



CONTRIBUTIONS AND BENEFITS FOR 2026

A photograph of a woman and a young girl lying on the grass, reading a book together. The woman is wearing a purple cardigan over a white shirt, and the girl is wearing a white shirt with a blue backpack. They are both smiling and looking at the book. The background is a blurred green field.

**ESWATINI MEDICAL AID FUND
(EswatiniMed)**

ESWATINI MEDICAL AID FUND (ESWATINIMED)

BACKGROUND

The Eswatini Medical Aid Fund (EswatiniMed) formerly known as SwaziMed 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

Each EswatiniMed membership card is issued with a members one number for life. This means that a members medical aid number will remain the same throughout their lifetime, even if they change benefit option. The number will simply update to reflect the members new option in the system.

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 (premium deducted through 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 are paid direct to their bank accounts (EFT) within thirty (30) days.

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 info@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 thirty (30) days.

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 Need to Register?
- ☐ Verification
- ☐ Enter EswatiniMed Membership Number and email
- ☐ Create username e.g. Eswatini1
- ☐ An email with a link will be sent to your email address to create your password

To Log in;

- ☐ Enter your username
- ☐ Click Login
- ☐ Enter password and sign in

NB. Please note that the email address should be the one in EswatiniMed system



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
- ☐ Emergency transfer by road to the most appropriate medical facility
- ☐ Emergency medically justified ambulance or inter-hospital transfers
- ☐ Emergency ambulance transfers to special care centre

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	7808 0966 / 7909 0966

Med Assistant - Contacts

Toll Free	0113
Cell	7808 0113, 7809 0113, 7909 0113



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.
- ☐ 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/ nurse 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 (annually)	Mammogram for female beneficiaries age 40+.
Flue Vaccine	For all beneficiaries aged 6 years & older.
ECG Test (annually)	ECG test for male beneficiaries aged 40+ and female beneficiaries aged 50+

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 trained nurse, physician and necessary specialists such as anaesthesiologist.
- ☐ Pre-authorisation approval needed before patient admission.
- ☐ Admission to ICU must meet ICU guidelines obtainable from the scheme.

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, diabetes, asthma, epilepsy, bipolar, schizophrenia, obstructive pulmonary disease, and cardiomyopathy, hyperlipidaemia, gout and hypothyroidism, multiple sclerosis, glaucoma, chrohn's disease, Parkinson's disease, addison's disease, osteoporosis and Haemophilia. For more information please contact info@swazimed.com or 2405 8400.

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 (within 24 months of joining)
- ☐ Renal failure (within 24 months of joining)
- ☐ Oncology (within 24 months of joining)
- ☐ Organ transplant (within 24 months of joining)
- ☐ Any pre-existing condition before or during waiting period.
- ☐ Optical benefits within the first 12 months of joining the fund.
- ☐ Treatment within waiting period.
- ☐ Anything excluded by the scheme.

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 or change an option during the year?

- ☐ No waiting period
- ☐ Proration of benefits will apply

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 over the age of 21 years may remain on the fund until they turn 27 years, provided they submit valid proof of full time study, each academic year.
- ☐ 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 E912 for all options. All special dependants have 6 months waiting period.
- ☐ Aged parents who are fully dependant on the member may be registered as dependants, subject to board approval and submission of supporting documentation, as required by the fund.

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 an instrument whereby the scheme financially assist the member with medical expenses incurred above or out of benefits. It is not a benefit, any assistance is allocated at the discretion of the benefit and rules committee.

Terms and conditions apply.

ESWATINIMED CONTRIBUTIONS AND BENEFITS FOR 2026

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
OVERALL ANNUAL LIMIT (OAL)	Unlimited	745,500	39,392	1,597,500	1,597,500	1,414,922	32,834
	per family	per family	per family	per family	per family	per family	per family
	1,500,000	404,700		692,250	692,250		
	per beneficiary	per beneficiary		per beneficiary	per beneficiary		
OUT PATIENT (OHEB)	n/a	n/a	n/a	n/a	n/a	11,140	3,360
NO / LOW CLAIM BONUS	Yes	Yes	Yes		No	per beneficiary	per family
	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 aged 40+ - BMI - Osteoporosis screening - Mammogram for female beneficiaries aged 40+ - Flu vaccine - Pneumococcal vaccine - ECG test for male beneficiaries aged 40+ and female beneficiaries aged 50+	1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries aged 40+ - Prostate test for male beneficiaries aged 40+ - BMI - Osteoporosis screening - Mammogram for female beneficiaries aged 40+ - Flu vaccine - Pneumococcal vaccine - ECG test for male beneficiaries aged 40+ and female beneficiaries aged 50+	1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries aged 40+ - Prostate test for male beneficiaries aged 40+ - BMI - Osteoporosis screening - Mammogram for female beneficiaries aged 40+ - Flu vaccine - Pneumococcal vaccine - ECG test for male beneficiaries aged 40+ and female beneficiaries aged 50+	1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries aged 40+ - Prostate test for male beneficiaries aged 40+ - BMI - Osteoporosis screening - Mammogram for female beneficiaries aged 40+ - Flu vaccine - Pneumococcal vaccine - ECG test for male beneficiaries aged 40+ and female beneficiaries aged 50+	*1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries aged 40+ - Prostate test for male beneficiaries aged 40+ - BMI - Osteoporosis screening - Mammogram for female beneficiaries aged 40+ - Flu vaccine - Pneumococcal vaccine - ECG test for male beneficiaries aged 40+ and female beneficiaries aged 50+	*1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries aged 40+ - Prostate test for male beneficiaries aged 40+ - BMI - Osteoporosis screening - Mammogram for female beneficiaries aged 40+ - Flu vaccine - Pneumococcal vaccine - ECG test for male beneficiaries aged 40+ and female beneficiaries aged 50+	*1 GP consultation per beneficiary per annum covering: - GP consultation fee - Blood pressure - Cholesterol - Blood glucose - Papsmear for female beneficiaries aged 40+ - Prostate test for male beneficiaries aged 40+ - BMI - Osteoporosis screening - Mammogram for female beneficiaries aged 40+ - Flu vaccine - Pneumococcal vaccine - ECG test for male beneficiaries aged 40+ and female beneficiaries aged 50+
ALCOHOLISM AND DRUG DEPENDENCY	100% EPL	100% EPL	100% EPL	No Benefit	100% Cost	No Benefit	No Benefit
(Substance abuse)	2,598 per family	2,406 per family	2,040 per family		Subject to available Savings		
ALTERNATIVE HEALTHCARE PRACTITIONERS							
(Chiropractors (including X-Rays), Homeopathy and Naturopathy (including medicines))	5,952 per family	4,836 per family	3,830 per family	No Benefit	Subject to available Savings	No Benefit	3,528 per family

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
AMBULANCE SERVICES	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
(Emergency only)	34,444 per family	16,148 per family	10,098 per family	16,148 per family	16,148 per family	95,808 per beneficiary	10,098 per family
APPLIANCES - MEDICAL AND SURGICAL	15,663 per family	12,132 per family	4,831 per family			Subjeto to OHEB	4,831 per family
Wheelchairs - within above limit	9,105 per family	7,327 per family	2,655 per family	No Benefit	Subject to available Savings	5,641 Subjeto to OHEB	2,655 per family
Hearing Aids - within above limit	9,371 per family	6,875 per family	3,053 per family			Subjeto to OHEB	3,053 per family
BLOOD AND BLOOD PRODUCTS	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
CONSULTATIONS AND VISITS						100% EPL, subject to OHEB	100% EPL, subject to OHEB
(General Practitioners, Specialists & Nurse Practitioners) Rooms or Home (OUTPATIENT)	M0 8,474	M0 5,648	M0 3,416	No Benefit			
	M1 9,686	M1 6,668	M1 4,450		Subject to available Savings	10 visits per beneficiary per annum	3,360 per family
	M2+ 11,312	M2+ 8,074	M2+ 5,648				
	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	No Benefit	No Benefit	100% Cost	No Benefit	No Benefit
	M0 6,698	M0 4,598			Subject to available Savings		
	M1 11,426	M1 8,274					
	M2+ 15,760	M2+ 11,952					
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	No Benefit	100% Cost	100% EPL, subject to OHEB	No Benefit
	M0 2,772	M0 2,114	M0 528		Subject to available Savings		
	M1 5,070	M1 4,006	M1 1,002				
	M2+ 7,092	M2+ 5,674	M2+ 1,418				

CATEGORY	HIGH BENEFIT	STANDARD BENEFIT	MEDIUM BENEFIT	HOSPITAL PLAN	SWAZI-SAVE	NEW GENERATION	LOW COST OPTION
Osseointegrated Implants					100% Cost		
(Including hospitalisation, Dental Practitioner, Anaesthetist)	100% EPL	100% EPL	100% EPL	No Benefit	Subject to available Savings	No Benefit	100% EPL
Joint limit with Advanced Dentistry							
Maxillo Facial Surgery	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
HOSPITALISATION							
INTENSIVE CARE AND HIGH CARE UNIT Negotiated rates apply. Limited to 2 days per admission For Eswatini hospitals. Subject to the pre authorisation and sub limit High care limited to 2 days and inclusive in the OVL (any other extra day will be charged a normal accommodation date) Subject to pre-authorisation.	43,554 per admission	32,666 per admission	No Benefit	32,666 per admission	32,666 per admission	21,778 per admission	No Benefit
In-patient	100% EPL	100% EPL	60% EPL	100% EPL	100% EPL	100% EPL	100% EPL
(Accommodation - General Ward, Theatre Fees, Medicines, Materials & Equipment)							
TTO's/Take Home Medicine	662 per admission	662 per admission	662 per admission	662 per admission	662 per admission	662 per admission	662 per admission
	100% EPL	100% EPL	100% EPL	No Benefit	100% Cost Subject to available Savings	100% EPL	100% EPL
Spinal Surgery (Subject to a compulsory bone density test for individuals aged 70+)	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
In-patient (Hospital Visits/Consultations)	M0 1,860 M1 2,314 M2+ 2,770	M0 1,502 M1 1,764 M2+ 2,122	M0 936 M1 1,296 M2+ 1,668	M0 1,860 M1 2,314 M2+ 2,770	M0 1,860 M1 2,314 M2+ 2,770	1,942 per beneficiary	M0 936 M1 1,296 M2+ 1,668
Alternatives to Hospitalisation							
Step down nursing Facilities, Private Nursing, Frail Care, Hospice & Physical rehabilitation in hospital)	23,326 per family	23,326 per family	14,150 per family	23,326 per family	23,326 per family	23,326 per beneficiary	14,150 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, diabetes, asthma, epilepsy, bipolar, schizophrenia, obstructive pulmonary disease, and cardiomyopathy, hyperlipidaemia, gout and hypothyroidism, hypethyroidism, coronary artery disease, rheumatoid arthritis, multiple sclerosis, glaucoma, chrohn's disease, Parkinson's disease, addison's disease, osteoporosis and Haemophilia, Peptic ulcer.	M0 4,740 M1 8,666 M2+ 10,360	M0 2,994 M1 5,228 M2+ 7,490	M0 1,504 M1 2,994 M2+ 3,738	M0 1,504 M1 2,994 M2+ 3,738	M0 1,504 M1 2,994 M2+ 3,738	4,286 Within OHEB per beneficiary
Acute Medicines	100% EPL	100% EPL	100% EPL		100% EPL	Subject to OHEB per beneficiary	100% Cost, subject to OHEB
	M0 6,172 M1 12,028 M2+ 17,016	M0 4,532 M1 8,294 M2+ 11,380	M0 2,480 M1 4,010 M2+ 5,138	No Benefit	Subject to available Savings		M0 2,480 M1 3,360 M2+ 3,360
	Pharmacy Advised Therapy (OTC)						
	Within acute medicine limit Schedule 0, 1 and 2 only	M0 1,544 M1 2,920 M2+ 4,188 276 per script	M0 1,116 M1 2,094 M2+ 2,810 276 per script	M0 730 M1 1,158 M2+ 1,502 276 per script	No Benefit	Subject to available Savings	Subject to acute medicine limit
Contraceptives (oral) Within acute medicine limit	100% EPL	100% EPL	100% EPL		Subject to available Savings	100% Cost	100% Cost
	132 per script	132 per script	132 per script	No Benefit	132 per script	120 per script	132 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	10,602 per family	5,186 per family	1,312 per family	5,164 per family	5,164 per family	5,456 per beneficiary	1,312 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)	328,346 per family	288,944 per family		262,676 per family	262,676 per family	1,059,898 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% Cost		
(Sleep Studies is paid only when authorised by the Fund)	100% EPL	100% EPL	100% EPL	No Benefit	Subject to available Savings	100% EPL, subject to OHEB	100% EPL, subject to OHEB
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 5,236	M0 3,416		No Benefit			No Benefit
	M1 7,866	M1 6,144	652 per beneficiary		Subject to available Savings	3,638 per beneficiary	
	M2+ 8,542	M2+ 6,874					
	5,236 per beneficiary	3,416 per beneficiary					
Frames sub limits	1,710 per beneficiary	1,088 per beneficiary	Subject to Optometry limit	No Benefit	Subject to available savings	1,416 per beneficiary	No Benefit
Eye Examinations	100% EPL	100% EPL	100% EPL		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)	3,968 per family	2,894 per family	2,894 per family	No Benefit	Subject to available Savings	No Benefit	2,894 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	
For pathology & radiology the separate benefit limits apply	249,370 per family	238,348 per family	100% EPL	203,906 per family	203,906 per family	249,370 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.)	379,762 per family	330,972 per family		263,990 per family	263,990 per family	652,750 per beneficiary	
Brachytherapy	100% EPL	100% EPL		100% EPL	100% EPL	100% EPL	
(Within oncology limit above)	56,646 per family	56,646 per family	100% EPL	56,646 per family	56,646 per family	56,646 per beneficiary	100% EPL
PATHOLOGY AND MEDICAL TECHNOLOGY							
In Hospital	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
	5,950 per admission	3,568 per admission	490 per admission	2,976 per admission	2,976 per admission	2,634 per admission	490 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
	8,212 per family	5,014 per family	3,072 per family		Subject to available Savings		3,072 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)	4,754 per family	3,182 per family	2,108 per family	2,108 per family	2,108 per family	1,942 per family	1,970 per family
Out of Hospital	100% EPL	100% EPL	100% EPL		100% Cost	100% EPL, subject to OHEB	100% EPL, subject to OHEB
	M0 2,438	M0 2,040	M0 1,212	No Benefit			M0 1,212
	M1 4,836	M1 3,638	M1 2,040		Subject to available Savings	2,040 within OHEB per beneficiary	M1 2,040
	M2+ 7,274	M2+ 4,836	M2+ 2,810				M2+ 2,810

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.	42,106 per family	42,106 per family	16,510 per family	39,862 per family	39,862 per family	50,920 per beneficiary	16,510 per family
	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
	8,208 per family	8,208 per family	4,216 per family	7,840 per family	7,840 per family	8,734 per beneficiary	4,216 per family
Global fee for delivery	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL	100% EPL
Within Maternity limit above	8,208 per family	8,208 per family	4,216 per family	7,840 per family	7,840 per family	8,734 per beneficiary	4,216 per family
Services (Consultations, Visits & Scans)	4 x post natal midwife consultations per pregnancy	4 x post natal midwife consultations per pregnancy	2 x post natal midwife consultations per pregnancy	No Benefit	4 x post natal midwife consultations per pregnancy	4 x post natal midwife consultations per pregnancy	2 x post natal midwife consultations per pregnancy
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	100% Cost	100% EPL	100% EPL
					Subject to available Savings		
PROSTHESIS							
Internal (e.g. Knee & Hip Replacements, etc.) - surgically implanted	76,326 per family	50,562 per family	2,646 per family	35,822 per family	35,822 per family	21,354 per beneficiary	2,646 per family
External (Includes External Fixators)	49,322 per family	26,590 per family	3,182 per family	No Benefit	Subject to available Savings	No Benefit	3,182 per family
RENAL DIALYSIS	100% EPL	100% EPL		100% EPL	100% EPL	No Benefit	No Benefit
Acute & Chronic - for Pathology & Radiology the separate benefit limits apply.	237,350 per family	116,366 per family	No Benefit	88,390 per family	88,390 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)	32,722 per family	21,714 per family	5,552 per family	21,714 per family	21,714 per family	35,214 per beneficiary	5,552 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	3,354 per family	2,756 per family	2,562 per family		Subject to available Savings		2,370 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	100% EPL	100% EPL	100% EPL		100% EPL, subject to zero savings balance		100% EPL
(Occupational Therapy, Orthoptics, Podiatry, Speech Therapy, Audiology, Dieticians, Hearing Aid Acousticians, Genetic Counselling.)	10,774 per family	8,900 per family	7,220 per family	No Benefit	4,450 per family	No Benefit	7,054 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 2026

ESWATINIMED HIGH BENEFIT CONTRIBUTIONS (POLICY1)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
0 - 1,000	3,184	4,326	4,862	5,114	5,242	5,580
1,001 - 2,000	3,184	4,326	4,862	5,114	5,242	5,580
2,001 - 4,000	3,184	4,326	4,862	5,114	5,242	5,580
4,001 - 6,000	3,404	4,698	5,292	5,540	5,714	6,038
6,001 - 10,000	3,518	4,776	5,348	5,632	5,768	6,154
10,001-PLUS	3,694	5,014	5,616	5,914	6,056	6,462
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	2,760	3,766	4,226	4,424	4,592	4,830
1,001 - 2,000	2,760	3,766	4,226	4,424	4,592	4,830
2,001 - 4,000	2,760	3,766	4,226	4,424	4,592	4,830
4,001 - 6,000	2,808	3,870	4,324	4,548	4,678	4,964
6,001 - 10,000	2,884	3,930	4,406	4,658	4,752	5,072
10,001- PLUS	3,028	4,126	4,626	4,890	4,990	5,326
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	884	1,512	1,560	1,644	1,748	1,814
1001 - 2,000	884	1,512	1,560	1,644	1,748	1,814
2,001 - 4,000	884	1,512	1,560	1,644	1,748	1,814
4,001 - 6,000	928	1,590	1,634	1,716	1,822	1,902
6,001 - 10,000	1,052	1,790	1,852	1,944	2,058	2,150
10,001 - PLUS	1,104	1,880	1,944	2,042	2,160	2,258
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	852	1,340	1,434	1,524	1,614	1,644
1,001 - 2,000	1,230	1,678	1,914	1,982	2,010	2,134
2,001 - 4,000	1,312	1,770	1,988	2,106	2,144	2,322
4,001 - 6,000	1,312	1,770	1,988	2,106	2,144	2,322
6,001 - 10,000	1,312	1,770	1,988	2,106	2,144	2,322
10,001 - PLUS	1,378	1,858	2,088	2,212	2,252	2,438
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	952	1,440	1,534	1,624	1,714	1,744
1,001 - 2,000	1,330	1,778	2,014	2,082	2,110	2,234
2,001 - 4,000	1,412	1,870	2,088	2,206	2,244	2,422
4,001 - 6,000	1,412	1,870	2,088	2,206	2,244	2,422
6,001 - 10,000	1,412	1,870	2,088	2,206	2,244	2,422
10,001 - PLUS	1,478	1,958	2,188	2,312	2,352	2,538
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	1,052	1,540	1,634	1,724	1,814	1,844
1,001 - 2,000	1,430	1,878	2,114	2,182	2,210	2,334
2,001 - 4,000	1,512	1,970	2,188	2,306	2,344	2,522
4,001 - 6,000	1,512	1,970	2,188	2,306	2,344	2,522
6,001 - 10,000	1,512	1,970	2,188	2,306	2,344	2,522
10,001 - PLUS	1,578	2,058	2,288	2,412	2,452	2,638
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	1,152	1,640	1,734	1,824	1,914	1,944
1,001 - 2,000	1,530	1,978	2,214	2,282	2,310	2,434
2,001 - 4,000	1,612	2,070	2,288	2,406	2,444	2,622
4,001 - 6,000	1,612	2,070	2,288	2,406	2,444	2,622
6,001 - 10,000	1,612	2,070	2,288	2,406	2,444	2,622
10,001 - PLUS	1,678	2,158	2,388	2,512	2,552	2,738

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	1,252	1,740	1,834	1,924	2,014	2,044
1,001 - 2,000	1,630	2,078	2,314	2,382	2,410	2,534
2,001 - 4,000	1,712	2,170	2,388	2,506	2,544	2,722
4,001 - 6,000	1,712	2,170	2,388	2,506	2,544	2,722
6,001 - 10,000	1,712	2,170	2,388	2,506	2,544	2,722
10,001 - PLUS	1,778	2,258	2,488	2,612	2,652	2,838
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	1,352	1,840	1,934	2,024	2,114	2,144
1,001 - 2,000	1,730	2,178	2,414	2,482	2,510	2,634
2,001 - 4,000	1,812	2,270	2,488	2,606	2,644	2,822
4,001 - 6,000	1,812	2,270	2,488	2,606	2,644	2,822
6,001 - 10,000	1,812	2,270	2,488	2,606	2,644	2,822
10,001 - PLUS	1,878	2,358	2,588	2,712	2,752	2,938
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	1,452	1,940	2,034	2,124	2,214	2,244
1,001 - 2,000	1,830	2,278	2,514	2,582	2,610	2,734
2,001 - 4,000	1,912	2,370	2,588	2,706	2,744	2,922
4,001 - 6,000	1,912	2,370	2,588	2,706	2,744	2,922
6,001 - 10,000	1,912	2,370	2,588	2,706	2,744	2,922
10,001 - PLUS	1,978	2,458	2,688	2,812	2,852	3,038
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	1,552	2,040	2,134	2,224	2,314	2,344
1,001 - 2,000	1,930	2,378	2,614	2,682	2,710	2,834
2,001 - 4,000	2,012	2,470	2,688	2,806	2,844	3,022
4,001 - 6,000	2,012	2,470	2,688	2,806	2,844	3,022
6,001 - 10,000	2,012	2,470	2,688	2,806	2,844	3,022
10,001 - PLUS	2,078	2,558	2,788	2,912	2,952	3,138
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	1,652	2,140	2,234	2,324	2,414	2,444
1,001 - 2,000	2,030	2,478	2,714	2,782	2,810	2,934
2,001 - 4,000	2,112	2,570	2,788	2,906	2,944	3,122
4,001 - 6,000	2,112	2,570	2,788	2,906	2,944	3,122
6,001 - 10,000	2,112	2,570	2,788	2,906	2,944	3,122
10,001 - PLUS	2,178	2,658	2,888	3,012	3,052	3,238
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	1,752	2,240	2,334	2,424	2,514	2,544
1,001 - 2,000	2,130	2,578	2,814	2,882	2,910	3,034
2,001 - 4,000	2,212	2,670	2,888	3,006	3,044	3,222
4,001 - 6,000	2,212	2,670	2,888	3,006	3,044	3,222
6,001 - 10,000	2,212	2,670	2,888	3,006	3,044	3,222
10,001 - PLUS	2,278	2,758	2,988	3,112	3,152	3,338
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	1,852	2,340	2,434	2,524	2,614	2,644
1,001 - 2,000	2,230	2,678	2,914	2,982	3,010	3,134
2,001 - 4,000	2,312	2,770	2,988	3,106	3,144	3,322
4,001 - 6,000	2,312	2,770	2,988	3,106	3,144	3,322
6,001 - 10,000	2,312	2,770	2,988	3,106	3,144	3,322
10,001 - PLUS	2,378	2,858	3,088	3,212	3,252	3,438
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	1,952	2,440	2,534	2,624	2,714	2,744
1,001 - 2,000	2,330	2,778	3,014	3,082	3,110	3,234
2,001 - 4,000	2,412	2,870	3,088	3,206	3,244	3,422
4,001 - 6,000	2,412	2,870	3,088	3,206	3,244	3,422
6,001 - 10,000	2,412	2,870	3,088	3,206	3,244	3,422
10,001 - PLUS	2,478	2,958	3,188	3,312	3,352	3,538

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	2,052	2,540	2,634	2,724	2,814	2,844
1,001 - 2,000	2,430	2,878	3,114	3,182	3,210	3,334
2,001 - 4,000	2,512	2,970	3,188	3,306	3,344	3,522
4,001 - 6,000	2,512	2,970	3,188	3,306	3,344	3,522
6,001 - 10,000	2,512	2,970	3,188	3,306	3,344	3,522
10,001 - PLUS	2,578	3,058	3,288	3,412	3,452	3,638
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	2,152	2,640	2,734	2,824	2,914	2,944
1,001 - 2,000	2,530	2,978	3,214	3,282	3,310	3,434
2,001 - 4,000	2,612	3,070	3,288	3,406	3,444	3,622
4,001 - 6,000	2,612	3,070	3,288	3,406	3,444	3,622
6,001 - 10,000	2,612	3,070	3,288	3,406	3,444	3,622
10,001 - PLUS	2,678	3,158	3,388	3,512	3,552	3,738
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	2,252	2,740	2,834	2,924	3,014	3,044
1,001 - 2,000	2,630	3,078	3,314	3,382	3,410	3,534
2,001 - 4,000	2,712	3,170	3,388	3,506	3,544	3,722
4,001 - 6,000	2,712	3,170	3,388	3,506	3,544	3,722
6,001 - 10,000	2,712	3,170	3,388	3,506	3,544	3,722
10,001 - PLUS	2,778	3,258	3,488	3,612	3,652	3,838
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	2,352	2,840	2,934	3,024	3,114	3,144
1,001 - 2,000	2,730	3,178	3,414	3,482	3,510	3,634
2,001 - 4,000	2,812	3,270	3,488	3,606	3,644	3,822
4,001 - 6,000	2,812	3,270	3,488	3,606	3,644	3,822
6,001 - 10,000	2,812	3,270	3,488	3,606	3,644	3,822
10,001 - PLUS	2,878	3,358	3,588	3,712	3,752	3,938
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	2,452	2,940	3,034	3,124	3,214	3,244
1,001 - 2,000	2,830	3,278	3,514	3,582	3,610	3,734
2,001 - 4,000	2,912	3,370	3,588	3,706	3,744	3,922
4,001 - 6,000	2,912	3,370	3,588	3,706	3,744	3,922
6,001 - 10,000	2,912	3,370	3,588	3,706	3,744	3,922
10,001 - PLUS	2,978	3,458	3,688	3,812	3,852	4,038
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	2,552	3,040	3,134	3,224	3,314	3,344
1,001 - 2,000	2,930	3,378	3,614	3,682	3,710	3,834
2,001 - 4,000	3,012	3,470	3,688	3,806	3,844	4,022
4,001 - 6,000	3,012	3,470	3,688	3,806	3,844	4,022
6,001 - 10,000	3,012	3,470	3,688	3,806	3,844	4,022
10,001 - PLUS	3,078	3,558	3,788	3,912	3,952	4,138
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	2,652	3,140	3,234	3,324	3,414	3,444
1,001 - 2,000	3,030	3,478	3,714	3,782	3,810	3,934
2,001 - 4,000	3,112	3,570	3,788	3,906	3,944	4,122
4,001 - 6,000	3,112	3,570	3,788	3,906	3,944	4,122
6,001 - 10,000	3,112	3,570	3,788	3,906	3,944	4,122
10,001 - PLUS	3,178	3,658	3,888	4,012	4,052	4,238
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	2,752	3,240	3,334	3,424	3,514	3,544
1,001 - 2,000	3,130	3,578	3,814	3,882	3,910	4,034
2,001 - 4,000	3,212	3,670	3,888	4,006	4,044	4,222
4,001 - 6,000	3,212	3,670	3,888	4,006	4,044	4,222
6,001 - 10,000	3,212	3,670	3,888	4,006	4,044	4,222
10,001 - PLUS	3,278	3,758	3,988	4,112	4,152	4,338

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	2,852	3,340	3,434	3,524	3,614	3,644
1,001 - 2,000	3,230	3,678	3,914	3,982	4,010	4,134
2,001 - 4,000	3,312	3,770	3,988	4,106	4,144	4,322
4,001 - 6,000	3,312	3,770	3,988	4,106	4,144	4,322
6,001 - 10,000	3,312	3,770	3,988	4,106	4,144	4,322
10,001 - PLUS	3,378	3,858	4,088	4,212	4,252	4,438
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	2,952	3,440	3,534	3,624	3,714	3,744
1,001 - 2,000	3,330	3,778	4,014	4,082	4,110	4,234
2,001 - 4,000	3,412	3,870	4,088	4,206	4,244	4,422
4,001 - 6,000	3,412	3,870	4,088	4,206	4,244	4,422
6,001 - 10,000	3,412	3,870	4,088	4,206	4,244	4,422
10,001 - PLUS	3,478	3,958	4,188	4,312	4,352	4,538
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	3,052	3,540	3,634	3,724	3,814	3,844
1,001 - 2,000	3,430	3,878	4,114	4,182	4,210	4,334
2,001 - 4,000	3,512	3,970	4,188	4,306	4,344	4,522
4,001 - 6,000	3,512	3,970	4,188	4,306	4,344	4,522
6,001 - 10,000	3,512	3,970	4,188	4,306	4,344	4,522
10,001 - PLUS	3,578	4,058	4,288	4,412	4,452	4,638
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	3,152	3,640	3,734	3,824	3,914	3,944
1,001 - 2,000	3,530	3,978	4,214	4,282	4,310	4,434
2,001 - 4,000	3,612	4,070	4,288	4,406	4,444	4,622
4,001 - 6,000	3,612	4,070	4,288	4,406	4,444	4,622
6,001 - 10,000	3,612	4,070	4,288	4,406	4,444	4,622
10,001 - PLUS	3,678	4,158	4,388	4,512	4,552	4,738
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	3,252	3,740	3,834	3,924	4,014	4,044
1,001 - 2,000	3,630	4,078	4,314	4,382	4,410	4,534
2,001 - 4,000	3,712	4,170	4,388	4,506	4,544	4,722
4,001 - 6,000	3,712	4,170	4,388	4,506	4,544	4,722
6,001 - 10,000	3,712	4,170	4,388	4,506	4,544	4,722
10,001 - PLUS	3,778	4,258	4,488	4,612	4,652	4,838
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	3,352	3,840	3,934	4,024	4,114	4,144
1,001 - 2,000	3,730	4,178	4,414	4,482	4,510	4,634
2,001 - 4,000	3,812	4,270	4,488	4,606	4,644	4,822
4,001 - 6,000	3,812	4,270	4,488	4,606	4,644	4,822
6,001 - 10,000	3,812	4,270	4,488	4,606	4,644	4,822
10,001 - PLUS	3,878	4,358	4,588	4,712	4,752	4,938
ESWATINIMED NEW GENERATION PLAN CONTRIBUTIONS - (POLICY 6)						
Income Band	M+0	M+1	M+2	M+3	M+4	M5+
All	1,450	2,470	-	-	-	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	522	898	928	974	1,038	1,084
2,001 - 3,000	558	946	978	1,022	1,088	1,138
3,001 - 6,000	582	1,004	1,024	1,084	1,144	1,194
6,001 - PLUS	750	1,284	1,332	1,396	1,474	1,544
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	382	648	670	706	750	780
4,001 - 6,000	396	684	702	736	782	816
6,001 - PLUS	450	766	800	836	884	924

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:	3,416
	M1:	4,450
	M2+:	5,648
OPTOMERY	No benefit	
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	100% EPL	
Out of Hospital	2,926	
PHYSIOTHERAPY - Out of Hospital	2,802	
Radiology and Specialised (including CT Scans, MRI Scans, etc) Out Hospital	100% EPL 2,562 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. • 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. • Mammogram for female beneficiaries aged 40+ • Annual Flu vaccine for all beneficiaries age 6 years and older. • One pnemococcal vaccine for beneficiaries age 65 years and older per life time. • ECG test for male beneficiaries aged 40+ and female beneficiaries aged 50+	
MEDICINES & INJECTION MATERIAL (100% EPL)	M0:	1,584
	M1:	3,156
	M2+:	3,940
Pharmacy Advised Therapy (OTC) (100% EPL)	M0:	730
	M1:	1,158
	M2+:	1,502
Script limit	276 per script MPL	
Contraceptives (oral) within acute medicine limit	125 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	
OUT PATIENT (OHEB)	n/a		
NO / LOW CLAIM BONUS	No		
SAVINGS BENEFIT	No		
Extra Savings Benefit (optional)	No		
FUNERAL POLICY			
Member	20,000		
ALCOHOLISM AND DRUG DEPENDENCY	Subject to available benefits		
(Substance abuse)	1,783 per beneficiary		
ALTERNATIVE HEALTHCARE PRACTITIONERS	Subject to available benefits		
(Chiropractors (including X-Rays), Homeopathy and Naturopathy (Including medicines))	3,351 per family		
AMBULANCE SERVICES	Subject to available benefits		
(Emergency only)	10,099	per beneficiary	
APPLIANCES - MEDICAL AND SURGICAL	100% Cost		
	4,225	per beneficiary	
Wheelchairs - within above limit	2,322	per beneficiary	
Hearing Aids - within above limit	2,670	per beneficiary	
BLOOD AND BLOOD PRODUCTS	100% Cost		
CONSULTATIONS AND VISITS (General Practitioners, Specialists & Nurse Practitioners) Rooms or Home	M0	2,989	
In Hospital for Specialist	100% EPL		
DENTISTRY			
Advanced Dentistry/Oral Surgery	No Benefit		
Basic/Ordinary & Restorative	Subject to OHEB		
	4,457	per beneficiary	
	-		
	-		
Osseointegrated Implants			
(Including hospitalisation, Dental Practitioner, Anaesthetist)	Subject to available benefits		
Joint limit with Advanced Dentistry			
Maxillo Facial Surgery	Subject to available benefits		
HOSPITALISATION			
In-patient	Subject to available benefits		
(Accommodation - General Ward, Theatre Fees, Medicines, Materials & Equipment) TTO's/Take Home Medicine	578	per admission	
In-patient Consultation	100% EPL		
	M0	820	
Alternatives to Hospitalisation	12,376 per family		
IMMUNE DEFICIENCY (related to HIV/AIDS)			
(Services, Materials, Medicines)	100% EPL		
Limited to acute medicine and consultation benefit			
MEDICINES & INJECTION MATERIAL			
Chronic Medicines	100% EPL		
3 Months Waiting Period			
Only cover for: (refer to the notes for list of chronic illnesses)	M0	1,315	
Acute Medicines	100% EPL		
	M0	2,168	
Pharmacy Advised Therapy (OTC)	100% EPL		
Within acute medicine limit	M0	639	
Schedule 0, 1 and 2 only	241 per script		
Contraceptives (oral)	100% EPL		
Within acute medicine limit	120	per script MPL	
MENTAL HEALTH - In and out of hospital	2,747 per beneficiary		
MOTOR VEHICLE ACCIDENTS - In hospital			
(Subject to MVA Protocols)	100% EPL		
NON-SURGICAL PROCEDURES AND TESTS			
In Hospital	100% EPL		
Out of Hospital	Subject to available benefits		
(Sleep Studies is paid only when authorised by the Fund)			
OPTOMETRY			
Frames, Lenses, Readers One in 2 year claiming period	Subject to OHEB		
	3,181	per beneficiary	
Eye Examinations	One per beneficiary per annum		
Refractive Surgery			
(Radial Keratotomy/ Excimer Laser)			2,531 per beneficiary
ORGAN TRANSPLANTS			
For pathology & radiology the separate benefit limits apply,	Subject to available benefits but limited to 194,105		
PATHOLOGY AND MEDICAL TECHNOLOGY			
In Hospital	409 per admission		
Out of Hospital	2,687 per beneficiary		
PHYSIOTHERAPY AND BIOKINETICS			
In Hospital	1,844 per beneficiary		
Referral letter required			
Out of Hospital	MO	1,061	
PREGNANCY/CONFINEMENT			
Hospitalisation	No Benefit		
Global fee	No Benefit		
Ante-natal consults	No Benefit		
Scans from Radiology benefit	No Benefit		
PROSTHESIS	100% EPL		
Internal	2,314 per beneficiary		
External	2,783 per beneficiary		
RENAL DIALYSIS	No Benefit		
RADIOLOGY & RADIOGRAPHY			
In Hospital			
General and Specialised (including CT Scans, MRI Scans, etc)	4,856 per beneficiary		
Out of Hospital			
Within Radiology limit above	2,241 per beneficiary		
PET SCAN and PET-CT Scans	1 per family per annum		
Bone Densitometry	1 per family per annum		
REMEDIAL, OTHER THERAPIES & PARAMEDICAL SERVICES			
(Occupational Therapy, Orthoptics, Podiatry, Speech Therapy, Audiology, Dieticians, Hearing Aid Acousticians, Genetic Counselling.)	100% EPL 3,158 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	582.00	n/a	n/a	n/a	n/a	n/a

NB: Students to pay annual contributions upfront ($582 \times 12 = 6984$)

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.

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 2026. Existing new generation members above 35 will be allowed to continue until age 40.

Members on the new generation plan will only be allowed to change at the end of the benefit year after reaching 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.

Late 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. However if a change happens during the year, proration rules will apply.

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 Authorisation Number:
 - +268 7806 2944
 - +268 7806 2941
 - +268 7806 2938
 - +268 7802 3305
- ☐ Credit Controller: +268 7809 9987
- ☐ Customer Service: +268 2405 8400
- ☐ E-mail request to auths@swazimed.com
- ☐ Customer Service Emergency: +278 7809 5193

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.



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 Emalangeni 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



SWAZIMED CONTACT DETAILS

Tel: (+268) 2405 8400

Toll free: 800 7007

Pre-authorisation: 8004001 (SD) (+268) 2404 3718
+268 2405 8400

Emergency Authorisation Call: +268 7806 2944
+268 7806 2941
+268 7806 2938
+268 7802 3305

Emergency Customer Service: +268 7809 5193

auths@swazimed.com
member@swazimed.com
Updates@swazimed.com
provider@swazimed.com
lowclaim@swazimed.com
billing@swazimed.com

Marketing: +268 7802 3306

Call Center: +268 7809 5193

Credit Controller: +268 7809 9987

Postal address

P.O. Box N7553, Mbabane H100, Eswatini

Physical address

Shop NC 101, Nedbank Building
Swazi Plaza, Mbabane

Fax line: (+268) 2404 1484

Email: info@swazimed.com
fraud@swazimed.org.sz

Website: www.swazimed.com

