



SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

ACCESS CORE PLAN 2026



Built for the young. Backed by care!

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

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.



ACCESS CORE

Access Core Plan is Sizwe Hosmed's smart, entry-level medical cover designed for young, healthy individuals who are building their futures and living life on their own terms.

This Hospital plan offers **comprehensive hospital care**, **emergency services**, **maternity benefits**, some **chronic care** and **essential wellness** support to help you stay proactive about your health when it matters most.

Built for the young. Backed by care!



IN-HOSPITAL BENEFITS

- Limited to PMBs only at Designated Network Hospitals (DSPs).
- All admissions (including PMBs) are subject to pre-authorisation, case management, clinical protocols, and scheme rules.
- Admissions for elective procedures must be pre-authorised at least **72 hours** before the admission date.
- A **30% penalty** will be imposed for non-emergency late pre-authorisations.
- Voluntary use of a non-DSP* hospital will result in a 30% co-payment.

BENEFIT	EXPLANATION
Overall Annual Limit	No overall Annual limit
In-hospital PMBs (only at DSP)	Unlimited Subject to pre-authorisation, case management, clinical guidelines, and scheme rules. Emergency admissions must be notified to the Scheme within 48 hours of admission. A 30% penalty will be imposed for non-emergency late pre-authorisations. Voluntary use of a non-DSP* hospital will result in a 30% co-payment.
Hospital Admission	100% of Negotiated Tariff* Benefits cover Intensive Care, High Care, General Ward, Theatre and Recovery Room. All admissions (including PMBs) are subject to pre-authorisation, case management, clinical protocols, and scheme rules. A 30% penalty will be imposed for non-emergency late pre-authorisations. Voluntary use of a non-DSP* hospital will result in a 30% co-payment.
In-hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures	100% of Negotiated Tariff* Subject to PMB, clinical protocols and scheme rules. All procedures must be pre-authorised.
Anaesthetist Rate	100% Negotiated Tariff* Subject to PMB, clinical protocols and scheme rules.
Laparoscopic Hospitalisation and Associated Costs	100% of Negotiated Tariff* Subject to PMBs, pre-authorisation and managed care protocols. No co-payment is applicable when the procedure is performed in a Day Hospital or as a Day Case. Procedures done in-hospital will attract a 20% co-payment* except diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias.
Major In-hospital Medical Services and Procedures	100% Negotiated Tariff* Subject to PMB, pre-authorisation, 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	100% of Negotiated Tariff* Subject to PMB, pre-authorisation, clinical protocols, and scheme rules. Subject to adherence to conservative treatment. A co-payment of R5,000 applies to all non-PMB back surgeries.
Organ Transplant	100% of Negotiated Tariff* Limited to R267 282.38 per family per year. Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.
Stereotactic Radiosurgery	100% of Negotiated Tariff* Subject to PMBs, pre-authorisation, managed care protocols and scheme rules. Primary Central Nervous System tumours only.

BENEFIT	EXPLANATION
Male Sterilisation/ Vasectomy	<p>100% of Negotiated Tariff*</p> <p>Limited to R20 225.36 per beneficiary per year.</p> <p>Subject to PMBs and pre-authorisation at the Day Clinic or as a Day Case.</p>
Female Sterilisation/ Tubal Ligation	<p>100% of Negotiated Tariff*</p> <p>Limited to R20 225.36 per beneficiary per year.</p> <p>Subject to PMBs and pre-authorisation at the Day Clinic or as a Day Case.</p>
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	<p>100% of Negotiated Tariff*</p> <p>Limited to PMBs</p> <p>Subject to PMBs, pre-authorisation, treatment protocols and scheme rules.</p> <p>The benefit of Temporomandibular Joint (TMJ) therapy is limited to non-surgical interventions/treatments.</p> <p>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.</p>
Medicine items and Pharmaceutical Products including <i>(consumables used in hospital and theatre)</i>	<p>100% Negotiated Tariff *</p> <p>Subject to PMB, Medicine Formulary, use of pharmacy network(s), protocols and reference pricing.</p> <p>Limited to 7 day medicine supply</p>
Medicine to take home after discharge (TTO)	<p>Subject to a valid script and formulary*</p> <p>Paid from Risk.</p>
Oncology	<p>100 % of DSP Tariff*</p> <p>Limited to PMBs</p> <p>Subject to the use of oncology DSP.</p> <p>Standard oncology DSP protocols apply.</p> <p>Subject to PMB, pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.</p> <p>No benefit for Non-Cancer Specialised Drugs Benefits (including Biologicals).</p>
Renal Dialysis <i>(Includes peritoneal and haemodialysis)</i>	<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 and use of DSPs.</p>

BENEFIT	EXPLANATION
Infertility	<p>100% of Scheme Tariff* Limited to PMBs</p> <p>Subject to PMBs, pre-authorisation and Protocols and PMB level of care. Department of Health protocols apply. All investigations for an infertility condition will be covered in a DSP hospital.</p>
Age-Related Macular Degeneration Treatment	<p>100% Scheme Tariff* Limited to PMBs Subject to PMBs, pre-authorisation and Scheme formulary* and protocol. Applicable to members 55years and older.</p>
Blood Transfusions	<p>100% Negotiated Tariff* Subject to PMBs, pre-authorisation and Scheme formulary* and protocol.</p>
Radiology in-hospital	<p>100% Negotiated Tariff*</p> <p>Subject to PMBs, pre-authorisation, Managed Care protocols and scheme rules.</p>
Basic Radiology	<p>100% of Scheme Tariff*</p>
Advanced/Specialised Radiology (MRI, CAT scan and Angiogram)	<p>Combined in-hospital and out of hospital benefit limited to one scan per beneficiary per annum subject to a family overall limit of R35 470.73 per family per annum . A copayment of 10% applied to non PMB scans. Joint benefit In and Out of Hospital Subject to pre-authorisation, managed care protocols and specialist referral</p>
Radioisotope studies:	<p>100% of Scheme Tariff* Limited to PMB Pre-authorisation and specialist referral required.</p>
Interventional Radiology	<p>100% of Scheme Tariff* Limited to PMB With an in-hospital limit. Subject to preauthorisation and clinical protocols</p>
Pathology (In hospital)	<p>100% of Negotiated Tariff* Subject to PMBs and Managed Care Protocols</p>
Physiotherapy & Biokinetics (In hospital)	<p>100% of Negotiated Tariff* Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.</p>
Dietician & Occupational Therapy (In hospital)	<p>100% of Negotiated Tariff* Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.</p>
Mental Health benefits	<p>100% of Negotiated Tariff*</p> <p>Benefits include consultation, ward fees, related medicines, therapy sessions with a psychiatrist and psychologist, etc. Subject to PMB, pre-authorisation, clinical protocols and scheme rules</p> <p>21 days in-hospital or 15 out-of-hospital sessions per beneficiary per year (includes psychiatrist consultations and six in-hospital consultations by a clinical psychologist). Limited to a maximum of three days' hospitalisation if admitted by a GP or a specialist physician</p>
Non-PMB psychiatric treatment	<p>No Benefit</p>
Drug & Alcohol Rehabilitation	<p>100% of Negotiated Tariff*</p> <p>Maximum of 3 days admission for withdrawal treatment (for delirium, intoxication, acute delusional, perception disorders & organic mental disorders caused by drugs) and up to 21 days admission for rehabilitation at an appropriate facility annually.</p>

BENEFIT	EXPLANATION
Step-down facilities, including Rehabilitation Facilities	100% of Negotiated Tariff* Subject to PMBs, pre-authorisation and protocols. Includes all services rendered at registered step-down facilities and under home care in lieu of hospitalisation.
Home-Based Care	100% of Negotiated Tariff* Limited to 14 days per year. In lieu of hospitalisation. Subject to PMBs, pre-authorisation and managed care protocols. Frail care is not a covered benefit.
Hospice and Private Nursing	No benefit
Negative pressure wound therapy	100% of Negotiated Tariff* Limited to PMBs Subject to PMBs, pre-authorisation and managed care protocols.
Hyperbaric Oxygen Therapy	100% of Negotiated Tariff* Limited to PMBs Subject to PMBs, pre-authorisation and protocols. Public sector protocols apply.
Deductible* Applied for In-Hospital Procedures	Not applicable
Internal and External Prosthesis	100% of Negotiated Tariff* Limited to PMBs Subject to PMBs, pre-authorisation and managed care protocols.
Internal Prosthesis	100% of Negotiated Tariff*
Joints	Hip and knee (partial and total) only one joint per beneficiary per year. Limited to PMBs.
Spine	Benefits cover instrumentation and disc prostheses, including all components and fixation devices for back/spine Maximum one event per beneficiary per year. Should more than one spinal level be required, approval will be granted subject to managed care protocols. One spinal level per beneficiary per year. Limited to PMBs
Cardiac	Benefits include pacemakers, internal defibrillators, grafts, valves, and other medical devices. Subject to overall prosthesis limit and PMB protocols. No benefit for unstable angina or NSTEMI unless there is evidence of failed conservative medical treatment. Public sector protocols for STEMI apply. Vascular stents: 2 stents per family per year Cardiac stents: Maximum 3 per family per year, limited to: Bare metal stents: R13 335.00 per stent Drug-eluting stents: R16 170 per stent
Other clinically appropriate unspecified prosthetic items	Artificial limb, Breast, Ocular, Taylor Spatial frame, External fixator, Mesh. Limited to PMBs.
External Prosthesis	Limited to PMBs. Subject to the benefit limit unless PMB.

BENEFIT

EXPLANATION

Day Hospital Procedures

100% Negotiated Tariff*

Subject to preauthorisation, managed care protocols and scheme rules.
No co-payment is required for a day procedure performed at a day facility. A 20 % co-payment is applicable if listed day procedures are done at an Acute hospital.



Co-Payment applicable to defined conditions below.

Subject to PMB conditions only:

1. Umbilical and Inguinal Hernia Repair
2. Colonoscopy
3. Cystoscopy, Gastroscopy, and Oesophagoscope
4. Hysteroscopy
5. Grommets
6. Termination of pregnancy
7. Breast biopsy
8. Cataracts
9. Circumcision
10. ERCP
11. Hemorrhoidectomy
12. Vasectomy
13. Tubal Ligation
14. Excision of extensive skin lesions or repair of wounds and skin grafts
15. Dental procedures
16. Repair nail bed & Removal of toenails
17. Minor orthopaedic procedures such as tennis elbow, Dupuytren's contracture, trigger finger, ganglion, and carpal tunnel syndrome
18. Minor Gynaecological procedures – cone biopsy, colposcopy, D&C
19. Mirena device for abnormal uterine bleeding



OUT OF HOSPITAL BENEFITS

BENEFIT	EXPLANATION
General Practitioner Consultations (includes virtual consultations)	100% Scheme tariff Limited to PMBs at DSP Consultations with a network GP. Subject to clinical guidelines and managed care protocols, medicine formularies. Voluntary use of non-DSP* will result in a 30% co-payment.
Specialist consultations	100% Scheme tariff Limited to PMBs at DSP Subject to clinical guidelines, managed care protocols, and medicine formularies. Subject to network GP referral.
Psychology & Psychiatry Treatment	No Benefit
Radiology and Pathology Benefit	100% of Scheme Tariff* Subject to PMBs, pre-authorisation, managed care protocols and Scheme Rules.
Basic Radiology and Pathology	100% of Scheme Tariff* Limited to PMBs
Advanced (Specialised) Radiology	Subject to a combined in-hospital and out-of-hospital limit of R35 470.73 per family per year. Limited to PMBs
Medicines	100% of Reference Price* Limited to CDL (Chronic Disease List). Subject to formulary, protocol and reference pricing.
 OPTICAL BENEFITS	No benefit
 DENTAL BENEFITS	No benefit
Ambulance and Emergency Services	100% Negotiated Tariff* Benefit applicable to members who utilise the Scheme's DSP network only. The Scheme's preferred provider must be contacted should you require an ambulance. Authorisation for emergency transportation should be obtained within 72 hours. If services are not pre-authorised 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 CORE BENEFIT CONTRIBUTIONS



MAIN MEMBER
R3 161



ADULT
R2 726



CHILD
R636

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"
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)

Scans paid at 2D rates as per negotiated rates with the provider.

- 2 x 2D scan per pregnancy

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



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

7th Floor, Norton
Rose House,
8 Riebeek Street,
Cape Town

Tel: 021 402 9600

DURBAN

19 Hurst Grove,
Musgrave,
Durban

Tel: 031 304 4829

EMALAHLENI

Corner Plumer St.
& Mandela St.
eMalahleni

Tel: 013 690 3342

GAUTENG

23 West Street,
Houghton,
Johannesburg

GQEBERHA

70 2nd Avenue,
Gqeberha,
Nelson Mandela Bay

Tel: 041 503 1000

POLOKWANE

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

WELKOM

Corner Buiten & Graaf
Streets,
Welkom

Tel: 057 353 1475/8

Visit: www.sizwehosmed.co.za

EMERGENCY AMBULANCE

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