



hosmed
medical scheme

care for life

Established
IN 1988



Our Vision

Care for Life



Our Mission

To be the medical scheme of choice by offering affordable, innovative and quality healthcare benefits, tailored to optimise the wellbeing of our members



Our Values

- Compassion
- Accountability
- Excellence
- Integrity
- Innovation
- Transparency

Our Value Proposition

- Value for money benefits
- Unique options to cater for a variety of medical needs
- Providing sustained excellence and personalised services on a national basis to members
- A scheme that is accepted by all service providers
- A professional and pro-active management approach
- We always act in the best interest of our members

2021 CONTRIBUTIONS

| | Plus Option | Value Option | Value Core Option | Access Option | | | Essential Option | | |
|---|-------------|--------------|-------------------|---------------|---------|--------|------------------|----------------|----------|
| Monthly Income | R0+ | R0+ | R0+ | R0+ | R0+ | R0+ | R0-R8 500 | R8 501-R13 000 | R13 001+ |
| | | | | Risk | Savings | Total | | | |
|  Member | R5 642 | R3 495 | R3 215 | R1 838 | R612 | R2 450 | R1 480 | R1 773 | R2 131 |
|  Adult | R4 693 | R2 835 | R2 610 | R1 582 | R528 | R2 110 | R1 421 | R1 702 | R2 027 |
|  Child* | R1 052 | R660 | R610 | R356 | R120 | R476 | R508 | R655 | R825 |

* Member pays for the first three children only

HOSMED PRODUCT OFFERING FOR 2021



Plus Option

Designed for families that want comprehensive healthcare cover that affords them total peace of mind

In Hospital Benefit
No Overall Annual Limit

Out of Hospital Benefits

Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum:

M - R 12 772
M+1 - R 26 908
M+2 - R 29 366
M+3 - R 32 338

Statutory Prescribed Minimum Benefits (PMBs)
Unlimited

Emergency medical cover whilst traveling outside of South Africa

- ✓ 100% of Scheme rates payable in RSA currency.
- ✓ Subject to completion of documentation prior to leaving RSA.
- ✓ Subject to approval by Scheme.



Value Option

Designed for families that want to be assured of substantial healthcare cover

In Hospital Benefit
No Overall Annual Limit

Out of Hospital Benefits

Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum:

M - R 9 906
M+1 - R 20 918
M+2 - R 22 754
M+3 - R 25 200

Statutory Prescribed Minimum Benefits (PMBs)
Unlimited

Emergency medical cover whilst traveling outside of South Africa

- ✓ 100% of Scheme rates payable in RSA currency.
- ✓ Subject to completion of documentation prior to leaving RSA.
- ✓ Subject to approval by Scheme.



Value Core Option

Contribution discounted option with substantial healthcare cover

In Hospital Benefit
No Overall Annual Limit

Out of Hospital Benefits

Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum:

M - R 9 906
M+1 - R 20 918
M+2 - R 22 754
M+3 - R 25 200

Statutory Prescribed Minimum Benefits (PMBs)
Unlimited

Emergency medical cover whilst traveling outside of South Africa

- ✓ 100% of Scheme rates payable in RSA currency.
- ✓ Subject to completion of documentation prior to leaving RSA.
- ✓ Subject to approval by Scheme.



Access Option

A new generation option for young families, assuring adequate healthcare cover

In Hospital Benefit
No Overall Annual Limit

Out of Hospital Benefits

Out of Hospital benefits including GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively paid from MSA. Annual Member Savings Account:

Out of hospital subject to sub limits and MSA*

No Overall Annual Limit

Statutory Prescribed Minimum Benefits (PMBs)
Unlimited

Emergency medical cover whilst traveling outside of South Africa

- ✓ 100% of Scheme rates payable in RSA currency.
- ✓ Subject to completion of documentation prior to leaving RSA.
- ✓ Subject to approval by Scheme.



Essential Option

Suitable for families looking for essential cover

In Hospital Benefit
Limited to PMB conditions

Out of Hospital Benefits

Out of Hospital benefits GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are limited to PMBs

Unlimited PMB benefits

Subject to DSP

Statutory Prescribed Minimum Benefits (PMBs)
Unlimited

Emergency medical cover whilst traveling outside of South Africa

- ✓ No Benefit.



SUMMARY OF 2021 BENEFIT CHANGES

2021 benefit design informed mainly by 2019 and Q1 2020 utilisation and expenditure levels:

- Increased Medicine utilisation and expenditure
- Higher admission rates and increased length of hospital stay
- Increased GP and specialist consultations
- HQA findings: Increased back and neck surgeries, especially readmissions

Noting: Aging profile of scheme member and higher prevalence of chronic conditions

SUMMARY OF 2021 BENEFIT CHANGES

RECOMMENDED CHANGES:

- No applicable overall % benefit increase
- **Introduction of soft limits and co-payments to curb wasteful utilisation of benefits as follows:**
 - 30% co-payments for GP and Specialist consultations above a certain benefit utilisation threshold
 - 30% on acute medicines above a certain benefit utilisation threshold
 - Non-PMB hospital admissions co-payments (R 3500 for Plus, and R 2500 for Value)
 - Failure to pre-authorise carries an additional co-payment of R 5 000 (for both PMBs and non-PMBs)
 - 10% co-payment for non-PMB MRI and CT scans
 - R5 000 for non-PMB back and neck surgery
 - Co-payment for in-hospital laparoscopic procedure increased from R5 592 to R 7500
 - Voluntary use of non-DSP hospital will result in a co-payment of R 15 000 per admission
- **Introduction of additional management controls**
 - Non-PMB psychiatric admissions are limited to psychiatric emergencies and failed out-patient management
 - Non -PMB Laparoscopic procedures will be funded up to PMB level of care, for patients who meet the clinical criteria
 - Introduction of expanded network to include specialist network
 - Specialised and value- added programmes such as Back and Neck (initially),
 - Introduction of a joint In and Out of hospital Radiology and Pathology benefit, with sublimit
 - Improve Oncology management (by ICON) to include haematological PMB cancers



SUMMARY OF 2021 BENEFIT CHANGES

ADDITIONAL BENEFITS

- Unlimited Oncology benefits, with 20% co-pay will apply above a certain utilisation threshold for non-PMBs
- Separate benefit for male and female sterilisation (previously joined)
- Increased Optical benefits:
 - Clear Single vision per lens from **R185** to **R210**
 - Clear Bifocal per lens from **R420** to **R445**
 - Clear Base Multifocal per lens from **R745** to **R770**
- Age limit removed from the funding of the Frenectomy
- Prostatectomies funded up to PMB level of care, including RALP subject to qualifying clinical criteria

2021 BENEFIT HIGHLIGHTS



PLUS – BENEFITS HIGHLIGHTS

GP and Specialist Consultations

- **General Practitioner Consultations:**
- **16** GP Visits per Beneficiary
- Limited to **26** GP Visits per Family per Annum
- A 30% co-payment will apply after the 10th GP visit per Beneficiary
- **Specialist Consultations:**
- Member: **5** Visits • Member + **1** = **7** Visits • Member + **2** + = **9** Visits

Acute Medicines including PAT

- Limited to **R15 350** per family per annum

Chronic Medication

- PMB chronic medicine unlimited
- Non PMB medicine limited to **R14 683** per beneficiary per annum and **R28 083** (pfpa)

Dentistry

- Advanced Dentistry Limited to **R 8 580** (pfpa)

Optometry(Network Only) - *Available once every two years*

- Frames /Lens Enhancements – **R1230** – Contact lenses – **R2 915**



VALUE – BENEFITS HIGHLIGHTS

GP and Specialist Consultations

- **General Practitioner Consultations:**
- **10** GP Visits per Beneficiary
- Limited to **20** GP Visits per Family per Annum
- A 30% co-payment will apply after the 7th GP visit per Beneficiary
- **Specialist Consultations:**
- Member: **3** Visits • Member + **1** = **5** Visits • Member + **2** + = **7** Visits
- **Acute Medicines including PAT**
- Limited to **R9 550** per family per annum

Chronic Medication

- PMB chronic medicine unlimited
- Non PMB medicine limited to **R6 917** per beneficiary per annum and **R13 960** (pfpa)

Dentistry

- Advanced Dentistry Limited to **R 6 370** (pfpa)

Optometry(Network Only) - *Available once every two years*

- Frames /Lens Enhancements – **R 795** – Contact lenses – **R 1 810**



VALUE CORE – BENEFITS HIGHLIGHTS

GP and Specialist Consultations

- **General Practitioner Consultations:**
- Unlimited visits & acute medication from any GP within the DSP* Network at 100% of DSP* Tariff*
- A 30% co-payment will apply for GP consultations outside the DSP* Network
- **Specialist Consultations:**
- Member: **3** Visits • Member + **1** = **5** Visits • Member + **2** += **7** Visits
- Specialist consultations require GP referral or payment will made not be made, except for: Paediatricians • Gynaecologists
 - *Only one additional specialist visit without a GP referral will be allowed per beneficiary per annum and shall be paid at GP rates*

Acute Medicines including PAT

- Limited to **R9 550** per family per annum

Chronic Medication

- PMB chronic medicine unlimited
- Non PMB medicine limited to **R6 917** per beneficiary per annum and **R13 960** (pfpa)

Dentistry

- Advanced Dentistry Limited to **R 6 370** (pfpa)

Optometry(Network Only) - *Available once every two years*

- Frames /Lens Enhancements – **R 795** – Contact lenses – **R 1 810**



ACCESS – BENEFITS HIGHLIGHTS

GP and Specialist Consultations

- GP visits and Specialist visits paid from the Medical Savings Account (MSA) - *Specialist referral required*
- *4 Additional GP visits per family once MSA* is depleted*

Acute Medicines including PAT

- Paid from MSA*

Chronic Medication

- PMB chronic medicine unlimited

Dentistry

- Advanced Dentistry (Subject to PMB's only)

Optometry(Network Only) - *Available once every two years* •

Frames /Lens Enhancements – R 548 – Contact lenses – R 995 – *Paid from Risk*

ESSENTIAL – BENEFITS HIGHLIGHTS

GP and Specialist Consultations

- **Unlimited** GP visits within a Designated Service Provider Network* - and 3 specialist visits *pfpa* (Specialist referral required) – Subject to pre-*authorisation*

Acute Medicines including PAT

- **Unlimited** Acute Medication dispensed by the DSP* GP

Chronic Medication

- **PMB** chronic medicine unlimited

Dentistry

- **Advanced Dentistry** – *Limited to PMB conditions only*

Optometry (Network Only) - *Available once every two years*

- **Frames / Lens Enhancements – R 300** – **Contact lenses – R 645**

Hospital cares about its pregnant mothers. At 24 weeks of maternity, the Scheme offers a

free maternity bag. Call **0860 00 00 48** to register.



| |  Maternity Visit(s) |  Maternity Ultrasound(s) |  Home Delivery |  Hospital Confinement |  Immunisation benefit |  Antenatal Classes |
|--------------------------|--|--|---|--|---|--|
| Plus Option | <ul style="list-style-type: none"> Additional 6 GP consultations and 3 specialist consultations per pregnancy (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit) | <ul style="list-style-type: none"> Limited to three (3) 2D ultrasounds per pregnancy for In and Out of Hospital | <ul style="list-style-type: none"> 100% of Negotiated Tariff* | <ul style="list-style-type: none"> 100% Scheme Tariff NVD – Limited to 3 days Caesarean – Limited to 4 days | <ul style="list-style-type: none"> Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age. | <ul style="list-style-type: none"> Limited to R555 per Beneficiary per annum |
| Value Option | <ul style="list-style-type: none"> Additional 6 GP consultations and 3 specialist consultations per Pregnancy at GP or Specialist (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit) | <ul style="list-style-type: none"> Limited to two (2) 2D ultrasounds per pregnancy for In and Out of Hospital | <ul style="list-style-type: none"> 100% of Negotiated Tariff* | <ul style="list-style-type: none"> 100% Scheme Tariff NVD – Limited to 2 days Caesarean – Limited to 3 days | <ul style="list-style-type: none"> Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age | <ul style="list-style-type: none"> No benefit |
| Value Core Option | <ul style="list-style-type: none"> Additional 6 GP consultations and 3 specialist consultations per Pregnancy (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit) | <ul style="list-style-type: none"> Limited to two (2) 2D ultrasounds per pregnancy for In and Out of Hospital | <ul style="list-style-type: none"> 100% of Negotiated Tariff* | <ul style="list-style-type: none"> 100% Scheme Tariff NVD – Limited to 2 days Caesarean – Limited to 3 days | <ul style="list-style-type: none"> Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age | <ul style="list-style-type: none"> No benefit |
| Access Option | <ul style="list-style-type: none"> 7 GP consultations and 2 specialist consultations per Pregnancy at GP or Specialist (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit) | <ul style="list-style-type: none"> Limited to two (2) 2D ultrasounds per pregnancy for In and Out of Hospital | <ul style="list-style-type: none"> 100% of Negotiated Tariff* | <ul style="list-style-type: none"> 100% Scheme Tariff NVD – Limited to 2 days Caesarean – Limited to 3 days | <ul style="list-style-type: none"> Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age | <ul style="list-style-type: none"> No benefit |
| Essential Option | <ul style="list-style-type: none"> 100% of Scheme Tariff* Subject to DSP* GP and Specialist consultation limit as per General Practitioner Consultations | <ul style="list-style-type: none"> Limited to two (2) 2D ultrasounds per pregnancy for In and Out of Hospital | <ul style="list-style-type: none"> 100% of Negotiated Tariff* | <ul style="list-style-type: none"> 100% Scheme Tariff NVD – Limited to 2 days Caesarean – Limited to 3 days | <ul style="list-style-type: none"> Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age | <ul style="list-style-type: none"> No benefit |



WELLNESS PROGRAMME



Plus Option

100% of Scheme Tariff*

- 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum
- 1 Free Mammogram for Females over 40 Years per beneficiary per Annum
- 1 Free PSA for Males over 40 Years per beneficiary per Annum
- 1 Free Cholesterol Test over 20 Years per beneficiary per Annum
- 1 Free Flu Vaccine per beneficiary per Annum
- 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum
- 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum
- 1 Free Blood Pressure test per beneficiary per Annum
- 1 Free HIV Test per beneficiary per Annum
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum

Value Option

100% of Scheme Tariff*

- 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum
- 1 Free Mammogram for Females over 40 Years per beneficiary per Annum
- 1 Free PSA for Males over 40 Years per beneficiary per Annum
- 1 Free Cholesterol Test over 20 Years per beneficiary per Annum
- 1 Free Flu Vaccine per beneficiary per Annum
- 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum
- 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum
- 1 Free Blood Pressure test per beneficiary per Annum
- 1 Free HIV Test per beneficiary per Annum
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum

Value Core Option

100% of Scheme Tariff*

- 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum
- 1 Free Mammogram for Females over 40 Years per beneficiary per Annum
- 1 Free PSA for Males over 40 Years per beneficiary per Annum
- 1 Free Cholesterol Test over 20 Years per beneficiary per Annum
- 1 Free Flu Vaccine per beneficiary per Annum
- 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum
- 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum
- 1 Free Blood Pressure test per beneficiary per Annum
- 1 Free HIV Test per beneficiary per Annum
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- 1 Free Pneumococcal vaccination per beneficiary over the age of 65 years of age per Annum

Access Option

100% of Scheme Tariff*

- 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum
- 1 Free Mammogram for Females over 40 Years per beneficiary per Annum
- 1 Free PSA for Males over 40 Years per beneficiary per Annum
- 1 Free Cholesterol Test over 20 Years per beneficiary per Annum
- 1 Free Flu Vaccine per beneficiary per Annum
- 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum
- 1 Free Blood Pressure check per beneficiary per Annum
- 1 Free HIV Test per beneficiary per Annum
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum

Essential Option

100% of Scheme Tariff*

- 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum
- 1 Free Mammogram for Females over 40 Years per beneficiary per Annum
- 1 Free PSA for Males over 40 Years per beneficiary per Annum
- 1 Free Cholesterol Test over 20 Years per beneficiary per Annum
- 1 Free Flu Vaccine per beneficiary per Annum
- 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum
- 1 Free Blood Pressure check per beneficiary per Annum
- 1 Free HIV Test per beneficiary per Annum
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum

CHRONIC DISEASE MANAGEMENT PROGRAMME (CDL)



Plus Option

- 100% of Scheme Tariff*
- Treatment is subject to the treatment Care plan and clinical protocols per CDL



Value Option

- 100% of Scheme Tariff*
- Treatment is subject to the treatment Care plan and clinical protocols per CDL



Value Core Option

- 100% of Scheme Tariff*
- Treatment is subject to the treatment Care plan and clinical protocols per CDL



Access Option

- 100% of Scheme Tariff*
- Treatment is subject to the treatment Care plan and clinical protocols per CDL



Essential Option

- 100% of Scheme Tariff*
- Treatment is subject to the treatment Care plan and clinical protocols per CDL

HIV/AIDS MANAGEMENT PROGRAMME



Plus Option

- 100% of Scheme Tariff*
- Treatment is subject to the treatment Care plan and clinical protocols per CDL



Value Option

- 100% of Scheme Tariff*
- Treatment is subject to the treatment Care plan and clinical protocols per CDL



Value Core Option

- 100% of Scheme Tariff*
- Treatment is subject to the treatment Care plan and clinical protocols per CDL



Access Option

- 100% of Scheme Tariff*
- Treatment is subject to the treatment care plan and clinical protocols



Essential Option

- 100% of Scheme Tariff*
- Treatment is subject to the treatment care plan and clinical protocols



COVID-19



Plus Option

- 100% of Scheme Tariff*
- Subject to PMBs



Value Option

- 100% of Scheme Tariff*
- Subject to PMBs



Value Core Option

- 100% of Scheme Tariff*
- Subject to PMBs



Access Option

- 100% of Scheme Tariff*
- Subject to PMBs



Essential Option

- 100% of Scheme Tariff*
- Subject to PMBs





THANK YOU