quality health outcomes which would ultimately result in lower medical aid premiums. Our amazing Preventative Healthcare Programmes includes the following screenings:

### PREVENTATIVE CARE PACKAGE

AGE	SCREENING TEST	CONDITIONS	2017
<b>Adults aged 18 years and older</b>	Blood Pressure		Limited to one screening Pbpa
<b>Adults</b>	Type II diabetes	Adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg or BMI in the overweight or obese ranges.	Limited to one screening Pbpa
<b>25 to 64 years</b>	Total Blood Cholesterol	Males between 25-64 years of age. Females between 45-64 years of age. Persons with a family history of familial hypercholesterolemia, heart attacks and cholesterol problems.	Limited to one screening Pbpa
<b>11 to 24 years, 25 to 64 years, over 65 years old</b>	Papanicolaou (Pap) test	Sexually active females or beginning at age 18. Chlamydia screen is recommended as part of this process. Teach clinical breast examination to.>18	Limited to one screening Pbpa within a 2 year cycle
	Chlamydia screening	This should be done concomitantly with Pap Smear.	Limited to one screening Pbpa within a 2 year cycle
<b>Child bearing age</b>	Folic acid	1 month before pregnancy and at least first 2 months of pregnancy	Limit to 1 per month for the first 3 months of pregnancy
<b>50 years and older</b>	Faecal occult blood test	100% of Scheme rate, limited to one Pbpa age 50 years and older (screening benefits for beneficiaries younger than 50 years subject to motivation and prior approval)	Limited to one screening Pbpa
<b>25 to 64 years , 65 years and older</b>	Mammogram	Every 1-2 years* - females between ages 50-69*. If sister or mother had/ has breast cancer start annually at 40 years of age. Every 1-2 years - Females between 65-69 years of age. If normal previously: do every 2 years, if clinical examination normal and self-examination is done.	Limited to one screening Pb within a 2 year period.
<b>Women older than 60 years and men older than 70 years</b>	Bone density Test	Screening from 60 years for patients who are at risk of developing osteoporosis. Limited to one Pbpa	Limited to one Pbpa
<b>55 to 70 years</b>	Screening for prostate cancer	Limited to one Pbpa	Limited to one Pbpa

**\*Pbpa = per beneficiary per annum\***

# BENEFITS | OPTION A

CATEGORY	SUB-CATEGORY	2017
 <b>ALTERNATIVE HEALTH CARE</b>	Podiatrist Homeopath Naturopath Chiropractor	Included with GP consultations and visits.  Practitioners to be registered with the Health Professions Council of SA or Allied Health Professionals Council of South Africa.
 <b>AMBULANCE SERVICES</b>	Road and Air	Designated Service Provider only: Netcare 911  Unlimited for emergency assistance only – case managed, and protocols apply.
 <b>APPLIANCES</b>	Medical Surgical	<b>M R 2,520.00</b> <b>M1 R 3,540.00</b> <b>M2+ R 4,520.00</b>  Subject to the submission of a clinical motivation with correct Tariff codes and costing for pre-authorisation by the Scheme.  Limits and cycles as per the Scheme's list of approved appliances apply.
 <b>DENTISTRY</b>	Basic	<b>M R 3,130.00</b> <b>M1 R 3,740.00</b> <b>M2 R 5,190.00</b> <b>M3+ R 6,260.00</b>  Basic dentistry includes fillings, root canal treatments, scaling & polishing, extractions, fissure sealants, dentures and repairs (subject to prescribed cycles).
 <b>GP CONSULTATIONS, VISITS AND PROCEDURES</b>	Doctor's rooms or home	Family per annum receives up to: <b>M R 3,040.00</b> <b>M1 R 4,850.00</b> <b>M2 R 6,170.00</b> <b>M3+ R 7,960.00</b>  Beneficiary limit of <b>R 4,850.00 per annum.</b>
	Emergency treatment and procedures	Sub-limit of <b>R 1,060.00 per family, per annum.</b> This sub-limit is included with the GP consultations, visits and procedures limit.
	In-Hospital	Included with the hospitalisation benefit limit.
 <b>INFERTILITY</b>	Only PMB conditions.	Subject to State hospitals for Hysterosalpingogram (HSG) and Diagnostic Dilatation and Curettage (DD&C). State Protocols Apply
 <b>MEDICATION</b>	Prescribed, Dispensed or Acute	<b>M R 1,600.00</b> <b>M1 R 3,150.00</b> <b>M2 R 4,720.00</b> <b>M3+ R 6,300.00</b>  Sub-limit of <b>R 3,150.00 per beneficiary per annum.</b>  Includes alternative healthcare medication as prescribed and must be registered with the Medicines Control Council; injections and related materials. Subject to Medicine Formularies and Exclusion Lists.



**CATEGORY**

**SUB-CATEGORY**

**2017**



<b>MEDICATION (continued...)</b>	Primary Healthcare Benefit Programme	<p>Condition specific benefits, sub limits and treatment plans apply.</p> <p>Remind your pharmacist to include the appropriate ICD-10 diagnostic codes with 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"> <li>• Stomach pain, heartburn, indigestion (including reflux), 2</li> <li>• Acute gastroenteritis: vomiting and diarrhoea, 2</li> <li>• Upper and lower respiratory tract infections, 3</li> <li>• Oral and topical candidiasis: thrush/fungal or yeast infections, 2</li> <li>• Helminthic infestation: worms, 2</li> <li>• Headache, 4</li> <li>• Bacterial conjunctivitis: eye infection, 2</li> <li>• Urinary tract infection (acute uncomplicated cystitis), 1</li> <li>• Urticarial: skin rashes, insect bites and stings, 2</li> <li>• Treatment of wounds and/or infections of the skin/subcutaneous tissues (excl. post-operative wound care), 1</li> </ul>
	Chronic Medication	<p>Subject to Chronic Disease List (CDL) and Chronic Formulary and protocols apply.</p> <p>Chronic medication not on the Chronic Formulary will incur a <b>25% co-payment</b>.</p>
	PAT: Over-the-counter medicine	<p>Limited to <b>R 630.00</b> per family, per year.</p> <p>Sub-limit of <b>R 130.00 per day</b>.</p> <p>Subject to Medicine Formularies and Exclusion Lists. Included with prescribed, dispensed or acute medication limit.</p>



<b>MENTAL HEALTH SUBSTANCE DEPENDENCY</b>	Consultations/visits and procedures.	<p>100% of cost at DSP per family, per annum.</p> <p>Included with In-Patient benefit.</p> <p>Limited to PMB Conditions only.</p> <p>Clinical motivation required for authorisation of continued consultations after first 20 initial consultations.</p>
	Hospitalisation	<p>Referral from an Employee Assistance Programme (EAP) or GP required for substance dependency.</p> <p>Referral from specialist required for mental health conditions.</p> <p>PMB conditions unlimited at State Hospitals.</p>



<b>OPTICAL</b>	Frames/Lenses/Contact Lenses	<p><b>R 4,460.00 per family</b>, subject to prescribed cycles.</p> <p>Sub-limit of <b>R 1,910.00 per beneficiary per annum</b>.</p> <p>Ophthalmologist visit subject to referral from Optometrist or GP.</p> <p>Exclusions apply, including but not limited to repairs. Spectacle lenses and contact lenses cannot be obtained simultaneously.</p>
	Frames	Frames: Beneficiary receives up to <b>R 730.00</b> .
	Lenses	<p>White lenses: 100% of the lower cost or Optical Assistant Tariff. Photochromic lenses: 100% of the lower cost or Scheme Tariff up to a maximum of <b>R 350.00 per pair</b> and subject to a prescription of +0.50/-0.50 and above.</p> <p>Fixed or gradient tints up to 35%: 100% of the lower costs or Optical Association's Tariff.</p>
	Eye Tests	Limited to one consultation per beneficiary per annum. Subject to family limit.



<b>OUT-PATIENT BENEFITS</b>	Consultations, visits and procedures	<p><b>M R 1,360.00</b>  <b>M1 R 1,800.00</b>  <b>M2+ R 2,260.00</b></p> <p>Subject to State Out-Patient facilities.</p>
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**CATEGORY**

**SUB-CATEGORY**

**2017**



<b>PATHOLOGY</b>	Out-of-Hospital	Included with Specialist Benefit
	In-Hospital	<b>R 4,100.00 per family, per annum.</b> Included with In-Patient benefit.



<b>PHYSIOTHERAPY</b>	Out-of-Hospital	Included with Specialist benefit. Limited to PMB Conditions only.
	In-Hospital	Clinical motivation required for authorisation of continued consultations after first two visits. <b>R 1,760.00 per family, per annum.</b> Included with In-Patient benefit.



<b>PROSTHESES</b>	Internal	<b>R 24,300.00 per family, per annum.</b>  Included with In-Patient benefit. Subject to the submission of a clinical motivation and costing for pre-authorisation by the Scheme. DSP is the State facility for joint replacements.
	External (including artificial eyes and limbs)	<b>R 12,460.00 per family, per annum.</b>  Included with In-Patient benefit. Subject to the submission of a clinical motivation and costing for pre-authorisation by the Scheme.



<b>RADIOLOGY RADIOGRAPHY</b>	GENERAL (In and Out-of-hospital)	<b>R 2,060.00 per family, per annum</b>  Includes two ultrasounds per pregnancy. Limited to PMB conditions only
	SPECIALISED	<b>R 7,560.00 Included with In-Patient benefit.</b> Limited to PMB protocols only.



<b>REMEDIAL THERAPY</b>	Occupational, Speech Therapy, Audiology & Dieticians	Included with Specialist benefit for In- or Out-of-hospital treatment.
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<b>SPECIALIST CONSULTATIONS, VISITS AND PROCEDURES</b>	Out-of-Hospital	Family limit, per year: <b>M R 3,620.00</b> <b>M1 R 5,360.00</b> <b>M2 R 9,400.00</b> <b>M3+ R 10,730.00</b>  Beneficiary limit of <b>R 5,360.00 per annum.</b> Subject to referral from a General Practitioner.
	In-Hospital	Included with In-Patient Benefit



<b>HOSPITALISATION</b>	<b>IN-PATIENT</b> Subject to pre-authorisation.	<b>R 500,000.00 per family per annum</b> Subject to pre-authorisation.  Unlimited benefits for PMB conditions subject to pre- authorisation at a DSP. State Facility as DSP for joint replacements, cardiac and abdominal surgery Laparoscopic surgery excluded. "Take Home" medication limited to 7 days' supply.
	<b>ALTERNATIVES TO HOSPITALISATION</b> Private nursing Frail care Hospice Step-down facility	Included with In-Patient benefit.
	<b>BLOOD TRANSFUSION SERVICES</b>	Included with In-Patient benefit.
	<b>RENAL DIALYSIS</b>	Included with In-Patient benefit. Subject to State hospitals. PMB only.
	<b>ORGAN TRANSPLANT</b>	Scheme Rules and treatment plans apply. PMB Conditions only Pre authorisation required
	Out-of-Hospital  In-Hospital	Medication to be obtained from State hospitals.  Included with In-Patient Benefit. Subject to State Hospitals.



**CATEGORY****SUB-CATEGORY****2017****HOSPITALISATION  
(continued...)****ONCOLOGY**

Subject to pre-authorisation PMB Conditions only

Out-of-Hospital

Subject to Overall Annual Limit and State hospitals.

In-Hospital

Included with In-Patient benefit and subject to State hospitals.

**Overall Annual Limit****R 500,000.00 per family per annum.****TOTAL MONTHLY PREMIUM - OPTION A**

– effective 01 January 2017








(Table below represents 100% contribution. Employees only pay up to 40%.)

A] Contributions are paid monthly in arrears.

<b>Salary Bands</b>	<b>Principal Member</b>	<b>Adult Dep.</b>	<b>Child Dep.</b>
<b>R0 - R 3 500</b>	995	995	350
<b>R 3 501 - R 4 500</b>	1 176	1 176	412
<b>R 4 501 - R 5 500</b>	1 265	1 265	444
<b>R 5 501 - R 7 000</b>	1 357	1 357	476
<b>R 7 001 - R 8 500</b>	1 454	1 454	511
<b>R 8 501 +</b>	1 558	1 558	549



# BENEFITS | OPTION B

CATEGORY	SUB-CATEGORY	2017								
 <b>ALTERNATIVE HEALTH CARE</b>	Podiatrist Homeopath Naturopath Chiropractor	Included with GP and Specialist consultations and visits limit. Practitioners to be registered with the Health Professions Council of SA or Allied Health Professionals Council of South Africa.								
 <b>AMBULANCE SERVICES</b>	Road and Air	Designated Service Provider only: Netcare 911  Unlimited for emergency assistance only – case managed and protocols apply.								
 <b>APPLIANCES</b>	Medical Surgical	<b>R 5,210.00 per family, per annum.</b>  Subject to the submission of a clinical motivation with correct Tariff codes and costing for pre-authorisation by the Scheme.  Limits and cycles as per the Scheme's list of approved appliances apply.								
 <b>DENTISTRY</b>	Basic     Advanced    Exclusions	<table border="0"> <tr> <td><b>M</b></td> <td><b>R 6,700.00</b></td> </tr> <tr> <td><b>M+1</b></td> <td><b>R 7,670.00</b></td> </tr> <tr> <td><b>M+2</b></td> <td><b>R 8,950.00</b></td> </tr> <tr> <td><b>M+3</b></td> <td><b>R 10,040.00</b></td> </tr> </table> <p>Basic dentistry: Fillings, root canal treatments, scaling &amp; polishing, extractions, fissure sealants, dentures and repairs (subject to prescribed cycles).</p> <p>Advanced dentistry: Clinical motivation required for pre- authorisation from Scheme. Orthodontics, crown and bridge work or any procedure that requires anaesthetics.</p> <p>Hospitalisation costs for removal of wisdom teeth or treatment for children under the age of 7 paid from the hospitalisation benefit.</p> <p>Dental procedure costs paid from dentistry benefit.</p> <p>Exclusions: cosmetic dentistry such as veneers and implants is excluded.</p>	<b>M</b>	<b>R 6,700.00</b>	<b>M+1</b>	<b>R 7,670.00</b>	<b>M+2</b>	<b>R 8,950.00</b>	<b>M+3</b>	<b>R 10,040.00</b>
<b>M</b>	<b>R 6,700.00</b>									
<b>M+1</b>	<b>R 7,670.00</b>									
<b>M+2</b>	<b>R 8,950.00</b>									
<b>M+3</b>	<b>R 10,040.00</b>									
 <b>GP AND SPECIALIST CONSULTATIONS &amp; VISITS</b>	Rooms or home     In-hospital	<p>Family limit, per year.</p> <table border="0"> <tr> <td><b>M</b></td> <td><b>R 3,510.00</b></td> </tr> <tr> <td><b>M+1</b></td> <td><b>R 5,650.00</b></td> </tr> <tr> <td><b>M+2</b></td> <td><b>R 7,730.00</b></td> </tr> <tr> <td><b>M+3</b></td> <td><b>R 9,630.00</b></td> </tr> </table> <p>Beneficiary limit of <b>R 5,650.00 per annum.</b></p> <p>Subject to In-Patient Benefit</p>	<b>M</b>	<b>R 3,510.00</b>	<b>M+1</b>	<b>R 5,650.00</b>	<b>M+2</b>	<b>R 7,730.00</b>	<b>M+3</b>	<b>R 9,630.00</b>
<b>M</b>	<b>R 3,510.00</b>									
<b>M+1</b>	<b>R 5,650.00</b>									
<b>M+2</b>	<b>R 7,730.00</b>									
<b>M+3</b>	<b>R 9,630.00</b>									
 <b>GP AND SPECIALIST PROCEDURES &amp; TESTS</b>	Rooms or home	<b>R 7,310.00 per family, per annum.</b>								
 <b>INFERTILITY</b>	PMB conditions only	Subject to State hospitals for Hysterosalpingogram (HSG) and Diagnostic Dilatation and Curettage (DD&C). State protocols apply.								



**CATEGORY****SUB-CATEGORY****2017**

<b>MEDICATION</b>	Prescribed, dispensed or acute	<p><b>M R 3,150.00</b>  <b>M+1 R 4,130.00</b>  <b>M+2 R 6,300.00</b>  <b>M+3 R 8,280.00</b></p> <p>Sub-limit of <b>R 4,130.00 per beneficiary, per annum</b>. Includes alternative healthcare medication as prescribed and must be registered with the Medicines Control Council; injections and related materials.</p> <p>Subject to Medicine Formularies and Exclusion Lists.=</p>
	Primary Healthcare Benefit Programme	<p>Condition specific benefits, sub limits and treatment plans apply.</p> <p>Remind your pharmacist to include the appropriate ICD-10 diagnostic codes with all claims for this Programme.</p> <ul style="list-style-type: none"> <li>• Limited to listed conditions and number of incidents per beneficiary per year as outlined below:</li> <li>• Stomach pain, heartburn, indigestion (including reflux), 3</li> <li>• Acute gastroenteritis: vomiting and diarrhoea, 3</li> <li>• Upper and lower respiratory tract infections, 4</li> <li>• Oral and topical candidiasis: thrush/fungal or yeast infections, 3</li> <li>• Helminthic infestation: worms, 2</li> <li>• Headache, 6</li> <li>• Bacterial conjunctivitis: eye infection, 2</li> <li>• Urinary tract infection (acute uncomplicated cystitis), 2</li> <li>• Urticarial: skin rashes, insect bites and stings, 2</li> <li>• Treatment of wounds and/or infections of the skin/subcutaneous tissues (excl. post- operative wound care), 2</li> </ul>
	Chronic Medication	<p>Subject to Chronic Disease List (CDL) and Chronic Formulary and protocols apply.</p> <p>Chronic medication not on the Chronic Formulary will incur a 25% co-payment.</p>
	PAT: Over-the-counter medicine	<p>Receive up to <b>R 1,260.00 per family, per annum</b>.</p> <p>Sub-limit of <b>R 160.00 per day</b>.</p> <p>Subject to Medicine Formularies and Exclusion Lists. Included with prescribed, dispensed or acute medication limit.</p>
<b>MENTAL HEALTH SUBSTANCE DEPENDENCY</b>	Consultations, visits and procedures.	<p>Included with In-Patient benefit. Clinical motivation required for authorisation of continued consultations after first twenty initial consultations.</p> <p>Limited to PMB only.</p>
	Hospitalisation	<p>Referral from an Employee Assistance Programme (EAP) or GP required for substance dependency. Referral from specialist required for mental health conditions.</p> <p>PMB unlimited at State hospitals.</p>



**CATEGORY****SUB-CATEGORY****2017**

<b>OPTICAL</b>	Frames/Lenses/Contact Lenses	<b>R 5,350.00 per family</b> , subject to prescribed cycles. Ophthalmologist consultation subject to Referral from Optometrist.  Sub-limit of <b>R 2,250.00 per beneficiary, per annum</b> .  Exclusions apply, including but not limited to repairs. Spectacle lenses and contact lenses cannot be obtained simultaneously
	Frames	Frames: <b>R 900.00 limit per beneficiary</b> .
	Lenses	White lenses: 100% of the lower of cost or Optical Assistant Tariff. Photochromic lenses: 100% of the lower of cost or Optical Assistant Tariff, up to a maximum of <b>R 350.00 per pair</b> 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 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 Tariff up to a maximum of <b>R 2,210.00 per beneficiary</b> , subject to a two year cycle.
	Eye Tests	Beneficiary per annum receives up to one consultation. Subject to family limit.
<b>PATHOLOGY</b>	In-and-Out-of-Hospital	<b>R 8,260.00 per family, per annum.</b>
<b>PHYSIOTHERAPY</b>	In-and-Out-of-Hospital	<b>R 4,130.00 per family, per annum.</b> Sub-limit of <b>R 1,690.00 per beneficiary</b> , per annum. Clinical motivation required for authorisation of continued consultations after two visits.
<b>PROSTHESES</b>	Internal	<b>R 24,790.00 per family, per annum.</b>  Included with In-Patient benefit. Subject to the submission of a clinical motivation and costing for pre-authorisation by the Scheme.
	External (including artificial eyes and limbs)	<b>R 14,540.00 per family, per annum.</b>  Included with In-Patient benefit. Subject to the submission of a clinical motivation and costing for pre-authorisation by the Scheme.
<b>RADIOLOGY RADIOGRAPHY</b>	GENERAL In-and-Out of Hospital	<b>R 8,260.00 per family, per annum.</b>
	SPECIALISED In-and-Out of Hospital	<b>R 12,420.00 per family, per annum</b> MRI/CAT or similar. Scans limited. Subject to pre-authorisation from the Scheme. Limited to 2 scans per family per annum.
<b>REMEDIAL THERAPY</b>	Occupational, Speech Therapy, Audiology & Dieticians.	<b>R 4,130.00 per family, per annum.</b> In-and-Out of Hospital.
<b>HOSPITALISATION</b>	<b>IN-PATIENT</b> Subject to pre-authorisation.	<b>R 1,000,000.00 per family, per annum.</b>  Subject to pre-authorisation and registration with Clinical Disease Management Programme for asthma, cardiovascular disease, diabetes, and cancer, where applicable. State Facility as DSP for joint replacements, cardiac and abdominal surgery.  Unlimited benefits for PMB conditions subject to pre- authorisation at a DSP. "Take Home" medication limited to 7 days' supply.





CATEGORY	SUB-CATEGORY	2017
HOSPITALISATION (continued...)	<b>ALTERNATIVES TO HOSPITALISATION</b> Private nursing Frail care Hospice Step-down facility	Included with In-Patient benefit.
	<b>BLOOD TRANSFUSION SERVICES</b>	Included with In-Patient benefit.
	<b>RENAL DIALYSIS</b>	Included with In-Patient benefit. Subject to State hospitals. PMB only.
	<b>ORGAN TRANSPLANT</b>	Scheme Rules and treatment plans apply. PMB conditions only.
	Out-of-Hospital	Pre-authorization required. Subject to Overall Annual Limit and State hospitals. Medication to be obtained from State hospitals.
	In-Hospital	Included with In-Patient benefit. Subject to State hospitals.
<b>ONCOLOGY</b>		Subject to pre-authorization and registration with Disease Management Programme. PMB conditions only. Non-PMB subject to <b>R100,000.00</b>
	Out-of-Hospital	Subject to Overall Annual Limit and State hospitals.
	In-Hospital	Included with In-Patient benefit and subject to State hospitals.
<b>Overall Annual Limit</b>		<b>UNLIMITED</b>

## TOTAL MONTHLY PREMIUM - OPTION B

– effective 01 January 2017

(Table below represents 100% contribution. Employees only pay up to 40%.)

B] Contributions are paid monthly in arrears.

Salary Bands	Principal Member	Adult Dep.	Child Dep.
<b>R0 - R 5 000</b>	1 598	1 598	560
<b>R 5 001 - R 6 000</b>	1 785	1 785	626
<b>R 6 001 - R 7 000</b>	1 820	1 820	638
<b>R 7 001 - R 10 000</b>	1 858	1 858	652
<b>R 10 001 - R 13 000</b>	1 958	1 958	665
<b>R 13 001 +</b>	2 061	2 061	679

## ADDITIONAL VALUE

### SAMWUMED PRIMARY HEALTHCARE BENEFIT PROGRAMME

This unique benefit offers SAMWUMED members peace of mind should a member deplete his/her annual medicine benefit. In partnership with our pharmacy network, SAMWUMED has created a formulary (a specific list of most cost effective medicines) available over the counter for the 10 most common ailments.

1. Stomach pain: Heartburn, indigestions and reflux
2. Headache
3. Acute gastroenteritis: vomiting and diarrhoea
4. Bacterial Conjunctivitis and eye infections
5. Upper and lower respiratory tract infections
6. Urinary tract infections including acute uncomplicated cystitis
7. Oral and topical candidiasis: thrush and fungal or yeast infections
8. Urticarial: Skin rashes, usually due to an allergic reaction, insect bites and stings
9. Helminthic infestations: tape worm
10. Wound care and skin infections (excluding post-operative care)

Subject to Scheme tariffs, members can access these from your approved pharmacist without paying extra money.

### PHARMACY BENEFIT MANAGEMENT CHRONIC MEDICINE BENEFITS

A chronic condition is a persistent or otherwise long-lasting illness that may be longer than three months or lifelong. SAMWUMED will cover for the diagnosis, treatment and care of 26 chronic conditions.

SAMWUMED works with Medscheme to give members the best advice on the use of their chronic medication, as well as to ensure that their chronic benefits are correctly allocated.

Your treating doctor will need to call our Managed Care Provider, **Medscheme on 0860 33 33 87** to register your Chronic Medication.

### HIV MANAGEMENT

HIV is a chronic condition where treatment is available and must be taken for life. SAMWUMED will cover the treatment, pathology monitoring and doctor consultations in order to keep all HIV positive beneficiaries healthy.

SAMWUMED works with Aid for AIDS to give members the best advice on how to manage their HIV status and the use of their HIV medication, blood monitoring tests and other associated medication.

Your treating doctor will need to fax the HIV application form to our HIV Managed Care Provider, Aid for AIDS on **0800 600 773** or call **0800 227 700** to register you on the HIV Management Programme.



## HOSPITAL & ONCOLOGY BENEFIT MANAGEMENT

When you need hospital treatment or an operation, SAMWUMED will cover you for approved medical expenses when you are in hospital. The comprehensive hospital benefit cover ensures you are taken care of should you or your loved ones land up in a hospital.



We have partnered with Medscheme as our Hospital, HIV-AIDS, Pharmacy and Oncology Benefit Management Service Provider to manage your care. For all hospital pre-authorisations members can call **0860 33 33 87**.

**Unless an emergency, members will need to contact Medscheme no less than 72 Hours before the procedure to get authorisation for their admission to hospital.**

**DISCLAIMER:**  
This brochure is prepared and distributed for purposes of providing you with essential information to help you select the best benefit option for you and your family. It is not a full guide to the Scheme Rules and Benefits and does not supersede the Scheme Rules. All contributions and benefit options presented in the 2017 Brochure are subject to the approval by the Council for Medical Schemes. Kindly familiarise yourself with your chosen benefit option and note where pre-authorisations, motivations and/or letters of referral are required to access benefits.

# TALK TO SAMWUMED TODAY

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Tel: 0860 104 117 (Share Call)

Tel: 021 697 9000

## **OPERATING HOURS:**

Contact Centre

08h30 - 16h00 Mon - Fri

Postal Address:

P.O. Box 134, Athlone, 7760

Cnr Tremation & Lascelles Streets, Athlone, Cape Town

Website: Visit [www.samwumed.org](http://www.samwumed.org)

Facebook: Follow and like our page at [www.facebook.com/Samwumed](http://www.facebook.com/Samwumed)

## **MEDSCHEME**

**Hospital & Pharmacy Benefit Management Enquiries** – 0860 33 33 87

Email: [samwumedcmm@medscheme.co.za](mailto:samwumedcmm@medscheme.co.za)

**Oncology Management** – 0860 33 33 87

Email: [cancerinfo@medscheme.co.za](mailto:cancerinfo@medscheme.co.za)

## **HIV MANAGEMENT - AID FOR AIDS**

**Member Enquiries** – 0860 100 646

email: [afa@afadm.co.za](mailto:afa@afadm.co.za)

## **NETCARE 911**

Tel: 082 911



# **SAMWUMED**

Real **Heritage**. Real **People**. Real **Health Care**.

[www.samwumed.org](http://www.samwumed.org)