

## HIVCare Programme Guide 2024

### Who we are

Sasolmed (referred to as 'the Scheme'), registration number 1234, is a non-profit organisation registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery takes care of the administration of your membership for the Scheme.

### Overview

This document gives you information about the HIVCare Programme. It explains your cover for HIV and AIDS related healthcare. We also give you information on how we cover healthcare providers consultations, laboratory tests and x-rays.

### We deal with each case with complete confidentiality

Our healthcare team respects your right to privacy and will always deal with any clinical-related query or case with complete confidentiality.

### About some of the terms we use

Here is a list of some of the terms that you may not be familiar with, along with their meanings:

Terminology	Description
Co-payment	Sasolmed pays service providers at the set Scheme Tariff. If the service providers charge more than the Scheme Tariff, the outstanding amount will be for your own cost.
Designated Service Provider (DSP)	A healthcare provider or group of providers designated by the Scheme to provide services to our members for the diagnosis, treatment and care of medical conditions.
Emergency Medical Condition	An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
Formulary	Also known as a chronic disease medicine list, is a list of cost-effective, evidence-based medicines that the Scheme funds for certain conditions.
ICD-Code	A clinical code that describes diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Payment arrangement	We have payment arrangements in place with specific healthcare providers to pay them in full at a higher tariff.

<p>Prescribed Minimum Benefits (PMB)</p>	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> <li>• An emergency medical condition</li> <li>• A defined list of 271 diagnoses</li> <li>• A defined list of 27 chronic conditions</li> </ul> <p>To access PMBs there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> <li>• Your medical condition must qualify for cover and be part of the defined list of PMB conditions</li> <li>• The treatment needed must match the treatments in the defined treatment basket</li> <li>• You must use DSP where applicable.</li> </ul> <p>This does not apply in emergencies. However, even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If you do not use a DSP, we will pay up to the Scheme Tariff. The difference between what we pay and the actual cost of your treatment will be for your own cost.</p> <p>If your treatment doesn't meet the above criteria, we will pay according to your network option.</p>
<p>Procedure or treatment code</p>	<p>Procedure or treatment codes are a sub-type of medical classification used to identify specific surgical, medical, or diagnostic interventions.</p>
<p>Scheme Tariff</p>	<p>This is a tariff we pay for healthcare services from hospitals, pharmacies, healthcare providers and other providers of relevant health services.</p>

## You have access to clinically sound and cost-effective treatment

We base the Sasolmed HIVCare protocols on the Southern African HIV Clinicians' Society and South African Department of Health guidelines. Approval of HIV-related services are subject to PMB guidelines and your network option benefits.

**OR**

Sasolmed's coverage policies are developed using a rigorous, evidence-based decision-making process, consisting of a clinical and financial filter. The clinical filter uses evidence-based literature, the opinions of local and international leaders, and current treatment guidelines to ensure that the healthcare service is safe, ethical, clinically appropriate and cost-effective. Sasolmed reserves the right to review this when needed.

## Benefits available for your HIVCare management

### Prescribed Minimum Benefits cover

HIV is classified as PMB condition. There are specific treatment protocols that are covered as part of these benefits. You can read more on these benefits in the Prescribed Minimum Benefit Guide on [sasolmed.co.za](http://sasolmed.co.za).

### Hospital admissions

When you know you are going to hospital, you need to tell us beforehand. You must pre-authorise your admission to hospital at least 72 hours before you are admitted. Please phone us on **0860 002 134** and follow the prompts to obtain approval. When you contact us, you have to provide specific information about your procedure and admission so that we can load an authorisation. This includes the date of the admission, your healthcare provider's name and practice number, the hospital name and practice number, the diagnosis (ICD-10) code and procedure or treatment codes.

### GP and specialist consultations

If you are registered on the HIVCare Programme, we pay for four GP consultations and one specialist consultation for the year. The DSP for GP consultations is your PGP. We may pay more consultations including paediatricians, if clinically required and approved. There is no DSP for specialists.

We pay up to the Scheme Tariff for consultations with a GP who is your PGP and up to 80% of the Scheme Tariff for consultations with a GP who is not your PGP. If you are on the Restricted Network Option, an additional 10% co-payment will apply if your PGP is not on the Scheme's GP Network.

If you haven't registered, we pay the consultation costs from available funds in the out-of-hospital benefits. We pay these claims up to the Scheme Tariff. You will be responsible to pay any co-payment.

### Blood tests

The Scheme pays HIV specific blood tests for members who are registered on the HIVCare Programme. These tests are a measure of how many copies of HIV (viral load) are present in the blood and how well the immune system is functioning (CD4 count) and are instrumental in managing the your response to treatment.

For members registered on the HIVCare Programme we cover the following blood tests up to the Scheme Tariff:

Test	Number of tests we cover for each member a year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1 (we only cover this test if we have approved funding before the test is done)

For members not registered on the HIVCare Programme, tests are paid from your available out-of-hospital benefits.

### HIV drug resistance test

You need authorisation to have this test covered from the Scheme's hospital benefits, whether the tests are done in-hospital or out-of-hospital. If you have not registered on the HIVCare Programme, the cost of the tests will be paid from your available out-of-hospital benefits. If you have run out of funds these costs will be for your own pocket.

## Emergency preventative treatment in cases of trauma and sexual assault

In the event of sexual assault or a trauma that may have resulted in you coming into contact with another person's blood, immediate treatment is necessary. Go straight to the emergency room and they will administer preventative medicine. HIV waiting periods do not apply under these circumstances. For preventative treatment in the case of mother-to-child transmission, trauma or workman's compensation, no HIV waiting periods will apply to preventative medicine. Cover is subject to national treatment guidelines and benefit confirmation. Members do not need to register on the HIVCare Programme for this preventative treatment.

## HIV Anti-Retroviral and Supportive Medicine

For more information about cover for your medicine including formularies please visit [mediscor.co.za](http://mediscor.co.za) > Information for Members > Search Client Medicine Formulary and select either the Comprehensive Network Option Formulary or the Restricted Network Option Formulary to view the formulary (medicine list) for your chosen Chronic Network Designated Service Provider (DSP).

If you are on the Restricted Network Option your DSP pharmacy is the Medipost Courier Pharmacy. There is no DSP for the Comprehensive Network Option.

## Getting the most out of your benefits

### Register on the HIVCare Programme to access comprehensive HIV benefits

Call us on **0860 002 134**, fax **011 539 3151** or email [HIV.disease.management@sasolmed.co.za](mailto:HIV.disease.management@sasolmed.co.za) to register. The HIVCare team will only speak to you as the patient or to your treating healthcare provider about any HIV-related query.

## Your healthcare provider can apply for additional cover

If clinically appropriate, you can request additional cover if your condition requires this through an appeals process.

## Contact us

You can find other important information on our website at [sasolmed.co.za](http://sasolmed.co.za) or contact us on 0860 002 134.

## Complaints process

You may lodge a complaint or query with Sasolmed directly on **0860 002 134** or send an email to [enquiries@sasolmed.co.za](mailto:enquiries@sasolmed.co.za). If the query or complaint remains unresolved, you may address a complaint in writing to the Principal Officer. Please be sure to include the reference number obtained through the process with the Administrator.

Should your complaint still not be resolved to your satisfaction, you may lodge a formal dispute by following the Scheme's internal disputes process, as explained on the website at [sasolmed.co.za](http://sasolmed.co.za).

You may, as a last resort, approach the Council for Medical Schemes for assistance: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / **0861 123 267** / [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za) / [www.medicalschemes.co.za](http://www.medicalschemes.co.za)