

SWAZILAND MEDICAL AID FUND (SWAZIMED)

BACKGROUND

The Swaziland Medical Aid Fund (Swazimed) is a Section 21 company (registered as a non-profit making open-scheme) which was formed in 1980. Membership cards are accepted by all local service providers (Hospitals, Doctors and most Pharmacies) and widely accepted in South Africa. The scheme is self-administered since January 2017, there is no change in acceptance of cards and benefits access.

OFFICES

The Swazimed offices are situated in Mbabane at Nedbank Centre Building, Shop NC 101 at;
Tel: +268 2405 8400
Fax: +268 2404 1601
Email: info@swazimed.com
Website: www.swazimed.com

MEMBERSHIP CARD

Swazimed membership card has a Member's One-(1) Number-For-Life. This means that the members' medical aid number will never change even if the member changes options but it will reflect the new option of the member on the system. (1 membership number for life).

WHO CAN JOIN?

Swazimed is an open-scheme which can be joined by anyone whether employed or unemployed. Group members have (1) month waiting period and three months waiting period for individuals (Direct Paying Members), terms and conditions apply.

- Group (10 or more members)
- Individuals (Direct Paying Members)
- Swaziland Building Society Sipatji Accounts holders
- Government employees (deducted from Treasury dept.)
- Students

- Aged Parents of active members (no age restriction)

PAYMENTS TO SERVICE PROVIDERS

Service Providers (Hospitals, Doctors and Pharmacies) who submit their claims through EDI are paid direct to their bank accounts (EFT) in a seven (7) day payment-run and service providers submitting claims manually are paid through their bank accounts (EFT) seven (7) day payment-run.

REFUNDS TO MEMBERS

Members claiming their no/low claim bonuses or claiming refunds for cash paid accounts, an EFT payment will be paid through EFT for members who submitted their banking details.

Swazimed offers nine benefit options and each individual should choose an option according to his/her health care needs. For all the options benefits are paid at 100% scale of benefits with adequate annual limits.

OPTIONAL SAVINGS

All Swazimed Benefit Plans offer an optional savings to cater for all charges above the Swazimed Price List (SPL) and also used for other costs above consultation and medicine limits.

Members are not restricted on their optional savings but encouraged to save from E300 for high benefit and from E100 for all other options, plus any amount in the denominations of E100 on monthly basis.

All these costs must be within the member's savings.

NB: These savings are only paid cash on termination of membership.

A GUIDE TO CLAIMING

The answers to your frequently asked administration questions can be found in the details of your benefits structure which is contained herein. Comprehension of how the claim chain at SwaziMed works will assist you in better understanding your claims queries.

HOW TO SUBMIT YOUR ACCOUNTS

- Claims can be submitted using the following:
 - Hand deliver
 - mail
 - Email to claims@swazimed.com
 - SwaziMed AppClaim within 4 months.
- If you have already paid the account, attach your receipt on the claims invoice and write "paid" on the claim.
- Make sure all documents sent to Swazimed show your membership number.
- Check that your claim shows:
Your name and initials; your medical aid number; the treatment date; name of patient (as indicated on the membership card and not a nickname); date of birth; amount charged and the tariff code where applicable.

TIPS FOR CLAIMING

- Check that prescriptions for medicine show all your details. If the pharmacy or doctor omits any of these details, Swazimed is unable to process your claim and this may lead to delays. Ensure your banking details are up to date.
- Dental treatment often requires additional work by a dental technician. The technician then bills the dentist who adds this to your account and attaches a copy of the technician's account. Please submit both claims and ensure that your name and number are reflected on both.

WHEN CAN I EXPECT PAYMENT?

All valid claims received by Swazimed will be processed within 2 to 4 weeks.

HOW WILL I KNOW WHAT WAS PAID?

A claims Transaction Statement will be sent to you if Swazimed has processed an account during that month. This statement will indicate all payments made to you or on your behalf.



Members are encouraged to register on the Swazimed App and can view member Accounts, member statements, benefits, update personal details and many more.

To Register;

- Go to www.swazimed.com or download Swazimed App on Google or Apple Store
- Click on login
- As a Member
- Enter your Swazimed membership number
- Create and enter your password, then confirm password
- Enter details (cellphone number or email) that is already in Swazimed System

NB. Please note that the cellphone number should have the code (+268)

VALUE-ADDED BENEFITS

AMBULANCE SERVICES

A medical emergency can strike at any time. The correct treatment and proper transportation of the sick or injured patient is vital to ensure the best result.

In any medical emergency, speed is vital to the survival and quick recovery of the patient. If you are involved in a motor vehicle accident or suffer a heart attack, time is of crucial essence. The first ten minutes, known as the platinum time, is the first goal in which to get

the patient medical attention. The next goal is the first hour after injury, known as the golden hour. Responses in these times by qualified professionals can make all the difference between life and death.

In an emergency contact any of the following ambulance services and you will receive the best pre-hospital medical emergency care available. If necessary, we will arrange transfers to a local medical facility or evacuation to hand-picked centre of excellence for treatment.

Join Now

and your benefits will include:

- Emergency medical response by road to the scene of a medical emergency
- Transfer by road or air to the most appropriate medical facility
- Medically justified ambulance or inter-hospital transfers
- Ambulance transfers to special care centre
- Transfer of life saving blood or medication
- Companionship and care for stranded minors
- Repatriation of patients far from home

With Swazimed your family is covered for any pre-hospital medical emergency and evacuation 24 hours a day, 365 days a year within your monthly contributions.

Emergency contact numbers:

Swazico Medics:..... Toll free 0911/
7802 1911

Chivaz Ambulance
Service:..... 7699 0911
EPR:..... 977

Emercare
Ambulances:..... Toll Free 0966 /
7809 0966 / 7909 0966

AfriCare Emergency
Medical Assist : Toll Free 1112
7802 1112



MEDICINE MANAGEMENT PROGRAMME

Swazimed has introduced Medicine Management Programme to ensure that appropriate and cost effective medicines are prescribed to members.

THE MEDICINE PRICE LIST (MPL)

MPL is a reference pricing system that uses a benchmark (reference) price for generically similar products. The fundamental principle of any reference pricing system is that it does not restrict a member's choice of medicines, but instead limits the amount that will be paid. MPL reference prices are set in such a way as

to ensure availability of medicines without co-payments being necessary - in other words, you will be able to afford the medicine you need without paying from your own pocket, but you may have to select certain generics over a brand name product or more expensive generics. Should you prefer one of the more expensive products, Swazimed will only pay up to the MPL reference price and you will then have to pay the difference (co-payment) to the pharmacy.

HIV & AIDS Management

For many people HIV/AIDS is a frightening disease, but today there are treatments that are keeping many people living with HIV, healthy and productive.

Action and Information

The first step is to find out whether you have been infected with HIV and what you can do to stay healthy to protect yourself and your loved ones. Starting treatment at the right time improves quality of life and decreases the risk of serious infections or other complications. Our HIV & AIDS programme can help you access benefits to assist you with the management of HIV/AIDS.

We can help you to manage your condition

Your medical scheme has a benefit amount specifically for HIV/AIDS related medicine.

Your condition will stay confidential

HIV & AIDS is a sensitive matter and every effort is made to keep your conditions confidential. The staff members at our HIV & AIDS programme unit have all signed confidentiality

agreements and work in a confidential and secured area.

What the HIV/AIDS Benefit offers you?

HIV benefit offers both members and beneficiaries:

- Medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after rape or needle stick injury) at the most appropriate time.
- Treatment to prevent opportunistic infections like certain serious pneumonias and TB
- Regular monitoring of disease progression and response to therapy
- Ongoing patient support
- Clinical guidelines and telephonic support for providers.
- Help in finding a registered counsellor for emotional support.

IMPORTANT

- ❑ If you are exposed to HIV infection through rape or needle-stick injury please ask your doctor to contact HIV/AIDS Management programme to authorise special antiretroviral medicine to help prevent possible HIV infection.
- ❑ It is best to take prophylaxis treatment within 72 hours after exposure. If the incident putting you at risk occurs over the weekend, make sure you get the necessary medication on time.

WELLNESS BENEFITS

The objective is early identification of common risk factors, reduction in co-morbidities and general improvement in the health status of members

Service	Clinical Criteria for Access
Consultation with general practitioner	Limited to one (1) long consultation per year. During this consultation, the DR will assess blood pressure, body mass index and glucose.
Pneumococcal Vaccine	For all beneficiaries aged 65 years & older.
Pap Smear	For all female beneficiaries aged 21 years and older, limited to one test every two years.
Total Cholesterol	For all beneficiaries aged 29 years and older, limited to one test every two years One (1) lipogram every 5 years.
PSA	For all male beneficiaries aged 45 years & older, limited to one test every two years.
Colo-rectal Screening (faecal occult blood)	For all male beneficiaries aged 50 years & older, every year.
Densitometry	For all beneficiaries aged 50 years & old.
Mammogram	For all female beneficiaries aged 50 to 74years.
Flue Vaccine	For all beneficiaries aged 6 years & older.

INTENSIVE CARE UNIT (ICU) & HIGH CARE

For Swazimed to pay for ICU and High Care facility, the Private Hospital must comply with the following:

- ❑ Register with the Medical and Dental Council of Eswatini
- ❑ Register with Board of Health Care Funders in SA
- ❑ Evaluated and approved by the Health Service Accreditation of Southern Africa (COHSASA)
- ❑ Signed memorandum of understanding with Swazimed which sets terms and conditions of operating an ICU including list of required specialist i.e ICU intensivist, ICU nurse, specialist surgeons, anaesthesiologist, neurologist, nephrologist.

NB

The scheme pays negotiated rates. Limited to E50 000 per admission For Swaziland hospitals.

CHRONIC MEDICINES BENEFIT

All members with their registered dependants who have accomplished a three months waiting period with the fund are entitled to a chronic medicine benefit based on the option they belong to. The cover includes; hypertension, diabetic, asthma, epileptic, ulcer, bipolar, schizophrenia, allergic rhinitis chronic obstructive pulmonary disease, cardiac failure and cardiomyopathy, coronary artery disease, hyperlipidaemia, gout and hypothyroidism, multiple sclerosis, glaucoma, chrohn's disease, Parkinson's disease, addison's disease and osteoporosis

FUNERAL POLICY

All members of the scheme are automatically covered for the Swazimed funeral policy which is insured through the Eswatini Royal Insurance Corporation. The members and their registered dependants in the event of death are covered;

Member/Spouse/Parents	- E20,000.00
Child: 14-21 years	- E20,000 00
1-13 years	- E10,000.00
Below 1 year	- E5,000.00

What will the fund not pay for?

- Costs above Scale of Benefits, or above your annual or category limits.
- Treatment for obesity and artificial insemination.
- Cosmetic surgery which includes plastic and reconstructive surgery, breast reductions or enlargements, removal of excess fat and skin grafts.

- Self-inflicted injuries.
- Injuries arising from professional sport or speed contests.
- Conditions which were specifically excluded when you joined the fund.
- Pregnancy within the first nine months of joining the fund.
- Items which can be purchased from supermarkets i.e. shampoo.
- More than one months' supply of medication.
- Vitamin supplements unless younger than 5 or older than 60 years.
- Immunisations.
- Injury on duty which is paid by Workman's Compensation.
- Heart operation (24 months)
- Renal failure (24 months)
- Oncology (24 months)
- Organ transplant (24 months)
- Any pre-existing condition before or during waiting period.
- Optical benefits within the first 12 months of joining the fund.

Important

Contact your Swazimed offices before undergoing any treatment. Should you sustain injuries as a result of an accident, an assault or an injury on duty, please contact your Swazimed offices to discuss what you should do.

A detailed list of the benefits excluded can be obtained from the Swazimed membership department.

WHO CAN BELONG?

Who can join?

Anyone can join the fund:

- Group (10 or more members)
- Individual (Direct paying members)
- Swaziland Building Society Sipatji Account holders
- Government employees
- Students
- Aged Parents of active members.

Important

You may not be a member or dependant of more than one medical scheme at a time. You may not join the fund if your age is above 60, unless in case of a parent of an active member.

How do I join?

Complete the membership application form and send it to Swazimed. On the membership form you must register your dependants and attach marriage, birth certificates, member's ID and proof of banking details. You will receive a confirmation of membership from Swazimed. The following information is printed on the membership card;

- your membership number
- principal members details
- the names and surnames of your registered dependants
- the date from which you are entitled to receive benefits
- the address of the fund

Please look after your medical aid card. Do not lend it to anyone other than your registered dependants. Fraudulent use of membership cards may lead to suspension, termination of your membership and / or recovery of defrauded amount. Report all lost cards immediately.

Important

You must let the fund know on a special form if:

- you change your address
- you get married or divorced
- you have a child or adopt one
- the child is not dependant on you any more (for example, if your child stops studying and starts working)

Do I have to wait before I can claim benefits?

Yes, you can only claim from the second month after you have joined the fund. For individuals and companies with less than ten members, the waiting period is three months.

Aged parents for group employees (plus 20 members) will have 6 months general waiting period, whilst direct paying members and groups with less than 20 members will have 12 months waiting period.

Aged parents who join the scheme with existing specific conditions will have 24 months waiting period.

The financial year for benefits begins on 1 January each year.

What happens if I join during the year?

Your benefits will be pro-rated. For example, should you join the fund in July you will only be entitled to 50% of the allocated benefit value.

MEMBER CATEGORIES	
M0	Single member
M1	Member with one dependant
M2	Member with two dependants
M3	Member with three dependants
M4	Member with four dependants
M5+	Member with five dependants or more

Who can I register as dependants?

Your spouse or any other immediate family members for whom the member is liable for family care and support. Your children as long as they are under 21, not married and not earning more than E100 per month.

Special conditions

You can apply for your children to stay on the fund when they are over 21 in special situations:

- Children who are studying can stay on the fund until they are 27. You must show proof that they are studying full-time.
- Children who are disabled or mentally handicapped can also stay on the fund. The Board of Trustees will decide on all special applications. (A doctors confirmation will be required).
- Other special dependants will have six months waiting period at a monthly premium of E780 for all options.

What about pensioners and surviving spouses?

Retired members and spouses of deceased members are entitled to the same benefits as other members and pay the first income

category contributions. Retirement age 60 is considered unless retired due to ill-health.

When does my membership stop?

You stop being a member if you leave your job or if your employer withdraws from the fund. When you leave, you must give your membership card to your employer who will send it back to the fund. For individuals and government employees, termination may only be allowed at the end of the year with a three months notice of termination. Subject to approval by the scheme.

Important

- Group members are allowed to terminate membership only if the employer decides to withdraw all her employees at the end of December and a three months notice will be required. Individuals are not allowed to withdraw voluntarily.
- Group terminations before December will pay contributions for the remaining period of the year or otherwise the benefits proration rule will apply
- For treatment/coverage abroad, members are advised to take a separate cover.

CASHBACK / LOW CLAIM BONUS

Swazimed offers nine benefit options and each individual should choose an option according to his/her health care needs. For all the options, benefits are paid at Swazimed scale of benefit (SPL) with adequate annual limits.

NO/ LOW CLAIM BONUS

Members who have completed a twelve-month membership (calendar year; January-December) are entitled to a percentage of their contributions which is claimed before the end of March of the following year. Only High benefit, Standard benefit, Medium benefit and Savings plan members are entitled to these claims. Members are encouraged to write claims letters to Swazimed for tax purposes thus there is no automatic payments of bonuses.

Members on High, Standard and Medium option from January to December will be allowed to write a letter to claim a 30% incentive bonus for the previous year before the end of March in the following year. To qualify for the bonus members should have cleared all contribution arrears by March of the following year. Payment will be between June and October.

SAVINGS OPTIONS

Swazisave members can claim a 20% savings balance only if the member has 12 months membership from the beginning of the year. If the member on the savings option leaves the fund the balance of the savings will remain with the fund and the member may claim the

20% yearly. The current year balance will be paid only if the member leaves by the end of December.

100% CASH BACK CLAIMS

Members who have terminated their membership may claim 100% savings balance and payment will be processed after the lapse of the stale period (4 months) from the date of termination. Members may use their savings for future medical expenses/contributions if preferred not to claim back as cash.

WHAT HAPPENS TO MY SAVINGS WHEN I CHANGE OPTIONS?

Member's savings will be transferred to the newly selected option and members may claim 20% of the savings balance on annual basis. Applications can be sent before the end of March the following year.

WHAT HAPPENS TO MY SAVINGS WHEN I TERMINATE MEMBERSHIP DURING THE YEAR?

Members on high benefit, standard benefit, medium benefit and savings plan forfeit their savings or claims for the incomplete current financial period (January-December). Members may only claim for a full financial period. Members who join at the beginning of the year and terminate membership during the course of the year will not claim savings for that year. The balance from the previous years may only be claimed annually (20% balance every year)

EX-GRATIA ASSISTANCE

Ex-gratia is a conditional assistance which is granted to a member who has exhausted the normal benefit and there is a clinical indication that if the treatment is not received the members life will be in danger.

Terms and conditions apply.

SWAZIMED CONTRIBUTIONS AND BENEFITS FOR 2023

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
OVERALL ANNUAL LIMIT (OAL)	Unlimited per family	745,500 per family	37,950 per family	1,597,500 per family	1,597,500 per family		31,632 per family
	1,500,000 per beneficiary	404,700 per beneficiary		692,250 per beneficiary	692,250 per beneficiary	1,414,921 per family	
OUT PATIENT (OHEB)	n/a	n/a	n/a	n/a	n/a	10,231 per beneficiary	3,085 per family
NO / LOW CLAIM BONUS	Yes	Yes	Yes		No		
	30% of contributions minus all claims	30% of contributions minus all claims	30% of contributions minus all claims	No	20% of previous year savings balance is refunded to the member	No	No



CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
SAVINGS BENEFIT	No	No	No	No	Level 1: 1,200	No	No
					Level 2: 2,400		
					Level 3: 3,600		
					Level 4: 4,800		
					Level 5: 6,000		
					Level 6: 7,200		
					Level 7: 8,400		
					Level 8: 9,600		
					Level 9: 10,800		
					Level 10: 12,000		
					Level 11: 13,200		
					Level 12: 14,400		
					Level 13: 15,600		
					Level 14: 16,800		
					Level 15: 18,000		
					Level 16: 19,200		
					Level 17: 20,400		
					Level 18: 21,600		
					Level 19: 22,800		
					Level 20: 24,000		
					Level 21: 25,200		
					Level 22: 26,400		
					Level 23: 27,600		
					Level 24: 28,800		
					Level 25: 30,000		
Extra Savings Benefit (optional)	Level of choice	Level of choice	Level of choice	Level of choice	No	Level of choice	Level of choice

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
FUNERAL POLICY							
Member/Spouse	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Children: 14 - 21	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Children: 1 - 13	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Children below 1 year	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Parents	20,000	20,000	20,000	20,000	20,000	20,000	20,000
WELLNESS BENEFITS Limited to 1 GP consultation per beneficiary per annum. (For more details refer to notes on wellness benefits)	1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries - Prostate test for male beneficiaries - BMI Osteoporosis screening Mammogram for female beneficiaries Flu vaccine Pneumococcal vaccine	1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries - Prostate test for male beneficiaries - BMI Osteoporosis screening Mammogram for female beneficiaries Flu vaccine Pneumococcal vaccine	1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries - Prostate test for male beneficiaries - BMI Osteoporosis screening Mammogram for female beneficiaries Flu vaccine Pneumococcal vaccine	1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries - Prostate test for male beneficiaries - BMI Osteoporosis screening Mammogram for female beneficiaries Flu vaccine Pneumococcal vaccine	1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries - Prostate test for male beneficiaries - BMI Osteoporosis screening Mammogram for female beneficiaries Flu vaccine Pneumococcal vaccine	1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries - Prostate test for male beneficiaries - BMI Osteoporosis screening Mammogram for female beneficiaries Flu vaccine Pneumococcal vaccine	1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries - Prostate test for male beneficiaries - BMI Osteoporosis screening Mammogram for female beneficiaries Flu vaccine Pneumococcal vaccine
ALCOHOLISM AND DRUG DEPENDENCY	100% SPL	100% SPL	100% SPL	No Benefit	100% Cost	No Benefit	No Benefit
(Substance abuse)	2,385 per family	2,210 per family	1,873 per family	No Benefit	Subject to available Savings	No Benefit	No Benefit
ALTERNATIVE HEALTHCARE PRACTITIONERS	100% SPL	100% SPL	100% SPL	No Benefit	100% Cost	No Benefit	100% SPL
(Chiropractors (including X-Rays), Homeopathy and Naturopathy (Including medicines))	5,466 per family	4,441 per family	3,518 per family	No Benefit	Subject to available Savings	No Benefit	3,239 per family
AMBULANCE SERVICES	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
(Emergency only)	31,632 per family	14,829 per family	9,275 per family	14,829 per family	14,829 per family	87,989 per beneficiary	9,275 per family

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
Osseointegrated Implants (Including hospitalisation, Dental Practitioner, Anaesthetist)	100% SPL	100% SPL	100% SPL	No Benefit	100% Cost	No Benefit	100% SPL
					Subject to available Savings		
Joint limit with Advanced Dentistry							
Maxillo Facial Surgery	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
HOSPITALISATION							
INTENSIVE CARE UNIT Negotiated rates apply. Limited to E50 000 per admission For Swaziland hospitals.	50 000 per admission	50 000 per admission	No Benefit	50 000 per admission	50 000 per admission	50 000 per admission	No Benefit
	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
In-patient (Accommodation - General Ward, Theatre Fees, Medicines, Materials & Equipment)	607 per admission	607 per admission	607 per admission	607 per admission	607 per admission	607 per admission	607 per admission
	100% SPL	100% SPL	100% SPL	No Benefit	100% Cost	100% SPL	100% SPL
					Subject to available Savings		
TTO's/Take Home Medicine	607 per admission	607 per admission	607 per admission	607 per admission	607 per admission	607 per admission	607 per admission
	100% SPL	100% SPL	100% SPL	100% SPL	100% Cost	100% SPL	100% SPL
					Subject to available Savings		
In-patient (Hospital Visits/Consultations)	M0 1,708	M0 1,379	M0 860	M0 1,708	M0 1,708	M0 860	M0 860
	M1 2,126	M1 1,620	M1 1,189	M1 2,126	M1 2,126	M1 1,189	M1 1,189
	M2+ 2,543	M2+ 1,949	M2+ 1,531	M2+ 2,543	M2+ 2,543	M2+ 1,531	M2+ 1,531
Alternatives to Hospitalisation	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
Step down nursing Facilities, Private Nursing, Frail Care, Hospice & Physical rehabilitation in hospital)	21,422 per family	21,422 per family	12,995 per family	21,422 per family	21,422 per family	21,422 per beneficiary	12,995 per family
IMMUNE DEFICIENCY (related to HIV/AIDS) 3 months exclusion (Services, Materials, Medicines)	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	No Benefit	No Benefit
	Limited to acute medicine and consultation benefit						

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
MEDICINES & INJECTION MATERIAL							
Chronic Medicines 3 Months Waiting Period	M0	4,353	M0	1,381	M0	1,381	Subject to Acute medicine limit
	M1	7,959	M1	2,749	M1	2,749	
	M2+	9,515	M2+	3,433	M2+	3,433	
Acute Medicines	100% SPL	100% SPL	100% SPL		100% SPL	100% Cost, subject to OHEB	100% Cost, subject to OHEB
	M0	5,669	M0	2,278	No Benefit		M0 2,278
	M1	11,046	M1	3,682		Subject to available Savings	M1 3,085
Pharmacy Advised Therapy (OTC)	M2+	15,626	M2+	4,720			M2+ 3,085
	M0	1,417	M0	671			
	M1	2,682	M1	1,063	No Benefit	Subject to available Savings	M0 620
Within acute medicine limit	M2+	3,847	M2+	1,379			M1 987
	266	per script	266	per script	266	per script	M2+ 1,278
	100% SPL	100% SPL	100% SPL		Subject to available Savings	100% Cost	266 per script
Contraceptives (oral) Within acute medicine limit	127	per script	127	per script	127	per script	100% Cost
	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	127 per script
	38,000	per family	22,800	per family	22,800	per family	100% SPL
MOTOR VEHICLE ACCIDENTS - In hospital (Subject to MVA Protocols)	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
	316,325	per family	278,366	per family	253,060	per family	5,800 per family
							24,000 per beneficiary
							100% SPL
							1,021,097 per beneficiary

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
NON-SURGICAL PROCEDURES AND TESTS							
In Hospital	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
Out of Hospital					100% Cost		
(Sleep Studies is paid only when authorised by the Fund)	100% SPL	100% SPL	100% SPL	No Benefit	Subject to available Savings	100% SPL, subject to OHEB	100% SPL, subject to OHEB
OPTOMETRY							
Frames, Lenses, Readers	100% SPL	100% SPL	100% SPL, subject to OHEB and network provider (SpecSavers)		Subject to available Savings	100% SPL, subject to OHEB	
One in 2 year claiming period	M0 4,808	M0 3,138		No Benefit			No Benefit
	M1 7,225	M1 5,643	600 per beneficiary		Subject to available Savings	3,340 per beneficiary	
	M2+ 7,845	M2+ 6,314					
	4,808 per beneficiary	3,138 per beneficiary					
Eye Examinations	100% SPL	100% SPL	100% SPL	No Benefit	100% Cost	100% SPL, subject to OHEB	100% SPL, subject to OHEB
	One per beneficiary per annum	One per beneficiary per annum	One per beneficiary per annum		Subject to available Savings	One per beneficiary per annum	One per beneficiary per annum
Refractive Surgery (Radial Keratotomy/ Excimer Laser)	100% SPL	100% SPL	100% SPL	No Benefit	100% Cost		100% SPL
	3,664 per family	2,657 per family	2,657 per family	No Benefit	Subject to available Savings	No Benefit	2,657 per family
ORGAN TRANSPLANTS	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL within limit
For pathology & radiology the separate benefit limits apply	229,019 per family	218,897 per family	100% SPL	187,264 per family	187,264 per family	229,019 per beneficiary	
ONCOLOGY							
Radiotherapy and Chemotherapy	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
(Including medicine, radiology and pathology.)	365,859 per family	318,855 per family	100% SPL	254,325 per family	254,325 per family	628,854 per beneficiary	
Bracytherapy	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
(Within oncology limit above)	54,572 per family	54,572 per family	100% SPL	54,572 per family	54,572 per family	54,572 per beneficiary	100% SPL

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
PATHOLOGY AND MEDICAL TECHNOLOGY							
In Hospital	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
	50,941 per family	30,595 per family	430 per admission	25,470 per family	25,470 per family	100% SPL	430 per admission
Out of Hospital	100% SPL	100% SPL	100% SPL	No Benefit	100% Cost	100% SPL, subject to OHEB	100% SPL, subject to OHEB
	7,541 per family	4,606 per family	2,822 per family		Subject to available Savings		2,822 per family
PHYSIOTHERAPY AND BIOKINETICS							
In Hospital	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
(Only applicable when there is a referring doctor)	4,365 per family	2,923 per family	1,936 per family	1,936 per family	1,936 per family	1,784 per family	1,809 per family
Out of Hospital	100% SPL	100% SPL	100% SPL		100% Cost	100% SPL, subject to OHEB	100% SPL, subject to OHEB
	M0 2,240	M0 1,873	M0 1,113	No Benefit			M0 1,113
	M1 4,441	M1 3,340	M1 1,873		Subject to available Savings	1,873 per beneficiary	M1 1,873
	M2+ 6,681	M2+ 4,441	M2+ 2,581				M2+ 2,581
PREGNANCY/CONFINEMENT							
Hospitalisation	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
(Accommodation, Theatre Fees, Labour Ward Fees, Drugs, Dressings, Medicines and Materials.) Physio will only be applicable to post caesarean cases during hospital stay. Abnormal vaginal delivery will be considered for physiotherapy on application and authorisation.	40,566 per family	40,566 per family	15,905 per family	38,402 per family	38,402 per family	49,066 per beneficiary	15,905 per family
Global fee for delivery	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
Within Maternity limit above	7,908 per family	7,908 per family	4,062 per family	7,554 per family	7,554 per family	8,414 per beneficiary	4,062 per family

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
Services (Consultations, Visits & Scans)	4 x post natal midwife consultations per pregnancy	4 x post natal midwife consultations per pregnancy	2 x post natal midwife consultations per pregnancy	No Benefit	4 x post natal midwife consultations per pregnancy	4 x post natal midwife consultations per pregnancy	2 x post natal midwife consultations per pregnancy
	100% SPL	100% SPL	100% SPL	No Benefit	100% Cost Subject to available Savings	100% SPL	100% SPL
Ante-natal consults are from the Consultation benefit and Scans from Radiology benefit and scans are limited to two.							
PROSTHESIS							
Internal (e.g. Knee & Hip Replacements, etc.) - surgically implanted	70,098 per family	46,436 per family	2,429 per family	32,898 per family	32,898 per family	19,612 per beneficiary	2,429 per family
External (Includes External Fixators)	45,298 per family	24,420 per family	2,923 per family	No Benefit	Subject to available Savings	No Benefit	2,923 per family
RENAL DIALYSIS	100% SPL	100% SPL		100% SPL	100% SPL		
Acute & Chronic - for Pathology & Radiology the separate benefit limits apply.	228,662 per family	112,106 per family	No Benefit	85,155 per family	85,155 per family	No Benefit	No Benefit
RADIOLOGY & RADIOGRAPHY							
In Hospital	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL
General and Specialised (including CT Scans, MRI Scans, etc)	30,051 per family	19,941 per family	5,099 per family	19,941 per family	19,941 per family	32,341 per beneficiary	5,099 per family
Out of Hospital	100% SPL	100% SPL	100% SPL	No Benefit	100% Cost Subject to available Savings	100% SPL, subject to OHEB	100% SPL, subject to OHEB
Within Radiology limit above	3,081 per family	2,531 per family	2,353 per family				2,176 per family
PET SCAN and PET-CT Scans For staging of malignancy	1 per family per annum	1 per family per annum	1 per family per annum	1 per family per annum	1 per family per annum	1 per beneficiary per annum	1 per family per annum
Bone Densitometry	1 per family per annum	1 per family per annum	1 per family per annum	1 per family per annum	1 per family per annum	1 per beneficiary per annum	1 per family per annum
Within Radiology limit above							

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
REMEDIAL, OTHER THERAPIES & PARAMEDICAL SERVICES	100% SPL	100% SPL	100% SPL		100% SPL, subject to zero savings balance		100% SPL
(Occupational Therapy, Orthoptics, Podiatry, Speech Therapy, Audiology, Dieticians, Hearing Aid Acousticians, Genetic Counselling.)	9,895 per family	8,174 per family	6,630 per family	No Benefit	4,087 per family	No Benefit	6,478 per family
SURGICAL PROCEDURES	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL	100% SPL

ABBREVIATIONS

**SPL: Swazimed Price List. All benefits are paid at 100% SPL.
 NHRPL (SA): National Health Reference Price List (inside South Africa).
 SAOA: South African Optometrists Association.
 OHEB: Out of Hospital Benefits.**

SWAZIMED CONTRIBUTION TABLE 2023

SWAZIMED HIGH BENEFIT CONTRIBUTIONS (POLICY 1)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 3,000	2,724	3,702	4,160	4,376	4,484	4774
3,001 - 4,000	2,888	3,946	4,464	4,650	4,792	5074
4,001 - 5,000	2,914	4,018	4,528	4,740	4,888	5166
5001 - 6,000	2,988	4,048	4,558	4,790	4,906	5216
6,001 - PLUS	3,010	4,086	4,578	4,818	4,936	5264
Optional Savings (incremental of E100)	300+	300+	300+	300+	300+	300+

SWAZIMED STANDARD BENEFIT CONTRIBUTIONS (POLICY 2)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 3,000	2,360	3,222	3,616	3,786	3,930	4132
3,001 - 4,000	2,376	3,250	3,654	3,812	3,978	4156
4,001 - 5,000	2,402	3,312	3,700	3,892	4,004	4248
5001 - 6,000	2,426	3,332	3,748	3,952	4,018	4296
6,001 - PLUS	2,468	3,362	3,770	3,984	4,066	4340
Optional Savings (incremental of E100)	100+	100+	100+	100+	100+	100+

SWAZIMED MEDIUM BENEFIT CONTRIBUTIONS (POLICY 3)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 4,000	756	1,294	1,336	1,408	1,494	1552
4,001 - 6,000	794	1,360	1,398	1,468	1,560	1628
6,001 - PLUS	900	1,530	1,584	1,664	1,760	1840
Optional Savings (incremental of E100)	100+	100+	100+	100+	100+	100+

SWAZIMED HOSPITAL BENEFIT CONTRIBUTIONS (POLICY 4)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	730	1 148	1 226	1 304	1 382	1408
1,001 - 2,000	1 052	1 436	1 638	1 696	1 718	1826
2,001 - PLUS	1 122	1 516	1 702	1 802	1 834	1986

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 1 - E1,200 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	830	1248	1326	1404	1482	1508
1,001 - 2,000	1152	1536	1738	1796	1818	1926
2,001 - PLUS	1222	1616	1802	1902	1934	2086

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 2 - E2,400 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	930	1348	1426	1504	1582	1608
1,001 - 2,000	1252	1636	1838	1896	1918	2026
2,001 - PLUS	1322	1716	1902	2002	2034	2186

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 3 - E3,600 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	1030	1448	1526	1604	1682	1708
1,001 - 2,000	1352	1736	1938	1996	2018	2126
2,001 - PLUS	1422	1816	2002	2102	2134	2286

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 4 - E4,800 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	1130	1548	1626	1704	1782	1808
1,001 - 2,000	1452	1836	2038	2096	2118	2226
2,001 - PLUS	1522	1916	2102	2202	2234	2386

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 5 - E6,000 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	1230	1648	1726	1804	1882	1908
1,001 - 2,000	1552	1936	2138	2196	2218	2326
2,001 - PLUS	1622	2016	2202	2302	2334	2486

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 6 - E7,200 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	1330	1748	1826	1904	1982	2008
1,001 - 2,000	1652	2036	2238	2296	2318	2426
2,001 - PLUS	1722	2116	2302	2402	2434	2586

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 7 - E8,400 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	1430	1848	1926	2004	2082	2108
1,001 - 2,000	1752	2136	2338	2396	2418	2526
2,001 - PLUS	1822	2216	2402	2502	2534	2686

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 8 - E9,600 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	1530	1948	2026	2104	2182	2208
1,001 - 2,000	1852	2236	2438	2496	2518	2626
2,001 - PLUS	1922	2316	2502	2602	2634	2786

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 9 - E10,800 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	1630	2048	2126	2204	2282	2308
1,001 - 2,000	1952	2336	2538	2596	2618	2726
2,001 - PLUS	2022	2416	2602	2702	2734	2886

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 10 - E12,000 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	1730	2148	2226	2304	2382	2408
1,001 - 2,000	2052	2436	2638	2696	2718	2826
2,001 - PLUS	2122	2516	2702	2802	2834	2986

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 11 - E13,200 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	1830	2248	2326	2404	2482	2508
1,001 - 2,000	2152	2536	2738	2796	2818	2926
2,001 - PLUS	2222	2616	2802	2902	2934	3086

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 12 - E14,400 (POLICY 5)

Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	1930	2348	2426	2504	2582	2608
1,001 - 2,000	2252	2636	2838	2896	2918	3026
2,001 - PLUS	2322	2716	2902	3002	3034	3186

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 13 - E15,600 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2030	2448	2526	2604	2682	2708
1,001 - 2,000	2352	2736	2938	2996	3018	3126
2,001 - PLUS	2422	2816	3002	3102	3134	3286
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 14 - E16,800 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2130	2548	2626	2704	2782	2808
1,001 - 2,000	2452	2836	3038	3096	3118	3226
2,001 - PLUS	2522	2916	3102	3202	3234	3386
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 15 - E18,000 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2230	2648	2726	2804	2882	2908
1,001 - 2,000	2552	2936	3138	3196	3218	3326
2,001 - PLUS	2622	3016	3202	3302	3334	3486
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 16 - E19,200 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2330	2748	2826	2904	2982	3008
1,001 - 2,000	2652	3036	3238	3296	3318	3426
2,001 - PLUS	2722	3116	3302	3402	3434	3586
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 17 - E20,400 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2430	2848	2926	3004	3082	3108
1,001 - 2,000	2752	3136	3338	3396	3418	3526
2,001 - PLUS	2822	3216	3402	3502	3534	3686
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 18 - E21,600 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2530	2948	3026	3104	3182	3208
1,001 - 2,000	2852	3236	3438	3496	3518	3626
2,001 - PLUS	2922	3316	3502	3602	3634	3786
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 19 - E22,800 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2630	3048	3126	3204	3282	3308
1,001 - 2,000	2952	3336	3538	3596	3618	3726
2,001 - PLUS	3022	3416	3602	3702	3734	3886
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 20 - E24,000 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2730	3148	3226	3304	3382	3408
1,001 - 2,000	3052	3436	3638	3696	3718	3826
2,001 - PLUS	3122	3516	3702	3802	3834	3986
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 21 - E25,200 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2830	3248	3326	3404	3482	3508
1,001 - 2,000	3152	3536	3738	3796	3818	3926
2,001 - PLUS	3222	3616	3802	3902	3934	4086

SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 22 – E26,400 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2930	3348	3426	3504	3582	3608
1,001 - 2,000	3252	3636	3838	3896	3918	4026
2,001 - PLUS	3322	3716	3902	4002	4034	4186
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 23 – E27,600 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	3030	3448	3526	3604	3682	3708
1,001 - 2,000	3352	3736	3938	3996	4018	4126
2,001 - PLUS	3422	3816	4002	4102	4134	4286
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 24 – E28,800 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	3130	3548	3626	3704	3782	3808
1,001 - 2,000	3452	3836	4038	4096	4118	4226
2,001 - PLUS	3522	3916	4102	4202	4234	4386
SWAZIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 25 – E30,000 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	3230	3648	3726	3804	3882	3908
1,001 - 2,000	3552	3936	4138	4196	4218	4326
2,001 - PLUS	3622	4016	4202	4302	4334	4486
SWAZIMED NEW GENERATION PLAN CONTRIBUTIONS - (POLICY 6)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
All	1 240	2 114	-	-	-	0
Optional Savings (incremental of E100)	100+	100+				
SWAZIMED LOW COST OPTION CONTRIBUTIONS - (POLICY 7)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 2,000	448	770	794	834	886	926
2,001 - 3,000	478	810	838	876	930	974
3,001 - 6,000	498	858	878	926	980	1022
6,001 - PLUS	642	1 098	1 140	1 194	1 262	1320
Optional Savings (incremental of E100)	100+	100+	100+	100+	100+	100+
PRIMARY CARE OPTION - (POLICY 8)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 – 4,000	326	554	574	604	642	666
4,001 – 6,000	340	584	600	628	668	698
6,001 - PLUS	384	656	684	716	756	790

PRIMARY CARE OPTION - POLICY NO. 8

The Primary Care Option (policy No. 8) offers members primary care. Studies have proved that primary care is an essential need in order to minimize high cost illnesses. Primary care reduces the risk of hospital admission thus this policy does not cover hospitalization but only out-patient treatment.

BENEFITS		
CATEGORY	PRIMARY CARE OPTION	
Extra Savings Benefit (Optional)	No	
FUNERAL POLICY		
Member/Spouse	E20,000	
Children: 14-21	E20,000	
Children: 1-13	E10,000	
Children: 0-1	E5,000	
Parents	E20,000	
CONSULTATIONS AND VISITS		
	100% SPL	
Rooms or Home (General Practitioners, Specialits & Nurse Practitioners)	M0:	3,138
	M1:	4,087
	M2+:	5,188
OPTOMERY		
Frames, Lenses, Readers One in 2 year claiming period starting from 1 January 2016 to 31 December 2017 (12months exclusions)	No benefit	
Eye Examinations Refractive Surgery (Radial Keratotomy/ Excimer Laser)	One per beneficiary per annum	
PATHOLOGY AND MEDICAL TECHNOLOGY		
Out of Hospital	100% SPL 2,687	
PHYSIOTHERAPY - Out of Hospital	2574	
Radiology and Specialised (including CT Scans, MRI Scans, etc) Out Hospital	100% SPL 2,353 Per Family	
Within Radiology limit above PET SCAN and PET-CT scans	No benefit	
WELLNESS BENEFITS Limited to 1 GP consultation per beneficiary per annum (see more details on the back-notes)	Limited and included in Wellness benefit. <ul style="list-style-type: none"> • One GP consultation per beneficiary per annum covering: • One GP consultation fee per beneficiary (tariff code 07344) • One Cholesterol for all beneficiaries aged 40 years and older, every year. (tariff code 4025) pathology test • One Cholesterol for all beneficiaries aged 29-39 years and older, every year. One lipogram every 5 years. • Blood pressure • One Blood glucose • One Pap Smear for all female beneficiaries aged 21yrs and older. • Limited to one test, every two years. (tariff code 4559/4566) pathology test • One Prostate (PSA) for males aged 45yrs and older. Limited to one test every two years. (tariff Code 4519) pathology test • One Colo- rectal screening (faecal occult blood) for all beneficiaries aged 50 years and older every year. (tariff 4351) pathology test. • One osteoporosis Screening (bone densitometry) for all beneficiaries aged 50 years and older every 2 years. • One breast cancer screening (Mammogram) female beneficiaries aged 50-74 years every 2 years. • Annual Flu vaccine for all beneficiaries age 6 years and older. • One pneumococcal vaccine for beneficiaries age 65 years and older per life time. 	
MEDICINES & INJECTION MATERIAL (100% SPL)	M0:	1,455
	M1:	2,898
	M2+:	3,619
Pharmacy Advised Therapy (OTC) (100% SPL)	M0:	671
	M1:	1,063
	M2+:	1,379
Script limit	266 per script MPL	
Contraceptives (oral) within acute medicine limit	120 per script MPL	

STUDENT OPTION - POLICY NO. 9

The student option covers full-time students (below 27 years) in school, tertiary and University. The students pay contributions in advance, annually.

CATEGORY	STUDENT OPTION					
OVERALL ANNUAL LIMIT (OAL)	Unlimited	per beneficiary	Osseointegrated Implants		Refractive Surgery (Radial Keratotomy/ Excimer Laser)	2,324 per beneficiary
	Unlimited	per beneficiary	(Including hospitalisation, Dental Practitioner, Anaesthetist)	Subject to available benefits	ORGAN TRANSPLANTS	
OUT PATIENT (OHEB) NO / LOW CLAIM BONUS	n/a		Joint limit with Advanced Dentistry		For pathology & radiology the separate benefit limits apply,	Subject to available benefits
	No		Maxillo Facial Surgery	Subject to available benefits	ONCOLOGY	
SAVINGS BENEFIT	No		HOSPITALISATION		Radiotherapy and Chemotherapy (Including medicine, radiology and pathology.)	Subject to available benefits
Extra Savings Benefit (optional)	No		In-patient (Accommodation - General Ward, Theatre Fees, Medicines, Materials & Equipment) TTO's/Take Home Medicine	531 per admission	Brachytherapy (Within oncology limit above)	Subject to available benefits
FUNERAL POLICY					PATHOLOGY AND MEDICAL TECHNOLOGY	
Member	15,000		In-patient Consultation	100% SPL M0 753	In Hospital	376 per admission
ALCOHOLISM AND DRUG DEPENDENCY	Subject to available benefits		Alternatives to Hospitalisation	11,366 per family	Out of Hospital	2,468 per beneficiary
(Substance abuse)	1,638 per beneficiary		IMMUNE DEFICIENCY (related to HIV/AIDS)		PHYSIOTHERAPY AND BIOKINETICS	
ALTERNATIVE HEALTHCARE PRACTITIONERS	Subject to available benefits		(Services, Materials, Medicines)		In Hospital	1,693 per beneficiary
(Chiropractors (including X-Rays), Homeopathy and Naturopathy (Including medicines))	3,077 per family		Limited to acute medicine and consultation benefit	100% SPL	Referral letter required	
AMBULANCE SERVICES	Subject to available benefits		MEDICINES & INJECTION MATERIAL		Out of Hospital	M0 974
(Emergency only)	Unlimited	per family	Chronic Medicines 3 Months Waiting Period	100% SPL	PREGNANCY/CONFINEMENT	
APPLIANCES - MEDICAL AND SURGICAL	100% Cost		Only cover for: (refer to the notes for list of chronic illnesses)	M0 1,208	Hospitalisation	No Benefit
	4,028	per beneficiary	Acute Medicines	100% SPL M0 1,992	Global fee	No Benefit
Wheelchairs - within above limit	2,213	per beneficiary	Pharmacy Advised Therapy (OTC)	100% SPL	Ante-natal consults	No Benefit
Hearing Aids - within above limit	2,545	per beneficiary	Within acute medicine limit	M0 587	Scans from Radiology benefit	No Benefit
BLOOD AND BLOOD PRODUCTS	100% Cost		Schedule 0, 1 and 2 only	232 per script 100% SPL	PROSTHESIS	100% SPL
CONSULTATIONS AND VISITS (General Practitioners, Specialists & Nurse Practitioners) Rooms or Home	M0	2,745	Contraceptives (oral) Within acute medicine limit	111 per script MPL	Internal	2,125 per beneficiary
In Hospital for Specialist	100% SPL		MENTAL HEALTH - In and out of hospital	2,523 per beneficiary	External	2,556 per beneficiary
DENTISTRY			MOTOR VEHICLE ACCIDENTS - In hospital (Subject to MVA Protocols)	100% SPL	RENAL DIALYSIS	No Benefit
Advanced Dentistry/Oral Surgery	No Benefit		NON-SURGICAL PROCEDURES AND TESTS		RADIOLOGY & RADIOGRAPHY	
Basic/Ordinary & Restorative	4,294	per beneficiary	In Hospital	100% SPL	In Hospital	
	-		Out of Hospital (Sleep Studies is paid only when authorised by the Fund)	Subject to available benefits	General and Specialised (including CT Scans, MRI Scans, etc)	4,460 per beneficiary
	-		OPTOMETRY		Out of Hospital Within Radiology limit above	2,058 per beneficiary
			Frames, Lenses, Readers One in 2 year claiming period	Subject to OHEB 2,922 per beneficiary	PET SCAN and PET-CT Scans	1 per family per annum
			Eye Examinations	One per beneficiary per annum	Bone Densitometry	1 per family per annum
					REMEDIAL, OTHER THERAPIES & PARAMEDICAL SERVICES	
					(Occupational Therapy, Orthoptics, Podiatry, Speech Therapy, Audiology, Dieticians, Hearing Aid Acousticians, Genetic Counselling.)	100% SPL 2,900 per beneficiary
					SURGICAL PROCEDURES - 100% SPL	

SPL: Swazimed Price List
 NHRPL (SA): National Health Reference Price List (inside South Africa)
 SAOA: South African Optometrists Association
 OHEB: Out of Hospital Benefits

STUDENT OPTION (POLICY NO. 9)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
All	498.00	n/a	n/a	n/a	n/a	n/a

NOTES ON CONTRIBUTIONS

Ordinary Members

The total monthly contributions, based in the income of the member and dependants registered is payable by the member and employer in accordance with the contributions as set out in the tables.

Contributions must be paid to the fund not later than the seventh day of each month.

Pensioners / surviving spouses

The contributions shall be in accordance with the first income band (0-3000) of the applicable contribution table and the number of registered dependants. Only applicable to Swazimed members with minimum 5 year membership.

Contribution for second wife

Contributions payable for the second wife shall be the normal dependant rate equivalent of a single member in the monthly income band of the principal member on the contribution table.

Aged Parents (Registration as a member)

The Contribution payable for aged parents shall be an equivalent rate of a single member in the income band of a principal member. Aged parents contribute 3 months in advance. (Applicable to direct paying aged parents).

NB

General waiting period of 24 months on aged parents.

Group Anti-selection

An employer which practices on anti-selection will be required to pay an additional contribution of 50% of their monthly premiums for remaining staff members.

Individual Members/Direct Paying Members (DPM)

Members categorised as individuals pay in the last income band and contributes 3 months in advance.

No incentive bonus for students.

NB:

Members on the new generation plan will be allowed to change option during the year only if they attain the age of 40.

Members on savings plan are allowed to top-up their levels during the year.

Hospital Plan members can upgrade to Swazi Savings Plan during the course of the year.

Later joiner fees

Direct Paying Members joining the scheme after 50 years of age will be liable for a plus 50% of contributions penalties on monthly basis for the duration of his/her membership. This is not applicable for group members.

WHAT IS MANAGED CARE AND WHY IS IT NEEDED?

Managed care aims to reduce the risk posed by disease or injury.

It is a holistic approach to promote health, prevent disease and treat existing disease appropriately and cost-effectively, within a given budget.

WHAT IS PRE-AUTHORISATION

- Pre-authorisation is the PRIOR approval of any planned admission to a hospital and also includes any associated treatment or procedures (including dental procedures) performed during hospitalisation. This enables Swazimed to ensure that you do not go to hospital for treatment that could have been done less cost-effectively and with the same efficiency in an alternative setting (like doctor's rooms) or stay longer than clinically indicated. That way your medical scheme can ensure better control over future premium increases.
- For non-emergency procedures including pregnancy, you need to apply for Pre-Authorization 48 hours before you are admitted to hospital or before you make out-patient visit to hospital. You also obtain pre-authorization before you have a CT scan, MRI scan or Radio-isotope study.
- If you are unsure if pre-authorisation is required, it is recommended that you contact the Authorisation Centre on the contact number listed below.
- The Submitted Hospital Bill must match what was pre-authorized.

WHAT HAPPENS IN THE EVENT OF AN EMERGENCY?

In the event of an emergency treatment/admission to hospital over a weekend, public holiday or at night you MUST contact the Authorisation Centre on the first working date

after the incident. If you are still in hospital on that first working day after your admission to hospital, your hospital will contact the Authorisation Centre on your behalf.

The telephone numbers for pre-authorisation are 8004001/+26824043718/24058400

- Fax number +268 2404 1601
- Emergency Number: +268 7806 2944
+268 7806 2941
+268 7806 2938
+268 7802 3305
- E-mail request to auths@swazimed.com

WHO MAY REQUEST PRE-AUTHORISATION (PAR)?

- Treating Doctor
- Hospital
- Radiologist
- Member / Beneficiary / Family Member Intermediary

WHAT INFORMATION DO YOU NEED TO APPLY FOR PAR?

- Your Swazimed membership number;
- Date of admission and the proposed date for the operation (this is particularly important as we do not routinely authorise days prior to planned surgery -any such days will have to be applied for and motivated);
- Name of the doctor and his/her telephone and practice numbers.
- Name of the hospital with their telephone and practice numbers.
- In the event of a CT Scan, MRI Scan, Radio-Isotope study etc, the name of the radiological practice is also required;
- Ask your doctor for a full description of:
- the reason for admission to hospital or reason for scan;
- the associated medical diagnosis; and
- the planned procedures as well as the tariff codes that the doctor intends to use.

DID YOU KNOW?

Swaziland Medical Aid Fund pays the rates set out annually by the Swazimed Board of Directors. These rates are known as Swazimed Price List (SPL).

Doctors and other medical service providers who charge Swazimed Price List submit accounts directly to the fund. These doctors are then paid by the fund according to the fund's rules.

SAMA RATES

Some providers are "contracted out" and charge fees higher than Swazimed Price List. These are known as SAMA Rates (South African Medical Association) and are also referred to as "private fees".

Medical accounts charged at SAMA rates are sent directly from the supplier to the member for payment.

However, should you attach a receipt of payment to your account, you will be refunded with the Swazimed rates. You are responsible for paying the supplier the difference between SPL and the amount charged.

PHARMACY ADVISED THERAPY

You don't always have to go to a doctor to get medicine. Your registered pharmacist can sell you medicine over the counter (OTC).

For example a mild sore throat, cold, a mild cough or anything similar, ask your pharmacist to dispense medicine and clearly write, "PAT" on your claim.

The cost of this claim is deducted from your normal Acute (Routine) Medicine Benefit. You don't have to pay for this out of your pocket.

MANAGEMENT OF FRAUD AND ABUSE

Fraud continues to be a major concern to Swazimed, millions of Emalangenani are lost as a result of these fraudulent claims.

These losses through fraud have a negative impact on the contributions made by members.

Swazimed has measures in place to detect and manage fraud and abuse of benefits. You can help to combat fraud by anonymously contacting our Fraud Hotline if you are aware of any practitioner or patient abusing the system.

Fraud Telephone No.: 2404 0339