



SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

MEMBER SUMMARY GUIDE 2026

ESSENTIAL
COPPER



ACCESS
CORE
(HOSPITAL PLAN)



ACCESS
SAVER



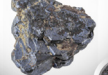
GOLD
ASCEND



VALUE
PLATINUM



TITANIUM
EXECUTIVE



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The benefits and contributions reflected in this publication will only be valid once approved by the Registrar of Medical Schemes.



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.



QUICK FACTS



33.44

Member
Average Age



8%

Pensioner
Ratio



Top 10

Our Ranking



NETWORKS

97.4% of members
are within 30km of Network GPs.

87.4% of members
are within 30km of Network Specialists



Benefits Summary Highlight Overview

Note: The benefit highlights are a high level overview only and do not supersede the registered benefits and rules. All plans are subject to approval by Council of Medical Schemes, Scheme rules, Scheme rate, DSP's, preauthorisation, case management, managed care protocol, clinical guidelines and the plan benefit limits as registered.



A fully Networked Starter Plan for the Young and Healthy



A Starter Plan for the Young and Healthy



A Savings Plan providing medium to rich benefits for individuals and young families



A Rich Plan for Families with an option Network & Non-Network



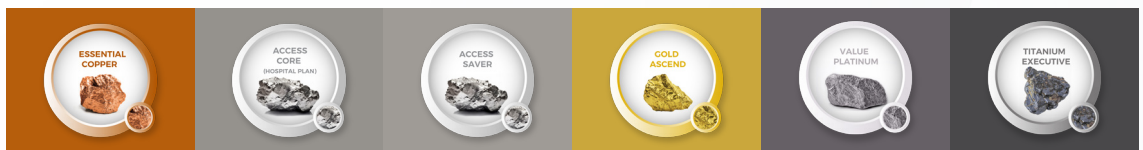
A Premium Plan with enhanced benefits for Growing Families



A Premium Plan offering the most comprehensive in and out-of-hospital benefits



In Hospital Benefit



Hospital Admissions	Limited to PMB benefits	No Overall Annual Limit for in-hospital services, subject to PMBs, Scheme Rate, benefit limits, deductibles or co-payments, clinical guidelines and scheme rules. Titanium Executive Surgical procedures up to 300% scheme tariff.				
GP's Specialists, Anaesthetists, General Pathology and Radiology	Limited to PMB benefits	All admissions are subject to pre-authorisation, case management, clinical protocols, plan benefit availability and Scheme rules. Network providers may apply. Covered at 100% negotiated Scheme rate and tariff.				
Advanced / Specialised Radiology (e.g. MRI / CT / Angiogram) Combined Limit (In/ Out) Subject to authorisation.	1 scan pbpa. Limited to PMB	1 scan pb subject to family limit of R35 471 Non PMB scans incur 10% co-payment.	1 scan pb subject to family limit of R21 000 Non PMB scans incur 10% co-payment	1 scan pb subject to family limit of R26 225 Non PMB scans incur 10% co-payment	1 scan pb subject to family limit of R39 862 Non PMB scans incur R1 736 co-payment	1 scan pb subject to family limit of R52 433 Non PMB scans incur R1 736 co-payment
Oncology: Benefit limit per beneficiary. Utilisation above benefit limit subject to a co-payment of 20%	Unlimited PMB	Unlimited PMB	R297 079	R252 825	R632 063	R790 079
Mental Health Benefits: Combined Limit (In/Out) Subject to authorisation	21 days in-hospital or 15 out-of-hospital sessions per beneficiary per annum, includes psychiatrist consultations and 6 in-hospital consultations by clinical psychologist. Benefit limited to a maximum of three (3) days hospitalisation if admitted by a GP or a specialist physician.					
Air/Road Ambulance & Emergency Services	Subject to pre-authorisation with the Scheme preferred provider and within 72 hours of the emergency.					



Chronic Benefit



Script renewal, 6 monthly	Subject to pre-authorisation, registration on the chronic disease programme, formulary, reference price list and clinical protocols - PMB conditions unlimited benefit within managed care protocol.					
27 CDL - PMB conditions: PMB - Prescribed Minimum Benefit	PMB 27	PMB 27	PMB 27	PMB 27	PMB 27	PMB 27
Additional listed Chronic (Non-CDL) Medicines	n/a	n/a	n/a	n/a	26	35
Per family per year					R17 648 pf	R35 510 pf
Per beneficiary sub-limit					R8 751 pb	R18 573 pb
Subject to registration on the Chronic Medicine Programme	Subject to medicine formulary and reference price list					



Day to Day / Out of Hospital Benefits



GP and Specialist consultations (includes virtual consultations), Physiotherapy, Radiology, Pathology and Acute Medication, subject to Day-to-Day and /or MSA benefit. Benefit limits and sub-limits apply. Subject to PMBs, evidence-based clinical protocols and medicine formulary.

Member		Subject to MSA.	R7 969	Subject to MSA	Subject to MSA.
Member +1	Unlimited GP visits from any GP within the DSP Network. A 30% co-payment will apply for voluntary use of GP and Specialist outside the DSP* Network. Specialist Visits limited to PMB and X3 visits pf subject to referral by DSP* GP	Annual MSA M: R11 733 A: R10 134 C: R2 355 1 additional GP consultation pb to a maximum of 4 pf. Specialists: 1 Additional specialist Visit for Paediatricians or Gynaecologists limited to PMB's	R11 801	Value Platinum Annual MSA M: R15 267 A: R14 334 C: R4 182 Subject to MSA. Thereafter, SPG and ATB apply.	Annual MSA M: R29 296 A: R25 921 C: R5 988 Thereafter, SPG and ATB apply.
Member +2			R13 810	Value Platinum Core Annual MSA M: R14 508 A: R13 894 C: R3 703 Thereafter SPG and ATB applies	
Member +3			R15 793		
Member +4			R17 801		
Member +5			R19 796		
Member +6			R21 780		
GP To Specialist Referral	Required		Required		
Allied Services Including homeopathy, Naturopathy, Chiropractor	No Benefit	Consultations payable from MSA	R1 411 pbpa	Subject to MSA R1 824 pbpa	Subject to MSA R2 807 pbpa
Alternative Services / Therapies Includes speech therapy, occupational therapy, social worker, dietetics, podiatry, prosthetist, orthotist, audiologist, educational psychologist and registered counsellor	Limited to PMBs	Subject to MSA, R3 160 pfpa	M: R1 424 M+: R2 288	Subject to MSA, M: R2 115 M+: R3 709	Subject to MSA, M: R3 885 M+: R6 545
Medical Appliances	Limited to PMBs R2 474 pfpa	Limited to PMBs R7 861 pfpa	M: R1 423 M+: R2 288	Subject to MSA M: R2 115 M+: R3 711	Subject to MSA M: R3 705 M+: R6 172
Note: Sub-limits may apply	Sub-limits may apply for Acute Medication, OTC, general radiology, pathology and other Day to Day benefit sub-limits - consult full benefit guide				
EDO Plan	EDO PLAN - consultations available at Network GP and Network Specialist. 30% Co-Payment for voluntary use of non DSP				



Optical Benefits



Designated Service Providers

Optical Benefit - 24 month treatment date cycle benefit. Either frames & Lenses OR contact lenses

Benefit paid from	Risk	Risk	Risk	MSA	MSA
Eye test: per beneficiary	one	one	one	one	one
Optical Benefit - 24 month treatment date cycle benefit. Either frames & Lenses OR contact lenses					
Frames p/b	R385	R704	R808	R1 234	R1 564
Single vision (Per Lens)	R271	R270	R260	R259	R259
Bifocal (Per Lens)	R572	R572	R563	R563	R563
Multi-focal (Per Lens)	R572	R572	R563	R1 034	R1 034
Or contact lenses	R830	R1 280	R1 783	R2 234	R2 551

Dentistry Benefits

					
Benefit paid from	Risk	Risk	Risk	MSA	MSA
Conservative Dentistry	2 consultations \ Check ups (once in 6 months) , general fillings, extractions & oral hygiene within managed care protocol				
Fluoride treatment	limited to beneficiaries from age 5 up to 13 years of age				
General Anaesthetics	Subject to clinical protocol and preauthorisation for children under the age of seven (7) years for extensive dental treatment, limited to once per 365 days per beneficiary				
Conscious sedation: (limited to beneficiaries below the age of 16 years)	Subject to clinical protocol and authorisation - Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation				
Acrylic (Plastic) Dentures	One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a 4-year period, Paid from Risk				
Advanced Dentistry, Inclusive of Metal Frame Dentures	n/a	n/a	n/a	Risk Benefits and clinical protocol apply - consult benefit guide	

All Options: Wellness and Screening

1 Blood Sugar Test over 15 Years per beneficiary per Annum	1 skin cancer screening per beneficiary per annum above 55 years
1 Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum	1 lung cancer screening above 55 years per annum
1 Cholesterol Test over 20 Years per beneficiary per Annum	1 Colon Cancer Blood Test over 50 years per beneficiary per Annum
1 Diabetic Eye Care Examination	1 Diabetic Foot Examination
1 Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age	1 BMI screening per beneficiary per annum
1 Pap Smear for Females over 18 Years per beneficiary per Annum	1 Mammogram for Females over 40 Years per beneficiary per Annum
1 PSA for Males over 40 Years per beneficiary per Annum	1 hearing and vision and 1 heart screening for babies under 2 years old
1 flu vaccine per beneficiary per annum	1 HPV vaccination per beneficiary between 9 and 12 years of age

All Options: Maternity Benefit

Ante-Natal Consultations	10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 either with a GP, Midwife and 4 with a Specialist Obstetrician		
Test Screening	Benefit Count	Test Screening	Benefit Count
Haemoglobin Measurement test	2	Urine Analysis Test	12
Blood Grouping Test	1	Full Blood Count Test	1
Rhesus Factor	1	Hepatitis S Ag test	1
VDRL Test	1	Toxoplasmosis	1
HIV blood Tests	2	Rubella test	1
Ultrasounds	2 two dimensional scans per pregnancy. 3 dimensional available on Value Platinum and Titanium.		
Antenatal Supplements (Vitamins)	R297 per pregnancy		
Hospital Benefit - Confinement - 100% Scheme rate.	Within hospital preauthorisation and medical protocol & managed care rules.		



Preventative Care Benefits

BENEFIT

EXPLANATION

Wellness Screening/ Health Risk Assessments

- Paid from Risk

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



2026 CONTRIBUTIONS

100% CONTRIBUTION TABLE FOR 2026 (Pay for a maximum of 3 children)

	 ESSENTIAL COPPER	 ACCESS CORE (Hospital Plan)	 ACCESS SAVER	 GOLD ASCEND EDO	 GOLD ASCEND	 VALUE PLATINUM CORE	 VALUE PLATINUM	 TITANIUM EXECUTIVE
Member	R3 625	R3 161	R3 911	R4 249	R4 468	R6 363	R6 696	R11 737
Adult	R3 625	R2 726	R3 378	R4 077	R4 291	R6 094	R6 287	R10 385
Child	R1 255	R636	R785	R1 171	R1 234	R1 624	R1 834	R2 399

50% CONTRIBUTION TABLE FOR 2026 (Pay for a maximum of 3 children)

EXAMPLE ROUNDED 50% FAMILY TABLE	 ESSENTIAL COPPER	 ACCESS CORE (Hospital Plan)	 ACCESS SAVER	 GOLD ASCEND EDO	 GOLD ASCEND	 VALUE PLATINUM CORE	 VALUE PLATINUM	 TITANIUM EXECUTIVE
Member	R1 813	R1 581	R1 956	R2 125	R2 234	R3 182	R3 348	R5 869
M+A	R3 625	R2 944	R3 645	R4 163	R4 380	R6 229	R6 492	R11 061
M+A+1C	R4 253	R3 262	R4 037	R4 749	R4 997	R7 041	R7 409	R12 261
M+A+2C	R4 880	R3 580	R4 430	R5 334	R5 614	R7 853	R8 326	R13 460
M+A+3C	R5 508	R3 898	R4 822	R5 920	R6 231	R8 665	R9 243	R14 660
M+1C	R2 440	R1 899	R2 348	R2 710	R2 851	R3 994	R4 265	R7 068
M+2C	R3 068	R2 217	R2 741	R3 296	R3 468	R4 806	R5 182	R8 268
M+3C	R3 695	R2 535	R3 133	R3 881	R4 085	R5 618	R6 099	R9 467



MEDICAL SAVINGS ACCOUNT (MSA) PLANS

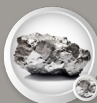
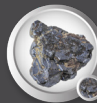
WHAT IS MSA?

A member savings account (MSA) is an amount included in your member contribution that is advanced upfront annually to you or upon joining. The MSA is utilised for your Day-to-Day medical benefits and calculated based on the family's total contribution.

Unused MSA amounts accumulate year-on-year; should you leave a savings-type plan, the remaining MSA funds are refundable after a 4-month claims run-off period. Your Annual MSA benefit (Day-to-Day Benefit) is based on the total contribution received.

PLANS WITH MSA

- Access Saver
- Value Platinum
- Value Core
- Titanium Executive

	 ACCESS SAVER	 VALUE PLATINUM	 VALUE PLATINUM CORE	 TITANIUM EXECUTIVE
Member	R11 733	R15 267	R14 508	R29 296
Adult	R10 134	R14 334	R13 894	R25 921
Child	R2 355	R4 182	R3 703	R5 988

Plans with MSA - SPG - ATB

MSA - An annual allocation available at the beginning of the benefit year.

SPG - An out-of-pocket member funding to close the self-payment gap.

ATB - Risk paid benefit once a member has fully paid the self-payment gap.

 VALUE PLATINUM	M	A	C
Self-Payment (Excludes Acute Medication)	R2 462	R2 085	R538
Above Threshold Benefit (Excludes Acute Medication & PAT)	R6 507	R3 827	R1 664
 VALUE PLATINUM CORE	M	A	C
Self-Payment (Excludes Acute Medication)	R2 462	R2 085	R538
Above Threshold Benefit (Excludes Acute Medication & PAT)	R6 507	R3 827	R1 664
 TITANIUM EXECUTIVE	M	A	C
Self-Payment (Excludes PAT)	R5 602	R4 643	R2 124
Above Threshold Benefit (Excludes PAT)	Unlimited, except for the following with limits: Physiotherapy (R17 535 pfpa), Pathology & Radiology (R17 535 pfpa), Acute medicine (P= R8 190, A=R8 190, C= R2 564)		



IMPORTANT CONTACTS



Customer Service

Telephone: 0860 100 871

Enquiries

Email: queries@sizwehosmed.co.za

New Claims

Email: claims@sizwehosmed.co.za

Chronic Medication Application

Email: chronic@sizwehosmed.co.za

HIV

Email: wellcare1@sizwehosmed.co.za

Medical Emergencies and Ambulance

Telephone: 082 911

Complaints

Email: PO@sizwe-hosmed.co.za

Membership Enquiries

Email: membership@sizwehosmed.co.za

Membership Cards

Email: membership@sizwehosmed.co.za

Follow-up Claims

Email: queries@sizwehosmed.co.za

Pre-Authorisation

Email: authorisations@sizwehosmed.co.za

Telephone: 086 010 1176

GP to Specialist Referral

Email: primary.referrals@sizwehosmed.co.za

Telephone: 0860 100 87

Chronic Disease Application

Email: chronic@sizwehosmed.co.za

Telephone: 086 010 3455

CDL Conditions

Email: wellnessqueries@sizwehosmed.co.za

Telephone: 0860 10 3455

Oncology (Cancer)

Email: oncology@sizwehosmed.co.za

Telephone: 086 010 3454

Maternity Programme

Email: bambino@sizwehosmed.co.za

Telephone: 086 000 0048



WALKIN CENTRES



GAUTENG

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Houghton,
Johannesburg

EMALAHLENI

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eMalahleni
Tel: 013 690 3342

GQEBERHA

70 2nd Avenue,
Gqeberha,
Nelson Mandela Bay
Tel: 041 503 1000

POLOKWANE

58/60 Landdros Mare Street,
Polokwane Central,
Polokwane, Limpopo.

DURBAN

19 Hurst Grove,
Musgrave,
Durban
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CAPE TOWN

7th Floor, Norton Rose House,
8 Riebeek Street,
Cape Town
Tel: 021 402 9600

WELKOM

Corner Buiten & Graaf Streets,
Welkom
Tel: 057 353 1475/8



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