

SECTION C
DESCRIPTION/SPECIFICATION/WORK STATEMENT

PART I - MEDICAL SCHEME COVER

C.1. MEDICAL SCHEME SERVICES

The Government of the United States of America requires medical scheme coverage for its employees as further described in C.1.2 in Lesotho and South Africa. . Medical scheme cover will be representative of locally prevailing compensation practice as further described in C.1.2. The specific health benefit coverage under this contract is set forth in Section C.

The Contractor shall insure that health care under this contract does not exclude HIV/AIDS care.

Post-Unique Benefits

C.1.1. Employee and Dependent Health Services Benefits

The health benefits under this contract are as follows. Reimbursement of covered expenses is limited to the stated percentages of reimbursement of prepackaged medical plan (to conform with prescribed minimum benefits as noted in the medical schemes act). Proposals that contain more benefits (even if there is no increase in cost) or fewer benefits than stated in the solicitation may be deemed technically unacceptable.

Reimbursements or payments shall be made for the following covered benefits,(subject to reasonable and customary costs in the locality where treatment was provided).

The diagnosis, treatment and care costs of a prescribed minimum benefit condition will only be paid in full by the medical scheme if those services are obtained from a **designated service provider** in respect of that condition, except in the case of emergencies, when non-designated service providers may be used in accord with provisions of South African law.

A co-payment or deductible, the quantum of which is specified in the rules of the medical scheme, may be imposed on a member if that member or his or her dependant obtains such services from a provider other than a designated service provider, provided that no co-payment or deductible is payable by a member if the service was **involuntarily** obtained from a provider other than a designated service provider. Beneficiaries in Lesotho may use designated services providers in South Africa. Beneficiaries from Lesotho may also use certain providers of service for such services that are unavailable in Lesotho but are available in South Africa.

- C.1.1.1. Hospitalization: 100% reimbursement of room and board for a ward room or semi-private room. The cost of a private room will reimbursed up to 100% of the cost of a semi-private room. 100% reimbursement of hospital medical expenses including

laboratory tests and x-rays, nursing care, operating room costs, intensive care, prescription medicines, and physical therapy.

- C.1.1.2. Surgery: 100% reimbursement for employees and dependants.
- C.1.1.3. Professional services and treatment: 100% reimbursement of doctors' and surgeons' fees incurred while hospitalized, at a hospital on an out-patient basis, at a clinic or doctor's office, or at home. 100% reimbursement for medical services and expenses when not hospitalized such as laboratory tests and x-rays, prescription medicines, routine annual physical examination, and inoculations.
- C.1.1.4. Prescription drugs and medicines: 100% reimbursement when hospitalized, and 100% reimbursement when not hospitalized, of the cost of medicines and drugs for which a prescription is legally required when hospitalized and when not hospitalized. Expenses incurred for medicines, vitamins, cold remedies, etc., that are available over the counter without a prescription will not be reimbursed even if prescribed by a physician.

For employees and dependants: 100% reimbursement for medications to suppress opportunistic infections such as tuberculosis and toxoplasmosis for employees and their dependants who have HIV/AIDS, as well as brief courses of anti-retroviral drugs during childbirth to prevent the transmission of HIV to the employees' child. The duration of this treatment is to be determined by the employee's physician following WHO or CDC guidelines.
- C.1.1.5. Maternity/Obstetrical Care: 100% reimbursement of obstetrical related medical expenses and 100% reimbursement for prenatal and postnatal care.
- C.1.1.6. Optical Care: 100% reimbursement of prepackaged medical plan for eye examination and treatment and prescription eyeglasses or contact lenses. Limited to one set of lenses/frames per patient. The maximum reimbursement for the frame is limited to a total of ZAR 3,050.00 of prepackaged medical plan or glasses (frames and lenses) or contact lenses per person. No reimbursement for nonprescription lenses or tinting.
- C.1.1.7. Dental Care: The limit for dental expenses is up to ZAR 17,400.00 of prepackaged medical plan per person for dental service including dentist's fees, X-ray, examination, and treatment, cleaning, fillings, extractions, false teeth, crowns, and bridges. Orthodontia treatment is covered only if treatment begins before age 15, unless required as a result of an accident. A maximum of four years of orthodontia treatment will be covered per patient.
- C.1.1.8. Physical Therapy: 100% reimbursement
- C.1.1.9. Psychologist Treatment: 100% reimbursement of prepackaged medical plan up to single member: ZAR 10,000; with one dependent: ZAR 13,500; with two dependents: ZAR 16,500; and with three or more dependents: ZAR 19,000.
- C.1.1.10. Ambulance Service: 100% reimbursement
- C.1.1.11. Hearing Aids: 100% reimbursement up to ZAR15,800/annum per family for hearing aids.
- C.1.1.12. Expenses Incurred Out-of-Country: Medical expenses incurred out of country will be covered for an employee when on travel and when the treatment is medically necessary due to a life threatening condition before the employee returns. Reimbursement will be made at the same percentage rate and subject to the same annual maximum limit as for expenses incurred in country.