



PLANS & BENEFIT GUIDE 2024

MPILWENHLE SWAZI-HMO

GOOD HEALTH IS REAL WEALTH

OUR TOP PRIORITY IS PROVIDING THE BEST HEALTH CARE



WHY CHOOSE MPILWENHLE

Swaziland Health Maintenance Organization known as Mpilwenhle is a not-for-profit health maintenance organisation that has been in operation since 1999 when a group of medical practitioners in Eswatini came together and decided to form an organisation to offer medical services.

We understand that the most important asset is your health. Can you risk not having your health covered against rising medical expenses? At Mpilwenhle we have already thought of your needs and designed hassle-free, affordable, quality medical cover to suit your lifestyle and budget. We keep things easy for our members to understand. We strive to offer our members just healthcare solutions, ranging from option one cover to option four. The choice is yours.

WHO CAN JOIN

- Anyone employed, self-employed, unemployed is eligible to join
- Primary member and spouse between 18 - 59 years
- Groups (ten or more members)
- Parents of existing Group members
- Members aged 55 years and above will be required to submit a medical report.
- Minor dependants up to 21 - 26 years. If dependant is in full time study; proof of study must be submitted to our offices with the application

HOW TO JOIN

[\(Click here to download Application Form\)](#)

01

Complete Application Form

Complete an application form (Membership application forms are available on the website or at our offices)



02

Select Your Plan

A member may select a plan according to his/her own, and or family needs.



03

Send Application Form

Send the application form along with the other **required documents** to Mpilwenhle offices or email it to: info@swazihmo.co.sz



04

Membership Confirmation

A Membership confirmation will be sent to you including membership number, registered dependants, exclusion, benefit date



05

Membership Card

You may be requested to collect your Membership card from our offices.



PRIMARY MEMBER DEPENDANTS

You may register your Immediate family under your membership:

- Your spouse and children (children below the age of 22 years). Dependants above the age of 22 and studying in a recognized institution may stay in the fund until they are 26 years of age.
- New born babies should be registered within 14 days from date of birth, waiting period shall apply after 30 days.
- Dependants through adoption below 22 years (relevant documents to accompany application)
- Special Children will remain dependants for life (a doctor's confirmation is required for the application)

WAITING PERIODS

Group members have a 1-month general waiting period while Individual members have a 3-month waiting period. Civil servants may join as a member of the existing Government employee Group. The below are the exceptions:



Hospitalization
3 months



Chronic
benefits
6 months



Dental
6 months



Optometrist
6 months



Wellness
Benefit
6 months



Pregnancy
& Delivery
12 months



Procedures
& Surgery
12 months



Funeral
Benefit
12 months



Pre- existing
Conditions
12-24 months

MEMBERSHIP CARD

A membership card remains the property of the scheme and is solely for the use of the individuals listed on and at the back of the card. Fraudulent use of the card may lead to suspension or termination of membership.

EXCLUSIONS

Certain pre-existing conditions and chronic conditions may be excluded.

A member will be informed whether they have any exclusions after the application process.

Members are encouraged to disclose all conditions they might have and details of treatment they are currently on. A medical exclusion form will be provided with an application form. **Undisclosed pre-existing conditions will not be covered.*

MEMBERSHIP PLANS

Category	Silver	Gold Entry	Gold	Gold Plus
M0	540	775	915	1065
M1	840	1250	1500	1710
M2	1045	1410	1755	2005
M3	1250	1610	2010	2295
M4	1465	1805	2265	2590
M5	1670	2010	2520	2885

MEMBERSHIP CATEGORIES



Single member



Member with one dependant



Member with two dependants



Member with three dependants



Member with four dependants



Member with five or more dependants

MPILWENHLE BENEFIT SCHEDULE

Benefits	Silver Plan	Gold Entry
Hospitalization	50 000 per beneficiary covered for private care admission within public hospitals	100 000 per beneficiary covered for private care admission within public & private hospitals
Consultation/General Practitioner/ Nurse	1920 per beneficiary	2000 per beneficiary
Specialist consultation	800 sublimit per beneficiary within GP and nurse consultation limit	1240 sublimit per beneficiary within GP and nurse consultation limit
Emergency/ facility fee	1500 per family within Hospitalization Limit	2000 per family within Hospitalization limit
Acute medication	2500 per family	2500 per family
Chronic medication	2000 per family	2000 per beneficiary
Over the counter medication	500 per family; 350 per beneficiary within family benefit limit	1000 per family; 500 per beneficiary within family benefit limit
Pathology	2000 per family	2500 per family
Radiology	1800 per family	2500 per family
IH Specialised Radiology	No cover	No cover
Basic dentistry	No cover	800 per beneficiary
Optometry	No cover	1200 per beneficiary for one consultation and a pair of spectacles every two years
Physiotherapy	1500 per family	1500 per family
Psychology	No cover	2000 per family
Antenatal care	Four GP consultations and two 2D within benefit limits. Admission limited to 8000 including ward fees, theatre fees, drugs and medicines, professional fees, etc. Prenatal, delivery, antenatal benefits are limited to one delivery per family per annum	Four GP consultations and two 2D prenatal scans including delivery. Admission limited to 15000 including ward fees, professional fees. Delivery and antenatal benefits are limited to one delivery per family per annum
Ambulance services	2000 per beneficiary per annum	2500 per beneficiary per annum, covered for admission within Eswatini
Wellness benefit	No cover	No cover
Medical appliances	No cover	1500 per family
HIV	Basic Counseling, testing and treatment; One viral load/ CD4 Count per beneficiary per annum within pathology benefit limit	Basic Counseling, testing and treatment; One viral load/ CD4 Count per beneficiary per annum within pathology benefit limit
Funeral cover	Member / Spouse: 10000	Member / Spouse: 10000

Gold Plan	Gold Plus
150 000 per beneficiary, covered for private care admission within public and private hospitals	250 000 per beneficiary, covered for private care admission within public and private hospitals
2600 per beneficiary	3200 per beneficiary
1300 sublimit per beneficiary within GP and nurse consultation limit	1860 sublimit per beneficiary within GP and nurse consultation limit
3000 per family within hospitalization limit	5000 per family within hospitalization limit
4000 per family; 2500 per beneficiary	4500 per family; 3000 per beneficiary
3000 per beneficiary	3800 per beneficiary
1000 per family; 500 per beneficiary within family benefit limit	1500 per family; 750 per beneficiary within family benefit limit
3500 per family	3500 per family
3000 per family	3500 per family
No cover	One CT scan per family per annum within hospitalization limit
1000 per beneficiary	2500 per beneficiary
2000 per beneficiary for one consultation and a pair of spectacles every two years	2500 per beneficiary for one consultation and a pair of spectacles every two years
2000 per family	3000 per family
2500 per family	3000 per family
Eight GP consultations and two 2D prenatal scans including delivery. Admission limited to 34000 including ward fees, theatre fees, drugs and medicines, professional fees. Delivery and antenatal benefits are limited to one delivery per family per annum	Eight GP consultations and three 2D prenatal scans including delivery. Admission limited to 37000 including ward fees, theatre fees, drugs and medicines, professional fees. Deliver, antenatal benefits are limited to one delivery per family per annum
3000 per beneficiary per annum, covered for admission within Eswatini	3000 per beneficiary per annum, covered for admission within Eswatini
<ul style="list-style-type: none"> • Blood pressure and cholesterol test - once a year • Blood glucose test - once a year • Pap smear for ladies aged 21 years and older - once a year 	<ul style="list-style-type: none"> • Pap smear for ladies aged 21 and older - once a year • Prostate screening and mammogram - once every two years per beneficiary • Blood pressure and cholesterol test - once a year • Blood glucose test - once a year
2000 per family	2500 per beneficiary
Basic Counseling, testing and treatment; One viral load/ CD4 Count per beneficiary per annum within pathology benefit limit	Basic Counseling, testing and treatment; One viral load/ CD4 Count per beneficiary per annum within pathology benefit limit
Member / Spouse: 10000	Member / Spouse: 10000

WHAT HAPPENS IF I JOIN AFTER JANUARY?

Members joining after January shall have their benefits prorated.

AMENDMENTS TO MEMBERSHIP

Members are allowed to change plans at the beginning of the year. Pending procedures in the current plan will not be covered in the new plan.

TERMINATION OF MEMBERSHIP

Groups and individual members should terminate their membership at the end of the year (within 12 months). Notice for termination must be submitted within 3 months before termination date.

OTHER EXCLUSIONS

- All costs incurred during waiting periods.
- Injuries sustained due to high risk sports, participation in a riot, civil commotion, war, terrorist activity or rebellion, illegal behavior.
- Over the counter health supplements.
- Costs Incurred due to failure to take doctors orders.
- Admission purely for holiday and or recuperative purposes whether deemed medically necessary or not including stress and headache.
- All costs, operations, medicine related to treatment or cosmetic purposes or for personal reasons.
- Treatment of obesity.
- All costs exceeding the annual maximum limit for that particular category to which the beneficiary is entitled to in-terms of the benefit structure.
- Examination and treatment to infertility.
- Treatment of injury resulting from alcohol, drugs.
- Reversal of sterilization.
- Injury on duty covered by law.
- Injuries covered by the motor vehicle accident fund.
- Cost of services rendered by any institution, not registered in terms of the law (except a state facility/ hospital)



GET IN TOUCH



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