

ESWATINI MEDICAL AID FUND (ESWATINIMED)

BACKGROUND

The Eswatini Medical Aid Fund (EswatiniMed) formerly known as EswatiniMed is a Section 21 company (registered as a none-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 EswatiniMed 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

EswatiniMed 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?

EswatiniMed 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.

EswatiniMed 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 EswatiniMed Benefit Plans offer an optional savings to cater for all charges above the EswatiniMed Price List (EPL) 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 EswatiniMed works will assist you in better understanding your claims queries.

HOW TO SUBMIT YOUR CLAIMS

- 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 EswatiniMed 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, EswatiniMed 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 EswatiniMed 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 EswatiniMed 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 EswatiniMed membership number
- Create and enter your password, then confirm password
- Enter details (cellphone number or email) that is already in EswatiniMed 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.

NB: Cross border transfer is limited and restricted to preferred service provider(s), subject to pre authorisation and scheme rules.

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
- Repatriation of patients far from home

With EswatiniMed 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:

AfriCare Emergency Medical Assist		Chivaz Ambulance		Emergcare	
Toll Free	1112 / 0911	Service	7699 0911	Toll Free	0966
Cell	7802 1112 / 7802 1911	EPR	977	Cell	7809 0966 / 7909 0966



MEDICINE MANAGEMENT PROGRAMME

EswatiniMed 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, EswatiniMed 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 EswatiniMed 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
- The facility must be accredited by the Health Service Accreditation of Southern Africa (COHSASA)
- Signed memorandum of understanding with EswatiniMed which sets terms and conditions of operating an ICU including list of required specialist i.e ICU intensivist, ICU nurse and necessary specialists such as anaesthesiologist.
- Pre-authorisation approval needed before patient admission.
- Admission to ICU must meet ICU guidelines obtainable from the scheme.

NB

The scheme pays negotiated rates. Limited to 2 days per admission For Swaziland hospitals. The rate per day should be agreed between EswatiniMed and the hospitals at the beginning of each year.

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 EswatiniMed 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 EswatiniMed 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 EswatiniMed offices to discuss what you should do.

A detailed list of the benefits excluded can be obtained from the EswatiniMed 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 EswatiniMed. 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 EswatiniMed. 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 E868 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.

What happens to claims of members who have terminated their membership?

- The scheme will pay claims up to the termination date.
- Member will be liable for all claims paid after the termination period.
- Employer should notify the scheme prior to the termination date.

NB: Termination only applies to a member who has terminated his/her services with the employer.

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

EswatiniMed 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 EswatiniMed scale of benefit (EPL) 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 EswatiniMed 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.

ESWATINIMED CONTRIBUTIONS AND BENEFITS FOR 2025

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	1,414,921 per family	31,632 per family
	1,500,000 per beneficiary	404,700 per beneficiary		692,250 per beneficiary	692,250 per beneficiary		
OUT PATIENT (OHEB)	n/a	n/a	n/a	n/a	n/a	10,732 per beneficiary	3,236 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% EPL	100% EPL	100% EPL	No Benefit	100% Cost	No Benefit	No Benefit
(Substance abuse)	2,502 per family	2,318 per family	1,965 per family		Subject to available Savings		
ALTERNATIVE HEALTHCARE PRACTITIONERS							
(Chiropractors (including X-Rays), Homeopathy and Naturopathy (Including medicines))	5,734 per family	4,659 per family	3,690 per family	No Benefit	Subject to available Savings	No Benefit	3,398 per family
AMBULANCE SERVICES (Emergency only)	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
	33,182 per family	15,556 per family	9,729 per family	15,556 per family	15,556 per family	92,300 per beneficiary	9,729 per family

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
APPLIANCES - MEDICAL AND SURGICAL							
Wheelchairs - within above limit	15,663 per family	12,132 per family	4,831 per family			5,641 Subieto to OHEB	4,831 per family
Hearing Aids - within above limit	9,105 per family	7,327 per family	2,655 per family	No Benefit	Subject to available Savings	5,641 Subieto to OHEB	2,655 per family
BLOOD AND BLOOD PRODUCTS							
	9,371 per family	6,875 per family	3,053 per family			5,641 Subieto to OHEB	3,053 per family
	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
CONSULTATIONS AND VISITS							
(General Practitioners, Specialists & Nurse Practitioners)							
Rooms or Home (OUTPATIENT)							
Nurses' Consultation Limit (with negotiated rates)							
	M0 8,163	M0 5,442	M0 3,292	No Benefit		100% EPL, subject to OHEB	100% EPL, subject to OHEB
	M1 9,331	M1 6,424	M1 4,287			10 visits per beneficiary per annum	M0 3,236
	M2+ 10,897	M2+ 7,778	M2+ 5,442				M1 3,236
	M0 381	M0 254	M0 154				M2+ 3,236
	M1 436	M1 300	M1 200	No Benefit	Subject to available Savings	Within the above consultation visits	Subject to available Savings
	M2+ 509	M2+ 363	M2+ 254				
In Hospital	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
DENTISTRY							
Advanced Dentistry/Oral Surgery (Inlays, Crowns, Bridges, Study Models, Metal Base, Oral medicines by: Orthodontists, Periodontists, Prosthodontists and Dental Technicians)							
	100% EPL	100% EPL			100% Cost		
	M0 6,453	M0 4,429		No Benefit		No Benefit	No Benefit
	M1 11,008	M1 7,971	No Benefit				
	M2+ 15,184	M2+ 11,514					
Basic/Ordinary & Restorative (Including Plastic Dentures, Dental Technicians & Dental Therapist) Joint limit with Advanced Dentistry							
	100% EPL	100% EPL	100% EPL, subject to emergency treatment only at network provider		100% Cost	100% EPL, subject to OHEB	
	M0 2,670	M0 2,037	M0 509	No Benefit			No Benefit
	M1 4,884	M1 3,859	M1 965				
	M2+ 6,833	M2+ 5,466	M2+ 1,366			4,909 within OHEB per beneficiary	

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
Osseointegrated Implants (Including hospitalisation, Dental Practitioner, Anaesthetist) Joint limit with Advanced Dentistry	100% EPL	100% EPL	100% EPL	No Benefit	100% Cost Subject to available Savings	No Benefit	100% EPL
	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
HOSPITALISATION							
INTENSIVE CARE UNIT Negotiated rates apply. Limited to 2 days per admission For Swaziland hospitals. Subject to the pre authorisation and sub limit	41,960 per admission	31,470 per admission	No Benefit	31,470 per admission	31,470 per admission	20,980 per admission	No Benefit
	100% EPL	100% EPL	60% EPL	100% EPL	100% EPL	100% EPL	100% EPL
In-patient (Accommodation - General Ward, Theatre Fees, Medicines, Materials & Equipment)	637 per admission	637 per admission	637 per admission	637 per admission	637 per admission	637 per admission	637 per admission
	100% EPL	100% EPL	100% EPL	No Benefit	100% Cost Subject to available Savings	100% EPL	100% EPL
TTO's/Take Home Medicine In-patient (Hospital Visits/Consultations)	637 per admission	637 per admission	637 per admission	637 per admission	637 per admission	637 per admission	637 per admission
	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
	M0 1,792 M1 2,230 M2+ 2,668	M0 1,447 M1 1,699 M2+ 2,044	M0 903 M1 1,248 M2+ 1,606	M0 1,792 M1 2,230 M2+ 2,668	M0 1,792 M1 2,230 M2+ 2,668	M0 903 M1 1,248 M2+ 1,606	M0 903 M1 1,248 M2+ 1,606
Alternatives to Hospitalisation Step down nursing Facilities, Private Nursing, Frail Care, Hospice & Physical rehabilitation in hospital)	22,471 per family	22,471 per family	13,631 per family	22,471 per family	22,471 per family	22,471 per beneficiary	13,631 per family

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
IMMUNE DEFICIENCY (related to HIV/AIDS) 3 months exclusion (Services, Materials, Medicines) Limited to acute medicine and consultation benefit	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	No Benefit	No Benefit
	MEDICINES & INJECTION MATERIAL						
	Chronic Medicines 3 Months Waiting Period						
Only cover for: hypertension, diabetic, asthma, epileptic, ulcer, bipolar, schizophrania, allergic rhinitis, arthritis, chronic obstructive pulmonary disease, cardiac failure and cardiomyopathy, coronary artery disease, hyperlipidaemia, gout and hypothyroidism, multiple sclerosis, glaucoma, Crohn's Disease, Parkinson's Disease, Addison's Disease, Osteoporosis.	M0 4,566	M0 2,884	M0 1,448	M0 1,448	M0 1,448	Within OHEB per beneficiary	Subject to Acute medicine limit
	M1 8,349	M1 5,037	M1 2,884	M1 2,884	M1 2,884		
	M2+ 9,981	M2+ 7,216	M2+ 3,602	M2+ 3,602	M2+ 3,602		
Acute Medicines	100% EPL	100% EPL	100% EPL		100% EPL	Subject to OHEB per beneficiary	100% Cost, subject to OHEB
	M0 5,946	M0 4,367	M0 2,389	No Benefit	M0 2,389		
	M1 11,587	M1 7,990	M1 3,862		M1 3,236		
M2+ 16,392	M2+ 10,963	M2+ 4,951		M2+ 3,236			
Pharmacy Advised Therapy (OTC)							
	M0 1,487	M0 1,075	M0 703	No Benefit	Subject to available Savings	Subject to acute medicine limit	M0 650
	M1 2,814	M1 2,017	M1 1,115		Subject to available Savings		M1 1,035
M2+ 4,035	M2+ 2,708	M2+ 1,447		Subject to available Savings	M2+ 1,341		
	266 per script	266 per script	266 per script		266 per script	266 per script	266 per script
	100% EPL	100% EPL	100% EPL	No Benefit	Subject to available Savings	100% Cost	100% Cost
Contraceptives (oral) Within acute medicine limit	127 per script	127 per script	127 per script	No Benefit	127 per script	115 per script	127 per script

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
MENTAL HEALTH							
In Hospital	21 days per admission	21 days per admission	21 days per admission	21 days per admission	21 days per admission	21 days per admission	21 days per admission
Out of Hospital	10,214 per family	4,995 per family	1,264 per family	4,974 per family	4,995 per family	5,255 per beneficiary	1,264 per family
	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
MOTOR VEHICLE ACCIDENTS - In hospital	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
(Subject to MVA Protocols)	316,325 per family	278,366 per family		253,060 per family	253,060 per family	1,021,097 per beneficiary	
NON-SURGICAL PROCEDURES AND TESTS							
In Hospital	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
Out of Hospital	100% EPL	100% EPL	100% EPL	No Benefit	100% Cost	100% EPL, subject to OHEB	100% EPL, subject to OHEB
(Sleep Studies is paid only when authorised by the Fund)					Subject to available Savings		
OPTOMETRY							
Frames, Lenses, Readers	100% EPL	100% EPL	100% EPL, subject to OHEB and network provider (SpecSavers)		Subject to available Savings	100% EPL, subject to OHEB	
One in 2 year claiming period	M0 5,044	M0 3,292		No Benefit		No Benefit	No Benefit
	M1 7,579	M1 5,920	629 per beneficiary		Subject to available Savings	3,504 per beneficiary	
	M2+ 8,229	M2+ 6,623					
	5,044 per beneficiary	3,292 per beneficiary					
Frames sub limits	1,648 per beneficiary	1,049 per beneficiary	Subject to Optometry limit	No Benefit	Subject to available savings	1,364 per beneficiary	No Benefit
Eye Examinations	100% EPL	100% EPL	100% EPL	No Benefit	100% Cost	100% EPL, subject to OHEB	100% EPL, subject to OHEB
	One per beneficiary per annum	One per beneficiary per annum	One per beneficiary per annum	No Benefit	Subject to available Savings	One per beneficiary per annum	One per beneficiary per annum
Refractive Surgery	100% EPL	100% EPL	100% EPL		100% Cost		100% EPL
(Radial Keratotomy/ Excimer Laser)	3,823 per family	2,787 per family	2,787 per family	No Benefit	Subject to available Savings	No Benefit	2,787 per family

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
ORGAN TRANSPLANTS	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	
For pathology & radiology the separate benefit limits apply	240,241 per family	229,623 per family	100% EPL	196,440 per family	196,440 per family	240,241 per beneficiary	100% EPL within limit
ONCOLOGY							
Radiotherapy and Chemotherapy	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
(Including medicine, radiology and pathology.)	365,859 per family	318,855 per family	100% EPL	254,325 per family	254,325 per family	628,854 per beneficiary	100% EPL
Bracytherapy	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
(Within oncology limit above)	54,572 per family	54,572 per family	100% EPL	54,572 per family	54,572 per family	54,572 per beneficiary	100% EPL
PATHOLOGY AND MEDICAL TECHNOLOGY							
In Hospital	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
	5,733 per admission	3,438 per admission	472 per admission	2,867 per admission	2,867 per admission	2,538 per admission	472 per admission
Out of Hospital	100% EPL	100% EPL	100% EPL	No Benefit	100% Cost	100% EPL, subject to OHEB	100% EPL, subject to OHEB
	7,911 per family	4,831 per family	2,960 per family		Subject to available Savings		2,960 per family
PHYSIOTHERAPY AND BIOKINETICS							
In Hospital	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
(Only applicable when there is a referring doctor)	4,579 per family	3,066 per family	2,031 per family	2,031 per family	2,031 per family	1,871 per family	1,898 per family
Out of Hospital	100% EPL	100% EPL	100% EPL		100% Cost	100% EPL, subject to OHEB	100% EPL, subject to OHEB
	M0 2,349	M0 1,964	M0 1,168.00	No Benefit			M0 1,168
	M1 4,659	M1 3,504	M1 1,964.00				M1 1,964
	M2+ 7,008	M2+ 4,659	M2+ 2,708.00				M2+ 2,708

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
PREGNANCY/CONFINEMENT							
Hospitalisation	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
(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% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
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
	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
Services (Consultations, Visits & Scans)					100% Cost		
Ante-natal consults are from the Consultation benefit and Scans from Radiology benefit and scans are limited to two.	100% EPL	100% EPL	100% EPL	No Benefit	Subject to available Savings	100% EPL	100% EPL
PROSTHESIS							
Internal (e.g. Knee & Hip Replacements, etc.) - surgically implanted	73,532 per family	48,712 per family	2,548 per family	34,510 per family	34,510 per family	20,573 per beneficiary	2,548 per family
External (Includes External Fixators)	47,517 per family	25,617 per family	3,066 per family	No Benefit	Subject to available Savings	No Benefit	3,066 per family
RENAL DIALYSIS	100% EPL	100% EPL		100% EPL	100% EPL		
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

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
RADIOLOGY & RADIOGRAPHY							
In Hospital	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
General and Specialised (including CT Scans, MRI Scans, etc)	31,523 per family	20,918 per family	5,349 per family	20,918.00 per family	20,918 per family	33,926 per beneficiary	5,349 per family
Out of Hospital	100% EPL	100% EPL	100% EPL	No Benefit	100% Cost	100% EPL, subject to OHEB	100% EPL, subject to OHEB
Within Radiology limit above	3,232 per family	2,655 per family	2,469 per family		Subject to available Savings		2,283 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							
REMEDIAL, OTHER THERAPIES & PARAMEDICAL SERVICES							
(Occupational Therapy, Orthotics, Podiatry, Speech Therapy, Audiology, Dieticians, Hearing Aid Acousticians, Genetic Counselling.)	10,379 per family	8,574 per family	6,955 per family	No Benefit	100% EPL, subject to zero savings balance	No Benefit	6,796 per family
SURGICAL PROCEDURES	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL

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

ESWATINIMED CONTRIBUTION TABLE 2025

ESWATINIMED HIGH BENEFIT CONTRIBUTIONS (POLICY 1)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	3,032	4,120	4,630	4,870	4,992	5,314
1,001 - 2,000	3,032	4,120	4,630	4,870	4,992	5,314
2,001 - 4,000	3,032	4,120	4,630	4,870	4,992	5,314
4,001 - 6,000	3,242	4,474	5,040	5,276	5,442	5,750
6,001 - 10,000	3,350	4,548	5,094	5,364	5,494	5,860
10,001-PLUS	3,518	4,776	5,348	5,632	5,768	6,154
Optional Savings (incremental of E100)	300+	300+	300+	300+	300+	300+
ESWATINIMED STANDARD BENEFIT CONTRIBUTIONS (POLICY 2)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	2,628	3,586	4,024	4,214	4,374	4,600
1,001 - 2,000	2,628	3,586	4,024	4,214	4,374	4,600
2,001 - 4,000	2,628	3,586	4,024	4,214	4,374	4,600
4,001 - 6,000	2,674	3,686	4,118	4,332	4,456	4,728
6,001 - 10,000	2,746	3,742	4,196	4,436	4,526	4,830
10,001- PLUS	2,884	3,930	4,406	4,658	4,752	5,072
Optional Savings (incremental of E100)	100+	100+	100+	100+	100+	100+
ESWATINIMED MEDIUM BENEFIT CONTRIBUTIONS (POLICY 3)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1000	842	1,440	1,486	1,566	1,664	1,728
1001 - 2,000	842	1,440	1,486	1,566	1,664	1,728
2,001 - 4,000	842	1,440	1,486	1,566	1,664	1,728
4,001 - 6,000	884	1,514	1,556	1,634	1,736	1,812
6,001 - 10,000	1,002	1,704	1,764	1,852	1,960	2,048
10,001 - PLUS	1,052	1,790	1,852	1,944	2,058	2,150
Optional Savings (incremental of E100)	100+	100+	100+	100+	100+	100+
ESWATINIMED HOSPITAL BENEFIT CONTRIBUTIONS (POLICY 4)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1000	812	1,276	1,366	1,452	1,538	1,566
1,001 - 2,000	1,172	1,598	1,822	1,888	1,914	2,032
2,001 - 4,000	1,250	1,686	1,894	2,006	2,042	2,212
4,001 - 6,000	1,250	1,686	1,894	2,006	2,042	2,212
6,001 - 10,000	1,250	1,686	1,894	2,006	2,042	2,212
10,001 - PLUS	1,312	1,770	1,988	2,106	2,144	2,322
ESWATINIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 1 - E1,200 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1000	912	1,376	1,466	1,552	1,638	1,666
1,001 - 2,000	1,272	1,698	1,922	1,988	2,014	2,132
2,001 - 4,000	1,350	1,786	1,994	2,106	2,142	2,312
4,001 - 6,000	1,350	1,786	1,994	2,106	2,142	2,312
6,001 - 10,000	1,350	1,786	1,994	2,106	2,142	2,312
10,001 - PLUS	1,412	1,870	2,088	2,206	2,244	2,422
ESWATINIMED SAVINGS PLAN CONTRIBUTIONS - LEVEL 2 - E2,400 (POLICY 5)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1000	1,012	1,476	1,566	1,652	1,738	1,766
1,001 - 2,000	1,372	1,798	2,022	2,088	2,114	2,232
2,001 - 4,000	1,450	1,886	2,094	2,206	2,242	2,412
4,001 - 6,000	1,450	1,886	2,094	2,206	2,242	2,412
6,001 - 10,000	1,450	1,886	2,094	2,206	2,242	2,412
10,001 - PLUS	1,512	1,970	2,188	2,306	2,344	2,522
ESWATINIMED 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	1,112	1,576	1,666	1,752	1,838	1,866
1,001 - 2,000	1,472	1,898	2,122	2,188	2,214	2,332
2,001 - 4,000	1,550	1,986	2,194	2,306	2,342	2,512
4,001 - 6,000	1,550	1,986	2,194	2,306	2,342	2,512
6,001 - 10,000	1,550	1,986	2,194	2,306	2,342	2,512
10,001 - PLUS	1,612	2,070	2,288	2,406	2,444	2,622

ESWATINIMED 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	1,212	1,676	1,766	1,852	1,938	1,966
1,001 - 2,000	1,572	1,998	2,222	2,288	2,314	2,432
2,001 - 4,000	1,650	2,086	2,294	2,406	2,442	2,612
4,001 - 6,000	1,650	2,086	2,294	2,406	2,442	2,612
6,001 - 10,000	1,650	2,086	2,294	2,406	2,442	2,612
10,001 - PLUS	1,712	2,170	2,388	2,506	2,544	2,722
ESWATINIMED 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	1,312	1,776	1,866	1,952	2,038	2,066
1,001 - 2,000	1,672	2,098	2,322	2,388	2,414	2,532
2,001 - 4,000	1,750	2,186	2,394	2,506	2,542	2,712
4,001 - 6,000	1,750	2,186	2,394	2,506	2,542	2,712
6,001 - 10,000	1,750	2,186	2,394	2,506	2,542	2,712
10,001 - PLUS	1,812	2,270	2,488	2,606	2,644	2,822
ESWATINIMED 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	1,412	1,876	1,966	2,052	2,138	2,166
1,001 - 2,000	1,772	2,198	2,422	2,488	2,514	2,632
2,001 - 4,000	1,850	2,286	2,494	2,606	2,642	2,812
4,001 - 6,000	1,850	2,286	2,494	2,606	2,642	2,812
6,001 - 10,000	1,850	2,286	2,494	2,606	2,642	2,812
10,001 - PLUS	1,912	2,370	2,588	2,706	2,744	2,922
ESWATINIMED 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	1,512	1,976	2,066	2,152	2,238	2,266
1,001 - 2,000	1,872	2,298	2,522	2,588	2,614	2,732
2,001 - 4,000	1,950	2,386	2,594	2,706	2,742	2,912
4,001 - 6,000	1,950	2,386	2,594	2,706	2,742	2,912
6,001 - 10,000	1,950	2,386	2,594	2,706	2,742	2,912
10,001 - PLUS	2,012	2,470	2,688	2,806	2,844	3,022
ESWATINIMED 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	1,612	2,076	2,166	2,252	2,338	2,366
1,001 - 2,000	1,972	2,398	2,622	2,688	2,714	2,832
2,001 - 4,000	2,050	2,486	2,694	2,806	2,842	3,012
4,001 - 6,000	2,050	2,486	2,694	2,806	2,842	3,012
6,001 - 10,000	2,050	2,486	2,694	2,806	2,842	3,012
10,001 - PLUS	2,112	2,570	2,788	2,906	2,944	3,122
ESWATINIMED 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	1,712	2,176	2,266	2,352	2,438	2,466
1,001 - 2,000	2,072	2,498	2,722	2,788	2,814	2,932
2,001 - 4,000	2,150	2,586	2,794	2,906	2,942	3,112
4,001 - 6,000	2,150	2,586	2,794	2,906	2,942	3,112
6,001 - 10,000	2,150	2,586	2,794	2,906	2,942	3,112
10,001 - PLUS	2,212	2,670	2,888	3,006	3,044	3,222
ESWATINIMED 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	1,812	2,276	2,366	2,452	2,538	2,566
1,001 - 2,000	2,172	2,598	2,822	2,888	2,914	3,032
2,001 - 4,000	2,250	2,686	2,894	3,006	3,042	3,212
4,001 - 6,000	2,250	2,686	2,894	3,006	3,042	3,212
6,001 - 10,000	2,250	2,686	2,894	3,006	3,042	3,212
10,001 - PLUS	2,312	2,770	2,988	3,106	3,144	3,322
ESWATINIMED 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	1,912	2,376	2,466	2,552	2,638	2,666
1,001 - 2,000	2,272	2,698	2,922	2,988	3,014	3,132
2,001 - 4,000	2,350	2,786	2,994	3,106	3,142	3,312
4,001 - 6,000	2,350	2,786	2,994	3,106	3,142	3,312
6,001 - 10,000	2,350	2,786	2,994	3,106	3,142	3,312
10,001 - PLUS	2,412	2,870	3,088	3,206	3,244	3,422

ESWATINIMED 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	2,012	2,476	2,566	2,652	2,738	2,766
1,001 - 2,000	2,372	2,798	3,022	3,088	3,114	3,232
2,001 - 4,000	2,450	2,886	3,094	3,206	3,242	3,412
4,001 - 6,000	2,450	2,886	3,094	3,206	3,242	3,412
6,001 - 10,000	2,450	2,886	3,094	3,206	3,242	3,412
10,001 - PLUS	2,512	2,970	3,188	3,306	3,344	3,522
ESWATINIMED 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	2,112	2,576	2,666	2,752	2,838	2,866
1,001 - 2,000	2,472	2,898	3,122	3,188	3,214	3,332
2,001 - 4,000	2,550	2,986	3,194	3,306	3,342	3,512
4,001 - 6,000	2,550	2,986	3,194	3,306	3,342	3,512
6,001 - 10,000	2,550	2,986	3,194	3,306	3,342	3,512
10,001 - PLUS	2,612	3,070	3,288	3,406	3,444	3,622
ESWATINIMED 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	2,212	2,676	2,766	2,852	2,938	2,966
1,001 - 2,000	2,572	2,998	3,222	3,288	3,314	3,432
2,001 - 4,000	2,650	3,086	3,294	3,406	3,442	3,612
4,001 - 6,000	2,650	3,086	3,294	3,406	3,442	3,612
6,001 - 10,000	2,650	3,086	3,294	3,406	3,442	3,612
10,001 - PLUS	2,712	3,170	3,388	3,506	3,544	3,722
ESWATINIMED 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	2,312	2,776	2,866	2,952	3,038	3,066
1,001 - 2,000	2,672	3,098	3,322	3,388	3,414	3,532
2,001 - 4,000	2,750	3,186	3,394	3,506	3,542	3,712
4,001 - 6,000	2,750	3,186	3,394	3,506	3,542	3,712
6,001 - 10,000	2,750	3,186	3,394	3,506	3,542	3,712
10,001 - PLUS	2,812	3,270	3,488	3,606	3,644	3,822
ESWATINIMED 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	2,412	2,876	2,966	3,052	3,138	3,166
1,001 - 2,000	2,772	3,198	3,422	3,488	3,514	3,632
2,001 - 4,000	2,850	3,286	3,494	3,606	3,642	3,812
4,001 - 6,000	2,850	3,286	3,494	3,606	3,642	3,812
6,001 - 10,000	2,850	3,286	3,494	3,606	3,642	3,812
10,001 - PLUS	2,912	3,370	3,588	3,706	3,744	3,922
ESWATINIMED 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	2,512	2,976	3,066	3,152	3,238	3,266
1,001 - 2,000	2,872	3,298	3,522	3,588	3,614	3,732
2,001 - 4,000	2,950	3,386	3,594	3,706	3,742	3,912
4,001 - 6,000	2,950	3,386	3,594	3,706	3,742	3,912
6,001 - 10,000	2,950	3,386	3,594	3,706	3,742	3,912
10,001 - PLUS	3,012	3,470	3,688	3,806	3,844	4,022
ESWATINIMED 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	2,612	3,076	3,166	3,252	3,338	3,366
1,001 - 2,000	2,972	3,398	3,622	3,688	3,714	3,832
2,001 - 4,000	3,050	3,486	3,694	3,806	3,842	4,012
4,001 - 6,000	3,050	3,486	3,694	3,806	3,842	4,012
6,001 - 10,000	3,050	3,486	3,694	3,806	3,842	4,012
10,001 - PLUS	3,112	3,570	3,788	3,906	3,944	4,122
ESWATINIMED 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	2,712	3,176	3,266	3,352	3,438	3,466
1,001 - 2,000	3,072	3,498	3,722	3,788	3,814	3,932
2,001 - 4,000	3,150	3,586	3,794	3,906	3,942	4,112
4,001 - 6,000	3,150	3,586	3,794	3,906	3,942	4,112
6,001 - 10,000	3,150	3,586	3,794	3,906	3,942	4,112
10,001 - PLUS	3,212	3,670	3,888	4,006	4,044	4,222

ESWATINIMED 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	2,812	3,276	3,366	3,452	3,538	3,566
1,001 - 2,000	3,172	3,598	3,822	3,888	3,914	4,032
2,001 - 4,000	3,250	3,686	3,894	4,006	4,042	4,212
4,001 - 6,000	3,250	3,686	3,894	4,006	4,042	4,212
6,001 - 10,000	3,250	3,686	3,894	4,006	4,042	4,212
10,001 - PLUS	3,312	3,770	3,988	4,106	4,144	4,322
ESWATINIMED 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	2,912	3,376	3,466	3,552	3,638	3,666
1,001 - 2,000	3,272	3,698	3,922	3,988	4,014	4,132
2,001 - 4,000	3,350	3,786	3,994	4,106	4,142	4,312
4,001 - 6,000	3,350	3,786	3,994	4,106	4,142	4,312
6,001 - 10,000	3,350	3,786	3,994	4,106	4,142	4,312
10,001 - PLUS	3,412	3,870	4,088	4,206	4,244	4,422
ESWATINIMED 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	3,012	3,476	3,566	3,652	3,738	3,766
1,001 - 2,000	3,372	3,798	4,022	4,088	4,114	4,232
2,001 - 4,000	3,450	3,886	4,094	4,206	4,242	4,412
4,001 - 6,000	3,450	3,886	4,094	4,206	4,242	4,412
6,001 - 10,000	3,450	3,886	4,094	4,206	4,242	4,412
10,001 - PLUS	3,512	3,970	4,188	4,306	4,344	4,522
ESWATINIMED 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	3,112	3,576	3,666	3,752	3,838	3,866
1,001 - 2,000	3,472	3,898	4,122	4,188	4,214	4,332
2,001 - 4,000	3,550	3,986	4,194	4,306	4,342	4,512
4,001 - 6,000	3,550	3,986	4,194	4,306	4,342	4,512
6,001 - 10,000	3,550	3,986	4,194	4,306	4,342	4,512
10,001 - PLUS	3,612	4,070	4,288	4,406	4,444	4,622
ESWATINIMED 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	3,212	3,676	3,766	3,852	3,938	3,966
1,001 - 2,000	3,572	3,998	4,222	4,288	4,314	4,432
2,001 - 4,000	3,650	4,086	4,294	4,406	4,442	4,612
4,001 - 6,000	3,650	4,086	4,294	4,406	4,442	4,612
6,001 - 10,000	3,650	4,086	4,294	4,406	4,442	4,612
10,001 - PLUS	3,712	4,170	4,388	4,506	4,544	4,722
ESWATINIMED 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	3,312	3,776	3,866	3,952	4,038	4,066
1,001 - 2,000	3,672	4,098	4,322	4,388	4,414	4,532
2,001 - 4,000	3,750	4,186	4,394	4,506	4,542	4,712
4,001 - 6,000	3,750	4,186	4,394	4,506	4,542	4,712
6,001 - 10,000	3,750	4,186	4,394	4,506	4,542	4,712
10,001 - PLUS	3,812	4,270	4,488	4,606	4,644	4,822
ESWATINIMED NEW GENERATION PLAN CONTRIBUTIONS - (POLICY 6)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
All	1,380	2,352	-	-	-	0
Optional Savings (incremental of E100)	100+	100+				
ESWATINIMED LOW COST OPTION CONTRIBUTIONS - (POLICY 7)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 2,000	498	856	884	928	988	1,032
2,001 - 3,000	532	900	932	974	1,036	1,084
3,001 - 6,000	554	956	976	1,032	1,090	1,138
6,001 - PLUS	714	1,222	1,268	1,330	1,404	1,470
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	364	618	638	672	714	742
4,001 - 6,000	378	652	668	700	744	778
6,001 - PLUS	428	730	762	796	842	880

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% EPL	
Rooms or Home (General Practitioners, Specialits & Nurse Practitioners)	M0:	3,292
	M1:	4,287
	M2+:	5,442
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% EPL 2,819	
PHYSIOTHERAPY - Out of Hospital		
Radiology and Specialised (including CT Scans, MRI Scans, etc) Out Hospital	100% EPL 2,469 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% EPL)	M0:	1,526
	M1:	3,040
	M2+:	3,796
Pharmacy Advised Therapy (OTC) (100% EPL)	M0:	703
	M1:	1,115
	M2+:	1,447
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)	250,000	per beneficiary	Osseointegrated Implants	Subject to available benefits	Refractive Surgery (Radial Keratotomy/Excimer Laser)	2,438 per beneficiary	
OUT PATIENT (OHEB)	n/a		(Including hospitalisation, Dental Practitioner, Anaesthetist)		Subject to available benefits	ORGAN TRANSPLANTS	
NO / LOW CLAIM BONUS	No		Joint limit with Advanced Dentistry			For pathology & radiology the separate benefit limits apply,	Subject to available benefits but limited to 186,999
SAVINGS BENEFIT	No		Maxillo Facial Surgery	Subject to available benefits	PATHOLOGY AND MEDICAL TECHNOLOGY		
Extra Savings Benefit (optional)	No		HOSPITALISATION		In Hospital	394 per admission	
FUNERAL POLICY			In-patient (Accommodation - General Ward, Theatre Fees, Medicines, Materials & Equipment) TTO's/Take Home Medicine	Subject to available benefits	Out of Hospital	2,589 per beneficiary	
Member	20,000		In-patient Consultation	557 per admission	PHYSIOTHERAPY AND BIOKINETICS		
ALCOHOLISM AND DRUG DEPENDENCY	Subject to available benefits		Alternatives to Hospitalisation		100% EPL	In Hospital	1,776 per beneficiary
(Substance abuse)	1,718	per beneficiary	Immune Deficiency (related to HIV/AIDS)	MO	Referral letter required	1,022	
ALTERNATIVE HEALTHCARE PRACTITIONERS	Subject to available benefits		(Services, Materials, Medicines)	790	Out of Hospital	MO	
(Chiropractors (including X-Rays), Homeopathy and Naturopathy (Including medicines))	3,228	per family	Limited to acute medicine and consultation benefit	11,923 per family	PREGNANCY/CONFINEMENT		
AMBULANCE SERVICES	Subject to available benefits		MEDICINES & INJECTION MATERIAL		Hospitalisation	No Benefit	
(Emergency only)	9,729	per family	Chronic Medicines 3 Months Waiting Period	100% EPL	Global fee	No Benefit	
APPLIANCES - MEDICAL AND SURGICAL	100% Cost		Only cover for: (refer to the notes for list of chronic illnesses)	MO	Ante-natal consults	No Benefit	
	4,225	per beneficiary	Acute Medicines	1,267	Scans from Radiology benefit	No Benefit	
Wheelchairs - within above limit	2,322	per beneficiary	Pharmacy Advised Therapy (OTC)	2,089	PROSTHESIS	100% EPL	
Hearing Aids - within above limit	2,670	per beneficiary	Within acute medicine limit	MO	Internal	2,229 per beneficiary	
BLOOD AND BLOOD PRODUCTS	100% Cost		Schedule 0, 1 and 2 only	616	External	2,681 per beneficiary	
CONSULTATIONS AND VISITS (General Practitioners, Specialists & Nurse Practitioners) Rooms or Home	MO	2,880	Contraceptives (oral) Within acute medicine limit	232 per script	RENAL DIALYSIS	No Benefit	
In Hospital for Specialist	100% EPL		MENTAL HEALTH - In and out of hospital	100% EPL	RADIOLOGY & RADIOGRAPHY		
DENTISTRY			MOTOR VEHICLE ACCIDENTS - In hospital	116 per script MPL	In Hospital		
Advanced Dentistry/Oral Surgery	No Benefit		(Subject to MVA Protocols)	2,646 per beneficiary	General and Specialised (including CT Scans, MRI Scans, etc)	4,678 per beneficiary	
Basic/Ordinary & Restorative	4,294	per beneficiary	NON-SURGICAL PROCEDURES AND TESTS	2,646 per beneficiary	Out of Hospital		
	-		In Hospital		Within Radiology limit above	2,159 per beneficiary	
	-		Out of Hospital (Sleep Studies is paid only when authorised by the Fund)		PET SCAN and PET-CT Scans	1 per family per annum	
	-		OPTOMETRY		Bone Densitometry	1 per family per annum	
	-		Frames, Lenses, Readers One in 2 year claiming period	Subject to OHEB	REMEDIAL, OTHER THERAPIES & PARAMEDICAL SERVICES		
	-		Eye Examinations	3,065 per beneficiary	(Occupational Therapy, Orthotics, Podiatry, Speech Therapy, Audiology, Dieticians, Hearing Aid Acousticians, Genetic Counselling.)		
	-			One per beneficiary per annum	100% EPL 3,042 per beneficiary		
	-				SURGICAL PROCEDURES - 100% EPL		

EPL: EswatiniMed 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	554.00	n/a	n/a	n/a	n/a	n/a

NB: Students to pay annual contributions upfront (554x12=6648)

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 (0-1000) of the applicable contribution table and the number of registered dependants. Only applicable to EswatiniMed 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.

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:

New Members joining the new generation plan should be below age 35 effective 1 January 2025. Existing new generation members above 35 will be allowed to continue until age 40.

Members on the new generation plan will be allowed to change option during the year only if they attain the age of 35. However existing members will continue until 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

For individuals' applicant (including aged parents) or an adult dependant of an individual applicant who at the date of joining the fund is above 50 years, a late joiner contributions fee will be added on the members contributions for the entire membership period.

Late joiner fees will also apply to Employer group members.

Option Changes

Options can not be changed during the year, but changes are only done beginning of the year.

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 EswatiniMed 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 EswatiniMed 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?

Eswatini Medical Aid Fund pays the rates set out annually by the EswatiniMed Board of Directors. These rates are known as EswatiniMed Price List (EPL).

Doctors and other medical service providers who charge EswatiniMed 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 EswatiniMed 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 EswatiniMed rates. You are responsible for paying the supplier the difference between EPL 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 EswatiniMed, millions of Emalangeneni are lost as a result of these fraudulent claims.

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

EswatiniMed 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