



SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

ACCESS SAVER PLAN 2026



Stay Smart. Stay Covered!

Visit www.sizwehosmed.co.za or speak to your consultant for detailed product information.
Because at Sizwe Hosmed, there is so much more!



Still Here

Still Caring for You!

For over 83 years, our Scheme has been rooted in care. These roots run deep — grounded in trust, service, and the promise to stand by our members in the moments that matter most. **We're still here, still caring for you.** We have paid claims faithfully, supported our members through life's toughest challenges, and built a reputation as a reliable guardian of healthcare. This enduring foundation makes our members feel safe, supported, and connected to something bigger than themselves.

Being still here and still caring for you also means we continue to evolve and respond to our members' changing needs, lifestyles, and expectations. We are making healthcare more accessible to younger generations who want care that fits seamlessly into their busy lives, whilst being relevant to older generations.



ACCESS SAVER

The **Access Saver Plan** is designed for individuals and couples building their careers, families, and futures - with smart, flexible cover that keeps up.

This savings-based plan gives members upfront funds at the start of the year to manage their everyday healthcare costs - from **GP visits to basic medication**. It includes in and **out-of-hospital** cover, **chronic care**, and **specialist consultations**, so you're protected when it matters most.

Stay Smart. Stay Covered!



IN-HOSPITAL BENEFITS

- Unlimited benefits only for Prescribed Minimum Benefit (PMB) conditions, subject to PMB legislation and regulations.
- Hospital benefits are only available at the Designated Service Providers.
- All admissions (including PMBs) are subject to pre-authorization, case management, clinical protocols, and scheme rules.
- Admissions for elective procedures must be pre-authorized at least 72 hours before the admission date.
- A **30% penalty** will be imposed for non-emergency late pre-authorisations.
- Deductibles* apply to a defined list of procedures.

BENEFIT	EXPLANATION
Overall Annual Limit	No Overall Annual Limit
In-hospital PMBs (only at DSP)	Unlimited Subject to pre-authorization and case management, clinical guidelines, and scheme rules. Emergency admissions must be notified to the Scheme within 48 hours of admission.
Hospital Admission	100% of Negotiated Tariff* Benefits cover Intensive Care, High Care, General Ward, Theatre and Recovery Room.
In-hospital General Practitioner (GP) and Specialist	100% of Negotiated Tariff* Benefits cover Consultations and In-Room Procedures
Anaesthetist Rate	100% of Scheme Tariff* Subject to PMB, clinical protocols and scheme rules.
Laparoscopic procedures: hospitalisation and associated costs	100% of Scheme Tariff* Subject to PMBs, pre-authorization and managed care protocols. Laparoscopic procedures done in-hospital will attract a 20% co-payment, except for diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendectomy and repair of recurrent or bilateral inguinal hernias.
Major In-hospital Medical Services and Procedures	100% of Negotiated Tariff* Limited to PMBs Subject to PMBs, pre-authorization, clinical protocols, and scheme rules. Emergency medical services and in-room procedures must be notified to the Scheme within 48 hours of the event.
Back and Neck Surgery Subject to PMBs, pre-authorization, clinical protocols, and scheme rules. Subject to adherence to conservative treatment.	100% of Scheme Tariff* Limited to PMBs
Organ Transplant Department of Health Protocols apply. Subject to PMBs pre-authorization, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of Scheme Tariff* Limited to PMBs
Stereotactic Radiosurgery Subject to PMBs, pre-authorization, managed care protocols and scheme rules	No benefit
Male Sterilisation/ Vasectomy Subject to PMBs and pre-authorization at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limit: R20 225.36 per beneficiary per year
Female Sterilisation/ Tubal Ligation Subject to PMBs and pre-authorization at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limit: R20 225.36 per beneficiary per year

BENEFIT	EXPLANATION
Dental Hospitalisation	<p>100% of Scheme Tariff*</p> <p>Limited to PMBs</p> <p>Subject to PMBs pre-authorisation, treatment protocols. General in-hospital benefit rules apply.</p> <p>Basic dentistry benefit In-Hospital is limited to extensive conservative treatment for children under the age of 7 years involving more than three (3) teeth.</p> <p>General anaesthetic benefits are only available for children under the age of seven (7) years for extensive dental treatment, limited to once per beneficiary per year.</p> <p>Removal of symptomatic impacted wisdom teeth is covered only as a Day Case at a day hospital.</p>
Maxillo-facial and Oral Surgery Subject to PMBs, pre-authorisation and treatment protocols	No Benefit
Medicine items and Pharmaceutical Products, including consumables used in the hospital and theatre. Medicine to take home after discharge (TTO)	<p>100% Negotiated Tariff*</p> <p>Subject to PMB, Medicine Formulary, Formulary Rules, Reference Pricing and the use of pharmacy networks.</p> <p>Limit: 7 days medicine supply.</p> <p>Non PMBs, subject to MSA.</p> <p>Subject to Reference Pricing and a valid script and formulary*.</p> <p>Paid from hospital benefit.</p>
Oncology	<p>100% of DSP Tariff*</p> <p>Benefits utilisation above R297 079.18 per beneficiary per year will be subject to 20% co-payment for non-PMBs</p> <p>Subject to the use of Oncology DSP.</p> <p>Subject to reference Pricing.</p> <p>Subject to PMB, preauthorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.</p>
Non-Cancer Specialised Drugs Benefits (including Biologicals)	No benefit
Renal Dialysis: (Includes peritoneal and haemodialysis)	<p>100% of Negotiated Tariff*</p> <p>Limited to PMBs</p> <p>Department of Health Protocols apply.</p> <p>Unlimited benefits for PMBs.</p> <p>Subject to pre-authorisation, clinical guidelines, medicine formulary*, and registration on the Disease Management Programme.</p> <p>Subject to Preferred Provider Network.</p>
Infertility	<p>100% of Negotiated Tariff</p> <p>Limited to PMBs</p> <p>Subject to PMBs, Pre-authorisation and Managed care protocols.</p>
Age-Related Macular Degeneration Treatment	<p>100% of Negotiated Tariff*</p> <p>Limited to PMBs</p> <p>Subject to PMBs, pre-authorisation and managed care protocol</p> <p>Applicable to members 55 years and above.</p>
Blood Transfusions	<p>100% of Scheme Tariff*</p> <p>Subject to PMBs, pre-authorisation and managed care protocols.</p>
Radiology	<p>100% of Scheme Tariff*</p> <p>Limited to PMBs.</p> <p>Subject to PMBs, preauthorisation, Managed Care protocols and scheme rules.</p>
Basic Radiology	100% of Scheme Tariff*
Advanced /Specialised Radiology	<p>Combined in and out of hospital limit of one scan per beneficiary per annum subject to the family overall limit of R21,000 per annum.</p> <p>10% co-payment applicable for non-PMB scans. Additional scans may be authorised where clinically indicated, subject to PMB entitlement, pre-authorisation, and adherence to MCO clinical protocols</p>
Pathology	<p>100% of Scheme Tariff*</p> <p>Subject to PMBs and Managed Care Protocols.</p>

BENEFIT	EXPLANATION
Physiotherapy & Biokinetics	100% of Scheme Tariff* Limited to PMBs Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.
Dietician & Occupational Therapy	100% of Scheme Tariff* Limited to PMBs Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.
Mental Health benefits (including admissions, consultation, ward fees, medicines, therapy sessions with a psychiatrist and psychologist, etc.	100% of Scheme Tariff* Limited to PMBs Subject to PMB, preauthorisation and clinical protocols and scheme rules and Preferred Provider Network.
Psychiatry Admissions Or Outpatient consultations as specified in Annexure A of the Regulation.	Up to 21 days in-hospital per beneficiary per year Or Up to 15 outpatient days per beneficiary per year
Psychiatric admission by GP or specialist physician (non-psychiatric disciplines)	Maximum 3 days of hospitalisation
Non-PMB psychiatric treatment	No benefit
Drug and Alcohol Rehabilitation	100% of Scheme Tariff* Limit: R15 624.63 per family per year Subject to PMBs, managed care protocols and preauthorisation. Benefit limits apply. Subject to Preferred Provider Network.
Step Down facilities	100% of Negotiated Tariff* Limited to 14 days per beneficiary per year. Subject to PMBs, pre-authorisation and protocols. Includes all services rendered at registered step-down facilities.
Hospice and Private Nursing	100% of Negotiated Tariff* Limited to PMBs Subject to PMBs pre-authorisation and managed care protocols at registered step-down facilities and nursing facilities. Subject to case management and registration on the disease management programme. Non PMBs subject to MSA
Frail care	Not covered
Home-Based Care In lieu of hospitalisation	100% of Negotiated Tariff* Limited to 14 days per beneficiary per year Subject to PMBs, pre-authorisation and managed care protocols.
Negative pressure wound therapy	100% of Negotiated Tariff* Limited to PMBs. Subject to PMBs, pre-authorisation and managed care protocols. Limited to PMBs.
Hyperbaric Oxygen Therapy	100% of Negotiated Tariff* Limited to PMBs Subject to PMBs, pre-authorisation and managed care protocols. Public sector protocols apply.
Day Procedures	100% Negotiated Tariff* Limited to PMBs Subject to PMB, preauthorisation, managed care protocols and scheme rules. A 20 % co-payment applies to a day procedure if performed at an Acute hospital (57/58 hospital).

BENEFIT	EXPLANATION
Deductible* Applied for Day Procedures at Day Hospitals.	<p>These procedures will not be covered if done in acute facilities.</p> <p>Benefits breakdown:</p> <ul style="list-style-type: none"> • Skin disorders R1 960.35 • Arthroscopy: R3 920.70 • Bunionectomy: R3 920.70 • Removal of varicose veins: R1 960.35 • Refractive eye surgery, aphakic lens: R3 920.70 • Infertility treatment: R6 535.20 • Non-cancerous breast conditions: R1 960.35
Internal and External Prosthesis:	<p>100% Negotiated Tariff*</p> <p>Annual overall prosthesis limit of R39 048.35 per family per year within hospital limit as stipulated.</p> <p>Maximum one (1) level per beneficiary per year for spine</p> <p>Limited to PMBs</p> <p>Subject to Pre-authorisation and managed care protocols. Subject to overall prosthesis benefit limit.</p>
Spine: Instrumentation and disc prostheses, including all components and fixation devices for back/spine.	<p>One (1) prosthesis and only one joint per beneficiary per cycle</p> <p>Subject to overall prosthesis limit and PMB protocols.</p>
Prosthesis for joint replacement (Hip, Knee, Shoulder, and Ankle)	<p>Subject to overall prosthesis limit and PMB protocols</p>
Cardiac stents, Cardiac Devices (Pacemakers, internal defibrillators, grafts, valves, etc.)	<p>1 per lesion- maximum of 3 lesions.</p> <p>Bare metal stents: R13 335.00 per stent</p> <p>Drug-eluting stents: R16 170.00 per stent</p> <p>Subject to overall prosthesis limit and PMB protocols.</p> <p>No benefit for unstable angina or NSTEMI unless there is evidence of failed conservative medical treatment. Public sector protocols for STEMI apply.</p>
Aphakic Lenses	<p>Limited to R6 514.67 per lens</p>
Internal sphincters and stimulators	<p>100% Negotiated Tariff*</p> <p>Limited to PMBs</p>
Neurostimulators/Internal nerve stimulator for Parkinson's Disease	<p>100% Negotiated Tariff*</p> <p>Limited to PMBs</p>
Cochlear implants	<p>No Benefit</p>
Artificial Limbs and external prostheses, including artificial eyes.	<p>100% Negotiated Tariff*</p> <p>Limited to PMBs</p>



OUT OF HOSPITAL BENEFITS

- **Out of Hospital benefits (day-to-day)** include acute medicines, GP & Specialists consultations, pathology, radiology, alternative services, remedial & other therapies, psychology & psychiatric treatment, etc. These benefits are paid from the Medical Savings Account (MSA*), subject to PMBs.
- Benefit limits, evidence-based clinical guidelines and medicine formulary* apply.

BENEFIT	EXPLANATION
Medical Savings Account (25%)	Medical Savings Account (MSA*) Limit Member = R11 733 Adult = R10 134 Child = R2 356
General Practitioners (Includes virtual consultations).	100% of Scheme Tariff Paid from MSA* Once MSA* is depleted, one additional consultation per beneficiary, limited to 4 consultations per family per year.
Specialist Consultations (Includes virtual consultations).	100% of Scheme Tariff Paid from MSA*. Once MSA* is depleted, one additional consultation per family per year, with any one of the following specialists: <ul style="list-style-type: none"> • Paediatrician • Gynaecologist 100% of Negotiated Tariff* Non PMB paid from MSA
Psychologist & Psychiatrist	Subject to referral from GP or Specialist, and confirmed diagnosis
Combined Basic Radiology and Pathology Only PMB benefits payable once combined limit exhausted	100% of Scheme Tariff* Combined limit of R4 527.97 per beneficiary per year, subject to sublimit below: Subject to PMB and clinical protocols. Paid from MSA Basic Radiology: Limited to R2 740.82 per beneficiary per year Pathology: Limited to R3 512.57 per beneficiary per year
Advanced /Specialised Radiology (MRI, PET scan, CT scan, MUGA, etc.) Joint benefit In and Out of Hospital.	For In hospital the copy is: Combined benefit in and out of hospital, Limited to one scan per beneficiary per annum subject to the overall family limit R21 000 per annum.



MEDICINE AND MATERIALS BENEFITS

Paid from MSA*, Subject to PMB, Reference Pricing, Medicine formulary* and Protocols.

Acute Medicines Includes materials, oral and injectable contraceptives and over-the-counter (OTC) medication	100% of Reference Price* Restricted to schedules 0, 1 and 2 Includes vitamins.
Mirena device	Mirena Sublimit: R2 431.01 per beneficiary every 5 years Subject to available MSA*. Sublimit applies.
Chronic Medicines	100% of Reference Price* Limited to PMB Chronic Disease List (CDL) Medicines. Subject to PMBs, registration on the Chronic Disease Programme and pre-authorisation. Subject to the use of Preferred Provider Network. Paid from Risk. CDL is subject to renewal of the prescription every six months.

BENEFIT

EXPLANATION



OPTICAL BENEFITS

Benefit paid from Risk for members who use the Scheme Optometry Designated Service Provider (DSP) only; otherwise, payable from the Medical Savings Account. Limited to One Claim per beneficiary every 24 months.

Eye Tests

100% of DSP Tariff*
One comprehensive consultation per beneficiary every 24 months

Contact lenses

No benefit for contact lenses if spectacle lenses are claimed.
Contact lenses limit:
R1 279.95 per beneficiary every 24 months.

Spectacle Lenses

No benefit for spectacle lenses if contact lenses are claimed.
Spectacle Lenses limit:
Limited to **R269.89** per lens – clear single vision OR
R571.54 per lens – clear bifocal OR
R571.54 per lens – base multifocal

Spectacle Frames

A frame cannot be claimed alone or with contact lenses.

Spectacle Frames limit :
R703.50 per Frame



DENTAL BENEFITS

Benefit paid from Risk for members who utilize the Scheme Dental DSP network Only, otherwise, payable from Medical Savings Account.

Conservative Dentistry

(dentist and dental therapist) includes consultations, infection control, fillings etc.

100% of Negotiated Tariff*

Consultations, Fillings, Extractions

Yes (Paid from Risk)

Conscious sedation: (limited to beneficiaries below the age of 16 years).

Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation.

Root Canal treatment included in conservative dentistry

No benefit

Preventative scale and polish

Yes

Infection control

Yes

Fluoride treatment

Yes
Beneficiaries below the age of 13 years.

Dental X-rays

X-rays (limited to intra-oral)
Dental protocols apply, and pre-authorisation is required for extensive treatment plans.
Quantity limitations apply.

Advanced Dentistry (Paid from Risk)

(e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics)

Non-PMBs Paid from MSA*
All clinically valid specialised dental treatment covered from MSA*
Orthodontics is Limited to beneficiaries aged 21 years or older.

Acrylic (Plastic) Dentures

Repairs, realigning and repairing of dentures every 12 months.
Limited to beneficiaries above the age of 16 years.
1 set of Acrylic (plastic) denture per beneficiary every 4 years. Repairs, realigning and repairing of dentures every 12 months. Limited to PMBs.
Paid from Risk.

Dental Implants

No benefit

Partial Metal Frame Dentures

No benefit

Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures, and Operations)

100% of DSP Tariff*
Limited to PMBs
Subject to PMBs, pre-authorisation and protocols.



OTHER SERVICES/ AUXILLIARY BENEFITS

Part of the overall Day-to-Day benefits.
Paid from MSA, except for PMBs.

Alternative Therapies

Subject to pre-authorisation, PMBs and managed care Protocols (Include: Speech therapy; occupational therapy; social worker; dietetics; podiatry, prosthetist, orthotist, audiologist, educational psychologist, and registered counsellor, etc.)

Collectively limited to **R3 159.77** per family per year

Allied Services




(Homoeopathy, Naturopathy, Chiropractor)

100% of Scheme Tariff*
Paid from MSA
Homoeopathic Medication Excluded.
Subject to PMBs and Protocols.

BENEFIT	EXPLANATION
Physiotherapy & Biokinetics	100% of Scheme Tariff* Paid from MSA* Subject to PMB conditions and clinical protocols.
Physiotherapy Cardiac and Respiratory Conditions	Maximum of 6 sessions per beneficiary, thereafter, subject to progress report and evidence of response. Subject to the provision of a treatment plan and therapy goals.
Clinical and Medical Technologists	100% of Scheme Tariff* Paid from MSA* Subject to pre-authorization, PMBs and managed care Protocols.
Medical Appliances Include Callipers, Nebuliser, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, Blood Pressure machine, etc.	100% of Negotiated Tariff* Limited to R7 860.83 per family per year Limited to PMBs. Combined inpatient and outpatient benefit. Subject to pre-authorization and managed care Protocols.
Blood Pressure Monitors Subject to registration on the Diseases Management Programme (For beneficiaries registered for Hypertension)	Sub-limit R692.37 for beneficiaries registered for Hypertension
Non-motorized wheelchairs	One (1) claim per beneficiary every 36 months. Subject to pre-authorization, PMBs and managed care Protocols PMBs only.
Hearing Aids	One (1) claim per beneficiary every 24 months Subject to pre-authorization, PMBs and Managed Care Protocols.
Air/Road Ambulance & Emergency Services	100% of Negotiated Tariff* Subject to pre-authorization and managed care protocols. Authorisation for emergency transportation should be obtained within 72 hours. The Scheme's preferred provider must be contacted should you require an Ambulance. If services are not pre-authorized through the preferred provider, claims will not qualify for payment. Non-emergency air/Road services such as medical repatriation or clinically appropriate interfacility transfers must be pre-authorized.



ACCESS SAVER BENEFIT CONTRIBUTIONS

	 MAIN MEMBER	 ADULT	 CHILD
RISK	R2 933,25	R2 533,50	R588,75
MSA	R977,75	R844,50	R196,25
Total	R3 911,00	R3 378,00	R785,00
%	25%	25%	25%
Member annual (12 months) MSA BENEFIT for Day-to-Day	R11 733,00	R10 134,00	R2 355,00

DEFINITION OF TERMS

TERM	EXPLANATION
Scheme Tariff*	"The Tariff determined or adopted by the Board in respect of the payment for healthcare services rendered to beneficiaries by service providers who are not subject to a DSP Tariff or a Negotiated Tariff, determined using the 2006 National Health Reference Price List (NHRPL) with the application of a year-on-year inflationary increase"
DSP*	"Designated Service Provider"
DSP Tariff*	"The fee determined in terms of an agreement between the Scheme and a service provider or a group of service providers in respect of the payment for the relevant health services"
Negotiated Tariff*	"A Tariff negotiated and agreed ad hoc for services rendered between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to beneficiaries and which is different from the Scheme Tariff"

TERM	EXPLANATION
Reference Price*	"The maximum reimbursable price for a list of generically similar or therapeutically equivalent products with a cost lower than that of the original medicine"
Medicine Formulary*	"A list of medicines that the Scheme will pay for the treatment of acute and chronic conditions as per the benefit option the member has selected"
Co-payment*	"A specified rand amount a beneficiary will be liable to self-fund for the cost of a specified medical treatment as stipulated in the benefits per option"
Deductible*	"A specific percentage or rand amount of the total hospital account related to a specific procedure as stipulated in the benefits per option that the beneficiary is liable for"
ICON*	"Independent Clinical Oncology Network"
Voluntarily*	"Of one's own free will"



SIZWE HOSMED BAMBINO PROGRAMME

The **Sizwe Hosmed Bambino Programme** is a dedicated maternal and child health initiative designed to support expectant mothers, newborns, and young children during the most critical stages of early life. From pregnancy through a child's formative years, the programme provides tailored health guidance, medical support, and access to essential healthcare benefits.

It focuses on ensuring that mothers receive the necessary prenatal care and that babies get the best possible start in life, with an emphasis on preventative healthcare, growth monitoring, and early developmental support.

At 24 weeks of pregnancy, mothers-to-be receive a free maternity bag with baby goodies.

BENEFIT

EXPLANATION

SIZWE HOSMED Bambino Programme

- 100% of Scheme Tariff*
- Subject to Registration on SIZWE HOSMED Bambino Programme.
- Subject to Managed care Protocols including Pre-authorisation and Case management.

Hospital Confinement

Accommodation at general ward rates, theatre fees, labour ward fees, drugs, dressings, medicines and materials in a private or provincial hospital and 100% of the cost for drugs, dressings, medicines and materials supplied by a midwife.

- 100% of Scheme Tariff*

Delivery

100% of the cost for delivery by a general practitioner, medical specialist, or midwife, including materials supplied, is covered for home delivery by a registered Midwife; pre-authorisation is required.

- 100% of Scheme Tariff*

Maternity Ultrasound(s)

Higher dimension ultrasound will be paid up to the value of a 2D scan.

- 2 x 2D scan per pregnancy
- 1 3D scan per pregnancy, excluding diagnostic sonar

Maternity Visit(s)

- An additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy. Six either with a GP, Midwife and 4 with a Specialist Obstetrician.

Antenatal Pathology Screening

Limited to:

- 2 Haemoglobin Measurement test
- 1 Blood Grouping test.
- 1 Rhesus Factor
- 1 VDRL test for Syphilis.
- 2 HIV blood tests
- 12 urine analysis tests
- 1 Full blood count (FBC) test
- 1 Hepatitis S Ag test
- 1 Toxoplasmosis and
- 1 Rubella test

Antenatal Supplements (Vitamins)

- Vitamins Limit: **R297.68** per pregnancy paid from risk

Immunisation Benefit

- Moved to preventative care benefit, under child health.



PREVENTATIVE CARE BENEFITS

BENEFIT

EXPLANATION

Wellness Screening/ Health Risk Assessments

- 100% of Scheme Tariff*
- Wellness consultation limit: **R2 061.68**

Adult health

- 1 Free Blood Sugar Test over 15 Years per beneficiary per year
- 1 Free Blood Pressure test per beneficiary per year over 15 years per beneficiary per year
- 1 Diabetic Eye Screening test
- 1 Diabetic Foot Examination
- 1 Free Cholesterol Test over 20 Years per beneficiary per year
- 1 Free Bone density per year: Women from 50 years up to 69 years of age. Males at 65 years of age
- 1 Free Colon Cancer Blood Test over 50 years per beneficiary per year
- 1 free lung cancer screening above 55 years per year
- 1 free skin cancer screening per beneficiary per year above 55 years
- 1 free BMI screening per beneficiary per year

Women's Health

- 1 Free Pap Smear for Females over 18 Years per beneficiary per year
- 1 Free Mammogram for Females over 40 Years per beneficiary per year

Child Health

- 1 free heart screening for babies under 2 years old
- 1 free hearing and vision screening for babies under 2 years old
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- Child Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age

Men's Health

- 1 Free PSA for Males over 40 Years per beneficiary per year

Vaccinations (Other)

- Free Covid-19 Vaccination per beneficiary per year
- 1 Free Flu Vaccine per beneficiary per year
- Free Pneumococcal Vaccine per beneficiary above 65 Years of age per year

HIV/AIDS Benefit

- 100% of Scheme Tariff*
- Unlimited Benefits subject to registration on the Scheme's HIV AIDS Disease Management Programme.
- Treatment is subject to the treatment Care plan, PMB algorithms and clinical protocols and formularies as per CDL

COVID-19

- 100% of Scheme Tariff*
- Subject to PMBs and managed care protocols



SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

Thank you for considering **Sizwe Hosmed** as your healthcare partner. Your health journey is of utmost importance to us, and we are here to guide you every step of the way.

WALKIN CENTRES

CAPE TOWN

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WELKOM

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