



SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care



2025 MEMBER BENEFIT GUIDE

Traditional
Fully Networked

Essential
Copper



Hospital Plan

Access
Core



New Age Network
Hybrid

Access
Saver



Traditional (Risk)
EDO-Network

Gold
Ascend/EDO



New Age Hybrid
Core-Network

Value
Platinum/Core



New Age (Hybrid)
Comprehensive

Titanium
Executive



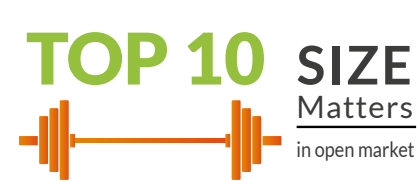
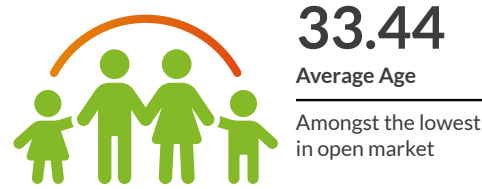
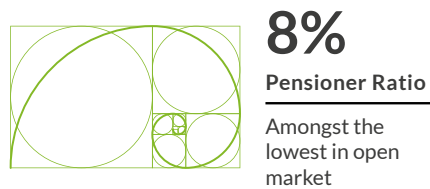
Visit www.sizwehosmed.co.za or speak to your consultant for detailed product information, because at Sizwe Hosmed, there is so much more!

The proposed changes are subject to approval by the Council of Medical Schemes (CMS).



SUMMARY OVERVIEW OF PRODUCTS

Join Sizwe Hosmed, one of the top ten (10) largest schemes in the open market. With a national footprint, Sizwe Hosmed is right where you need us.



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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.

Scheme members pay for a maximum of three (3) child dependants, fourth or more are FREE.

BOTH *EDO - EFFICIENCY DISCOUNTED OPTIONS AND THE *CORE PLANS - ENJOY THE SAME RICH BENEFIT AS THE COUNTERPART PLAN, WORKING WITHIN A SET OF NETWORK PROVIDERS.

Traditional Fully Networked	Hospital Plan	New Age Network Hybrid	Traditional (Risk) EDO-Network	New Age Hybrid Core-Network	New Age (Hybrid) Comprehensive
Essential Copper 	Access Core 	Access Saver 	Gold Ascend/EDO 	Value Platinum/Core 	Titanium Executive
A 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 Traditional Plan for families.	A Premium Plan with enhanced benefits for growing families.	A Premium Plan offering the most comprehensive In-Hospital and out-of-hospital benefits.
Cost-effective medical aid for essential health services and network based care.	Comprehensive hospital care with core benefits - in-patient treatment, emergency care, and wellness benefit.	Covers In-Hospital and out-of hospital care, GP visits, chronic meds, and routine health check-ups, wellness and maternity benefit.	Plan includes In-Hospital coverage, Specialist consultations, out of-hospital benefits, doctor visits, chronic meds, wellness and maternity benefit.	Extensive In-Hospital care, Specialist consultations, out-of-hospital benefits, advanced diagnostic procedures, chronic care, wellness and maternity benefit.	Complete plan with in- and out-of-hospital care, advanced diagnostics, Specialist consultations, surgeries, mental health services, chronic disease management, alternative therapies and wellness benefit.

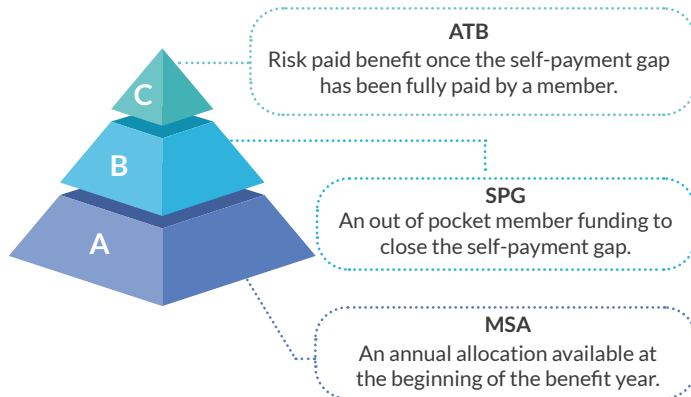
SUMMARY OVERVIEW OF PRODUCTS



CONTRIBUTIONS 2025 Effective 01 January 2025		Member: R3 023	Member: R2 636	Member: R3 371	Gold Ascend	Value Platinum	Member: R9 788
		Adult: R3 023	Adult: R2 273	Adult: R2 911	Member: R3 726	Member: R5 583	Adult: R8 661
		Child: R1 046	Child: R530	Child: R676	Adult: R3 578	Adult: R5 242	Child: R2 000
					Child: R1 029	Child: R1 528	
					Gold Ascend EDO	Value Platinum Core	
					Member: R3 543	Member: R5 306	
					Adult: R3 400	Adult: R5 082	
					Child: R976	Child: R1 353	
NETWORK BENEFITS	Network Hospital	✓	✓	✓	✓ Gold Ascend EDO	✓ Value Platinum Core	
	Network GP/Specialist	✓			✓ Gold Ascend EDO	✓ Value Platinum Core	
	Optical Network	✓		✓	✓	✓	✓
	Dental Network	✓		✓	✓	✓	✓
	Hospital Plan	Fully Networked. Primarily a PMB benefit plan.	Hospital plan	MSA plan with Risk benefits	Separate baskets of benefits	MSA + SPG+ATB	MSA + SPG+ATB
MSA PLANS	A member savings account (MSA) is an amount included in your member contribution and 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 to the members after a 4-month claims run-off period. Your Annual MSA benefit (Day-to-Day Benefit) is based on the total contribution received.			Access Saver Member: R10 080 Adult: R8 736 Child: R1 992	Value Platinum Member: R15 072 Adult: R14 160 Child: R4 128 Value Platinum Core Member: R14 328 Adult: R13 728 Child: R3 660	Titanium Executive Member: R24 432 Adult: R21 624 Child: R5 004	

PLANS WITH MSA, SPG AND ATB

Applicable to Value Platinum, Value Platinum Core and Titanium Executive plans.



MSA: The MSA is an amount already included in your monthly contribution and is advanced upfront to you annually or upon joining. The MSA is utilised for your Day-to-Day medical benefit and is calculated based on the family's total contribution.

SPG: A self-payment gap (SPG) per beneficiary is activated when the combined family MSA is depleted. Member out-of-pocket claims.

ATB: When a beneficiary SPG is reached, the beneficiary's Above Threshold Benefit (ATB) is activated, and claims will be paid from this beneficiary ATB limit provided by the Scheme.

The below table reflects an example of 12 months MSA accumulated per beneficiary. Calculate your Out-of-Hospital MSA benefit based on the contribution beneficiaries.

Value Platinum Plan	M	A	C
Self Payment (Excludes Acute Medication)	R2 345	R1 986	R512
Above Threshold Benefit (Excludes Acute Medication)	R6 197	R3 645	R1 585
Value Platinum Core Plan			
Self Payment (Excludes Acute Medication)	R2 345	R1 986	R512
Above Threshold Benefit (Excludes Acute Medication)	R6 197	R3 645	R1 585
Titanium Executive			
Self Payment	R5 335	R4 422	R2 023
Above Threshold Benefit	Unlimited, except for the following with limits: Physiotherapy (R16 700 pfp), Pathology & Radiology (R16 700 pfp), Acute medicine (M= R7 800, A= R7 800, C= R2 442)		

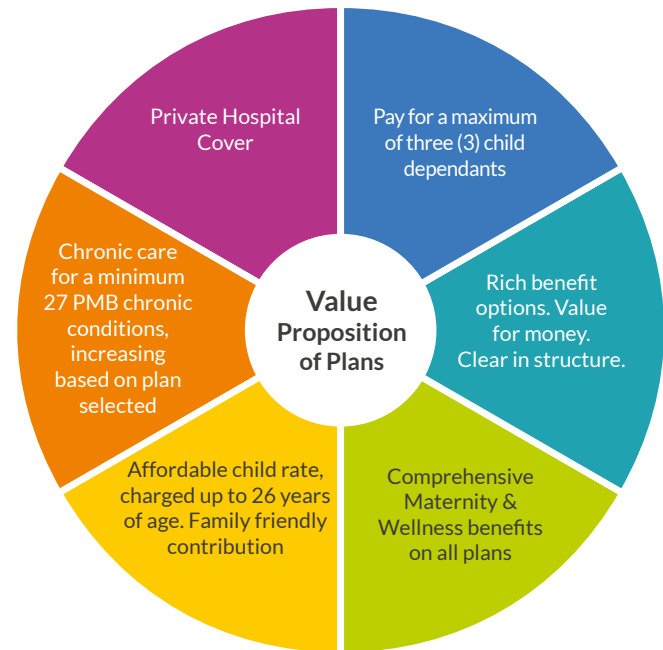
ABBREVIATIONS

EDO: Efficiency Discounted Option
ATB: Above Threshold Benefit

MSA: Member Savings Account
PMB: Prescribed Minimum Benefits

SPG: Self Payment Gap


Contributions are subject to approval by Council of Medical Schemes. This highlight overview is in summary of the benefits & contributions, it is not advice and does not supersede the registered benefits & rules of the Scheme. Please view full benefit details and guide at www.sizwehosmed.co.za



Please take advantage of our competitive, family-friendly rate
For dependants turning 21 to 26 years of age, an annual review must be completed by 31 March and submission of proof of full-time study or a financial dependency affidavit is required.

New Age Network Hybrid

Access Saver



Access Saver: A Savings plan. Conservative Dentistry & Optometry is covered at a benefit limit offered from Scheme Risk. This will not come from your families Day-to-Day or member savings account. This is a huge plus in terms of added benefit, Consult your specific plan selection to view these benefits.

MOST OFTEN ASKED

BENEFITS OVERVIEW

	Traditional Fully Networked Essential Copper	Hospital Plan Access Core	New Age Network Hybrid Access Saver	Traditional (Risk) EDO-Network Gold Ascend/EDO	New Age Hybrid EDO-Network Value Platinum/Core	New Age (Hybrid) Comprehensive Titanium Executive
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				
Advanced / Specialised Radiology (e.g. MRI / CT / Angiogram) Combined Limit (In/ Out) Subject to authorisation	Limited to two (2) scans per beneficiary per annum Limited to PMBs	R33 782 pfpa	Limited to R20,000 per family per annum. Limited to two (2) scans per beneficiary per annum at a limit of R3 500 per scan event In- or Out-of-Hospital	R24 976 pfpa Non PMB scans incur 10% co-payment.	R37 964 pfpa Non PMB scans incur co-payment of R1 654	R49 937 pfpa Non PMB scans incur co-payment of R1 654
Oncology: Unlimited per beneficiary - co-payment of 20% for non PMB condition when benefit limit reached	Unlimited PMB	Unlimited PMB	R282 933	R240 786	R601 965	R752 456
Mental Health Benefits	Up to 21 days In-Hospital per beneficiary per annum, or up to 15 outpatient days per beneficiary per annum, maximum three (3) days hospitalisation – sub-limits may apply.					
Mental Health - Non PMB Psychiatric treatment. Admissions limited to failed out-patient, subject to authorisation and Managed Care Protocols. Sub-Limits apply	No Benefit			Benefit R41 327 pb limited to R1 968 per day.	Benefit R48 620 pb limited to R2 315 per day.	R55 914 pb limited to R2 663 per day.
Sub-Limit: Physiotherapy				R2 100	R2 100	R2 100
Sub-Limit: Occupational Therapy				R1 470	R1 470	R1 470
Air/Road Ambulance & Emergency Services	Subject to pre-authorisation with the Scheme preferred provider and within 72 hours of the emergency. Europ Assist 24-hour access to emergency services including telephonic nurse advice line.					
Register on the Chronic Programme						
27 CDL - PMB conditions	PMB 27					
Additional listed Chronic (Non CDL) Medicines	n/a	n/a	n/a	n/a	26	35
Per Family per annum					R16 808 pf	R33 819 pf
					R8 334 pb	Sub-limit R17 688 pb
General – paid at Scheme rate	Subject to medicine formulary					Non-formulary products will incur a 30% co-payment

MOST OFTEN ASKED

BENEFITS OVERVIEW



Day-to-Day & Out-of-Hospital

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	Unlimited GP visits from any GP within the DSP Network. Specialist visits limited to PMB and three (3) visits pf.	Subject to MSA. One (1) additional GP consultation pb to a maximum of four (4) pf. Specialists: One (1) Additional Specialist visit for Paediatricians or Gynaecologists limited to PMB's.	R7 589	Subject to MSA. Thereafter SPG and ATB applies.	Subject to MSA. Thereafter SPG and ATB applies.
Member +1			R11 239		
Member +2			R13 152		
Member +3			R15 041		
Member +4			R16 953		
Member +5			R18 854		
Member +6			R20 743		
GP to Specialist referral	Required		Required		
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 Plans	EDO PLANS - A 30% co-payment for voluntary use of Non-DSP will apply				

Optical

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
Frames p/b	R367	R670	R770	R1 175	R1 489
Single vision (Per Lens)	R258	R257	R247	R247	R247
Bifocal (Per Lens)	R544	R544	R537	R537	R537
Multi-focal (Per Lens)	R544	R544	R537	R985	R985
or Contact lenses	R790	R1 219	R1 698	R2 128	R2 430
Refractive Surgery Incl. Radial Keratotomy pfpa	N/A	N/A	N/A	R8 440	R23 035

MOST OFTEN ASKED

BENEFITS OVERVIEW



Dentistry					
Benefit paid from	Risk	Risk	Risk	MSA	MSA
Conservative Dentistry	Two (2) consultations / check-ups (once in six (6) months), general fillings, extractions & oral hygiene within managed care protocol				
Fluoride Treatment	Limited to beneficiaries from age five (5) up to 13 years of age				
General Anaesthetics	Subject to clinical protocol and pre-authorization 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 four (4) fillings or extractions) Subject to dental treatment protocols and pre-authorization				
Acrylic (Plastic) Dentures	One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a four-year period, paid from Risk				
Advanced Dentistry, Inclusive of Metal Frame Dentures	n/a	n/a	n/a	Risk benefits and clinical protocols apply - please consult full benefit guide	



WELLNESS AND SCREENING

Sizwe Hosmed has a very rich Wellness, Screening Benefit AND this benefit is available to the entire family on ALL plans.

One (1) Blood Sugar Test over 15 years per beneficiary per annum	One (1) Skin Cancer screening per beneficiary per annum above 55 years
One (1) Blood Pressure test per beneficiary per annum over 15 years per beneficiary per annum	One (1) Lung Cancer screening above 55 years per annum
One (1) Cholesterol Test over 20 years per beneficiary per annum	One (1) Colon Cancer Blood Test over 50 years per beneficiary per Annum
One (1) Diabetic Eye Care Examination	One (1) Diabetic Foot examination
One (1) Bone density per annum: women from 50 years up to 69 years of age. Males at 65 years of age	One (1) BMI screening per beneficiary per annum
One (1) Pap Smear for females over 18 years per beneficiary per annum	One (1) Mammogram for females over 40 years per beneficiary per annum
One (1) PSA for males over 40 years per beneficiary per annum	One (1) Hearing and Vision screening for babies under two (2) years old
One (1) Heart screening for babies under two (2) years old	One (1) HPV vaccination per beneficiary between nine (9) and 12 years of age
Child Immunisation as per the immunisation schedule by the Department of Health up to 12 years of age	

BAMBINO MATERNITY PROGRAMME

This programme provides additional benefits specifically for mom-to-be on all plans. Register as soon as possible to receive additional benefits on the programme. Receive a fully stocked maternity bag and educational materials provided at 24 weeks of pregnancy.

Maternity Benefit	Register on the Bambino Maternity Programme to activate additional benefits for mom to be Call 086 000 0048 / Email: bambino@sizwehosmed.co.za
Ante-Natal Consultations	10 antenatal visits at either a midwife, GP or Specialist per pregnancy, six (6) either with a GP, Midwife and four (4) with a Specialist Obstetrician

Test screening	Benefit Count	Test screening	Benefit Count	Test screening	Benefit Count
Haemoglobin Measurement Test	2	HIV Blood Tests	2	Hepatitis S Ag Test	1
Blood Grouping Test	1	Urine Analysis Test	12	Toxoplasmosis	1
Rhesus Factor	1	Full Blood Count Test	1	Rubella Test	1
VDRL Test	1				
Antenatal Supplements (Vitamins)			R284 per pregnancy		
Hospital Benefit - Confinement - 100% Scheme rate.			Subject to hospital pre-authorisation and Managed Care Protocols.		

PMB CHRONIC DISEASE LIST AND OTHER (NON CDL)

PMB Chronic Disease List Conditions applicable to all plans	Other (Non CDL) Chronic Disease List	Titanium Executive	Value Platinum/ Core
1) Addison's Disease	Attention Deficit Hyperactivity Disorder (ADHD)	x	x
2) Asthma	Allergic Rhinitis	x	x
3) Bipolar Mood Disorder	Alzheimer's Disease	x	
4) Bronchiectasis	Anaemia: Vitamin B12 and Iron Deficiency	x	x
5) Cardiac Failure	Aplastic Anaemia	x	x
6) Cardiomyopathy	Ankylosing Spondylitis	x	
7) Chronic Renal Disease	Anti-phospholipid syndrome	x	x
8) Chronic Obstructive Pulmonary Disease	Benign Prostatic Hypertrophy (BPH)	x	x
9) coronary artery disease	Chronic Urinary Tract Infection	x	
10) Crohn's Disease	Cryoglobulinemia	x	
11) Diabetes Insipidus	Cushing's Disease	x	x
12) Diabetes Mellitus Type I	Cystic Fibrosis	x	x
13) Diabetes Mellitus Type II	Delusional Disorders	x	
14) Dysrhythmias	Depression	x	x
15) Epilepsy	Dermatomyositis	x	
16) Glaucoma	Endometriosis	x	x
17) Haemophilia	Enuresis	x	
18) HIV/AIDS	Endocarditis & Iron Deficiency Anaemia		x
19) Hyperlipidaemia	Gastro-Oesophageal Reflux Disease (GORD)	x	x
20) Hypertension	Gout	x	x
21) Hypothyroidism	Hyperthyroidism	x	x
22) Multiple Sclerosis	Hypoparathyroidism	x	x
23) Parkinson's Disease	Menopause / Hormone Replacement Therapy (HRT)	x	x
24) Rheumatoid Arthritis	Migraine	x	
25) Schizophrenia	Motor Neuron Disease	x	x
26) Systemic Lupus Erythematosus	Myasthenia Gravis	x	x
27) Ulcerative Colitis	Obsessive Compulsive Disorder	x	x
	Osteoarthritis	x	x
	Osteoporosis	x	x
	Paget's Disease	x	x
	Pancreatic Insufficiency	x	
	Peripheral Vascular Disease	x	
	Pituitary Microadenomas	x	x
	Psoriasis	x	x
	Pulmonary Interstitial fibrosis	x	x
	Stroke (Cerebrovascular Accident)	x	x

The Pharmacy Services Department must pre-authorise chronic medications to ensure they are appropriate and cost-effective. Please submit your prescription to chronic@sizwehosmed.co.za for approval.

It is important to note that Sizwe Hosmed does not cover every medication in full, as they use medication formularies and a Maximum Medical Aid Price (MMAP). To avoid out-of-pocket co-payments, always consult with your doctor to ensure that the most cost-effective drug is prescribed based on the treatment algorithm and medication formulary.

For more information on the drug formulary, please visit the Sizwe Hosmed App.



ESSENTIAL COPPER PLAN

IN-HOSPITAL ASSOCIATED BENEFITS

Limited benefits for Prescribed Minimum Benefit conditions only, 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* are applicable to a defined list of procedures. Voluntary use of non-DSP* hospital will result in a 30% co-payment.

BENEFIT	ESSENTIAL COPPER
Overall Annual limit	No Overall Annual Limit
In-Hospital PMBs Subject to DSP facilities, pre-authorization and case management, clinical guidelines and Scheme rules. Emergency admissions must be notified to the Scheme within 48 hours of admission. Voluntary use of non-DSP* hospital will result in a 30% co-payment. A 30% penalty will be imposed for non-emergency late pre-authorisations.	Unlimited PMBs
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) 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. Voluntary use of non-DSP* hospital will result in a 30% co-payment.	100% of DSP Tariff* Limited to PMBs
In-Hospital General Practitioner (GP) Consultations and In-Room Procedures. Subject to PMB, case management and Managed Care Protocols.	100% Negotiated Tariff* Limited to PMBs
In-Hospital Specialist Consultations and In-Room Procedures. Subject to PMB, case management and Managed Care Protocols.	100% Negotiated Tariff* Limited to PMBs
Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorization and Managed Care Protocols. Because of this reason, a 20% co-payment where laparoscopic procedure is voluntarily accessed at an acute hospital instead of a day hospital. No co-payment is applicable for the following laparoscopic procedures: <ul style="list-style-type: none"> • Diagnostic laparoscopy, • Aspiration/excision Ovarian Cyst, • Lap-appendectomy, and • Repair of recurrent or Bilateral Inguinal Hernias. 	100% of Scheme Tariff** Limited to PMBs
Major In-Hospital Medical Services and Procedures Subject to PMB, 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. Voluntary use of non-DSP* hospital will result in a 30% co-payment.	100% of Scheme Tariff* Limited to PMBs
Back and Neck Surgery Subject to PMBs, pre-authorization and adherence of the conservative back and neck treatment protocol.	100% of Scheme Tariff* Limited to PMBs



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	ESSENTIAL COPPER
Organ Transplant Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines and registration on the Disease Management Programme. Department of Health Protocols apply.	100% Scheme Tariff* Limited to PMBs
Stereotactic Radio-Surgery Subject to PMBs, pre-authorisation and protocols.	No Benefit
Male Sterilisation/ Vasectomy Subject to PMBs and pre-authorisation at Day Clinica as a Day Case.	100% Scheme Tariff* Limited to PMBs
Female Sterilisation/ Tubal Ligation Subject to pre-authorisation at Day Clinic or as Day Case, and subject to PMBs.	100% Scheme Tariff* Limited to PMBs
Dental Hospitalisation Subject to PMBs pre-authorisation, and treatment protocols. General anaesthetic benefits are available for children under the age of seven (7) years for extensive dental treatment, limited to once per beneficiary per annum. Removal of symptomatic impacted wisdom teeth covered only as Day Case.	100% Scheme Tariff* Limited to PMBs
Maxillo-Facial and Oral Surgery	No Benefit
Medicines items and Pharmaceutical Products used whilst In-Hospital (Includes medicines and consumables used In-Hospital and theatre)	100% Scheme Tariff* Limited to PMBs
Medicine to take home after discharge (TTO) To be paid from hospital benefit subject to formulary*, subject to a legitimate script.	Limited to seven (7) days medicine supply
Oncology Subject to the use of oncology DSP. Standard oncology DSP* protocols apply. Subject to PMB, pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% Scheme Tariff* Limited to PMBs
Non-Cancer Specialised Drugs Benefits (incl. Biologicals)	No Benefit
Renal Dialysis (Includes peritoneal and haemodialysis) Unlimited benefits for PMBs. Subject to pre-authorisation, treatment guidelines, medicine formulary* and registration on the Disease management programme. Subject to use of a DSP.	100% Scheme Tariff* Limited to PMBs
Infertility Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% Scheme Tariff* Limited to PMBs
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and Managed Care Protocols. Applicable to members 55 years and above.	100% Scheme Tariff* Limited PMBs
Blood Transfusions Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol.	100% Scheme Tariff* Limited to PMBs
Basic Radiology and Pathology In-Hospital Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% Scheme Tariff* Limited to PMBs
Advanced/Specialised Radiology Joint benefit for In and Out-of-Hospital Subject to pre-authorisation and Specialist referral.	100% Scheme Tariff* Limited to two (2) scans per beneficiary per annum Limited to PMBs
Physiotherapy & Biokinetics Subject to PMBs, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period Subject to Scheme Managed Care protocols.	100% Scheme Tariff* Limited to PMBs



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	ESSENTIAL COPPER
Dietitian & Occupational Therapy Subject to PMBs, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period. Subject to Scheme Managed Care protocols.	100% Scheme Tariff* Limited to PMBs
Mental Health Benefits (Including consultation, ward fees, medicines, therapy session with Psychiatrist and Psychologist, etc.). Subject to PMB, pre-authorisation and clinical protocols and Scheme rules. Subject to preferred provider networks (PPN). 21 days In-Hospital or 15 out-of-hospital sessions per beneficiary which includes Psychiatrist consultations and six (6) In-Hospital consultations by Clinical Psychologist. Maximum three (3) days for Psychologist/psychiatrist combined therapy sessions during the same admission; thereafter pre-authorisation required with treatment plan.	100% Scheme Tariff* Limited to PMBs
Non PMB Psychiatrist treatment	No Benefit
Drug & Alcohol Rehabilitation Subject to PMBs, Managed Care Protocols and pre-authorisation. Benefit limits apply. Subject to preferred provider networks (PPN).	100% Scheme Tariff* Limited to R14881.65 per family per annum
Step-Down Facilities Subject to PMBs, pre-authorisation and protocols.	100% Scheme Tariff* Limited to PMBs
Home Based Care In lieu of hospitalisation. Subject to PMBs, pre-authorisation and protocols. Limited to 14 days per annum. PMBs only.	100% of Negotiated Tariff* Limited to PMBs
Deductible* applied for In-Hospital Procedures	Not applicable
Internal and External Prosthesis Limited to PMBs. Subject to PMBs, and pre-authorisation subject to overall Prosthesis limit.	100% of Negotiated Tariff* Limited to PMBs Overall Prosthesis limit: R23 656.50 per family per annum
Spine Instrumentation and Disc Prostheses including all components and fixation devices for back/spine. Maximum one (1) event per beneficiary per annum.	Limited to PMBs
Joints Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle) Subject to Managed Care Protocols.	Prosthesis limited to equivalent available in the state. Excludes cement.
Aphakic Lenses (Subject to protocol and PMBs)	Limited to PMBs at R6 204.45 per lens.
Cardiac Stents (Includes Cardiac Valves, Aortic tent grafts, Peripheral arterial stents grafts, Single/dual pacemaker, Cardiac Resynchronisation devices (CRT), Implantable Cardioverter Defibrillators (ICD) with Pacing Capabilities (CRT-D), etc.) Subject to overall Prosthesis limit and PMB protocols.	Limited to PMBs One (1) per Lesion- maximum of three (3) Lesions. Public sector protocols for STEMI apply. No Benefit for unstable angina or NSTEMI unless there is evidence of failed conservative medical treatment.
Internal Sphincters and Stimulators	Subject to overall Prosthesis benefit Limited to PMBs
Neurostimulators/Internal Nerve Stimulator for Parkinson's Disease.	Limited to PMBs
Cochlear Implants	No Benefit



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	ESSENTIAL COPPER
<p>Unlisted Prosthesis Artificial limbs and external prostheses including artificial eyes</p>	Maximum R11 235 subject to overall Prosthesis limit
<p>Day Hospital Procedures Procedures must be done at Designated Service Provider (DSP*) hospital network. Subject to pre-authorisation, PMB and Managed Care Protocols 20% co-payment applicable as per Day Hospital Rule *to the listed conditions herein.</p>	<p>100% Scheme Tariff*</p> <p>Subject to PMB conditions only:</p> <ol style="list-style-type: none"> 1. Biopsy 2. Breast Biopsy 3. Cataract 4. Colonoscopy 5. Cone Biopsy/ Colposcopy 6. Cystoscopy 7. ERCP 8. Excision of Extensive Skin Lesions / Repair/Skin Graft 9. Gastroscopy or Colonoscopy or Oesophagoscope 10. Haemorrhoidectomy 11. Hysteroscopy, D&C, Minor Gynaecological Procedures 12. Myringotomy / Grommets 13. Repair of Wounds 14. Termination of Pregnancy 15. Tonsillectomy and Adenoidectomy 16. Umbilical and Inguinal Hernia



OUT-OF-HOSPITAL BENEFITS

BENEFIT	ESSENTIAL COPPER
Overall Annual Limit on Out-of-Hospital Out-of-Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine is limited to PMBs Unlimited PMB benefits, subject to DSP.	Unlimited PMB benefits Subject to DSP
CONSULTATIONS	
General Practitioners Subject to PMB and protocols. Unlimited visits & Acute medication from any GP within the DSP* Network.	100% of DSP* Tariff* within network Only DSP* GP, subject to PMB 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 Members must nominate a GP within the network to coordinate their care.
Specialists Subject to pre-authorisation and referral from DSP* GP.	100% of Scheme Tariff* Limited to PMB conditions only Limited to three (3) visits per family per annum only on referral from DSP* GP.
Psychology & Psychiatry Treatment Subject to PMB's and referral from GP or Specialist, failure to do so will result in no payment. Subject to confirmed diagnosis, treatment plan and Managed Care Protocols.	100% of Scheme Tariff* Limited to PMBs only
RADIOLOGY AND PATHOLOGY BENEFIT	
Diagnostic Investigations Subject to PMBs and protocols.	100% of Negotiated Tariff* Limited to PMBs
Basic Radiology	Limited to R1 984.50 per beneficiary per annum Referral by Network Provider
Advanced Radiology (MRI/PET/CT scans) Joint benefit In and Out-of-Hospital Subject to referral by Network Provider only; subject to pre-authorisation.	100% Scheme Tariff* Limited to two (2) scans per beneficiary per annum Limited to PMBs
Pathology	Limited to R1 890 per beneficiary per annum Network Provider only Limited to PMB conditions only
MEDICINE AND MATERIALS BENEFIT	
Acute Medicines Subject to Medicine formulary* and Protocols, Including Materials, subject to DSP GP dispensing.	100% of Reference Price*
Acute Medication obtained from DSP* GP	Unlimited
Acute Medication Obtained from Pharmacy: Subject to Medicine formulary* and Protocols, Including Materials.	R1 855.35 per beneficiary limited to R5 173.35 per family per annum
Pharmacy Advised Treatment (PAT) Over the Counter Medication. Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines. PAT subject to acute benefit limit.	100% of Reference Price*. Limited to R781.20 per family per annum. Maximum R121.80 per script.
Contraceptives	Limited to R87.15 per beneficiary per month. Subject to R926.10 limit per family per annum
Homeopathic Medication	No Benefit
PMB Chronic Disease List Medicines Subject to pre-authorisation by Designated Service Provider, Treatment Protocols, Medicine formulary* and Registration of the Chronic Medicine by the DSP* GP. Subject to renewal of prescription every six (6) months.	100% of Reference Price* Unlimited
Other Chronic (Non CDL) Medicines	No Benefit



OUT-OF-HOSPITAL BENEFITS

BENEFIT	ESSENTIAL COPPER
OPTICAL BENEFIT Available to members who utilise the Scheme's DSP Optometrists ONLY. Subject to optical protocol. One claim per beneficiary every 24 months	
Eye Tests One comprehensive consultation per beneficiary every 24 months.	100% of DSP Tariff*
Contact Lenses No Benefit for contact lenses if spectacles purchased.	Limited to R790 per beneficiary
Spectacle Lenses No Benefit for spectacles if contact lenses purchased.	R258.12 per lens – clear single vision or R544.32 per lens – clear bifocal or R544.32 per lens – base multifocal
Frames/Lens Enhancements A frame cannot be claimed alone or with contact lenses.	100% of DSP Tariff* R367.00 per beneficiary
DENTAL BENEFIT Available to members who utilise the Scheme's Dental DSP ONLY. Subject to dental protocols.	
Conscious Sedation: (limited to beneficiaries below the age of 16 years).	Extensive dental treatment (more than four (4) fillings or extractions) subject to dental treatment protocols and pre-authorisation
Consultations, Fillings, Extractions	Yes
Root Canal treatment included in conservative dentistry.	No Benefit
Preventative Scale and Polish	Yes
Infection control	Yes
Dental X-rays Dental protocols apply and pre-authorisation required for extensive treatment plans.	X-rays (limited to intra-oral) Quantity limitations apply
Specialised (Advanced) Dentistry (Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics)	Contracted Network Provider only 100% of Scheme Tariff* Limited to PMBs
Dental Implants	No Benefit
Partial Metal Frame Dentures	No Benefit
Acrylic (Plastic) Dentures Limited to beneficiaries above the age of 16 years.	One (1) set of Acrylic/plastic dentures per beneficiary every four (4) years. Repairs, realigning and repairing of Dentures every 12 months Limited to PMB. Contracted Network Provider only
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorisation and protocols.	100% of Scheme Tariff* Limited to PMBs



OUT-OF-HOSPITAL BENEFITS

BENEFIT	ESSENTIAL COPPER
OTHER SERVICES/AUXILIARY BENEFITS – Part of Overall Day-to-Day benefits	
Allied Services (Homeopathy, Naturopathy, Chiropractor) Subject to pre-authorisation, PMBs and Managed Care Protocol.	No Benefit
Alternative Services /Therapies (Speech Therapy; Occupational Therapy; Social Worker; Dietetics; Podiatry, Prosthetist, Orthotist, Audiologist, Educational Psychologist and Registered Counsellor). Subject to pre-authorisation, PMBs and Managed Care Protocols.	100% of Scheme Tariff* Limited to PMBs
Physiotherapy & Biokinetics	100% of Scheme Tariff* Limited to PMB conditions only and clinical protocols.
Physiotherapy for Cardiac and Respiratory conditions	Subject to provision of treatment plan and therapy goals. Maximum of six (6) sessions per beneficiary, thereafter subject to progress report and evidence of response.
MEDICAL APPLIANCES BENEFIT – Part of Overall Day-to-Day benefits	
Medical Appliances In- and Out-of-Hospital	100% of Negotiated Tariff*
Limited to PMB conditions only, subject to pre-authorisation (e.g. Hearing Aids, Wheelchairs and callipers, etc).	Limited to R2 356 family per annum
Blood Pressure Monitors Subject to registration on the Hypertension programme	Blood Pressure Monitor limit: R660,40 per annum
AIR/ROAD AMBULANCE & EMERGENCY SERVICES	
Air/Road Ambulance & Emergency Services Subject to pre-authorisation and Managed Care Protocols. Authorisation for emergency transportation should be obtained within 72 hours. The Schemes preferred provider must be contacted should you require an Ambulance – 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 inter-facility transfers) must be pre- authorised.	100% of Negotiated Tariff*



SIZWE HOSMED BAMBINO PROGRAMME

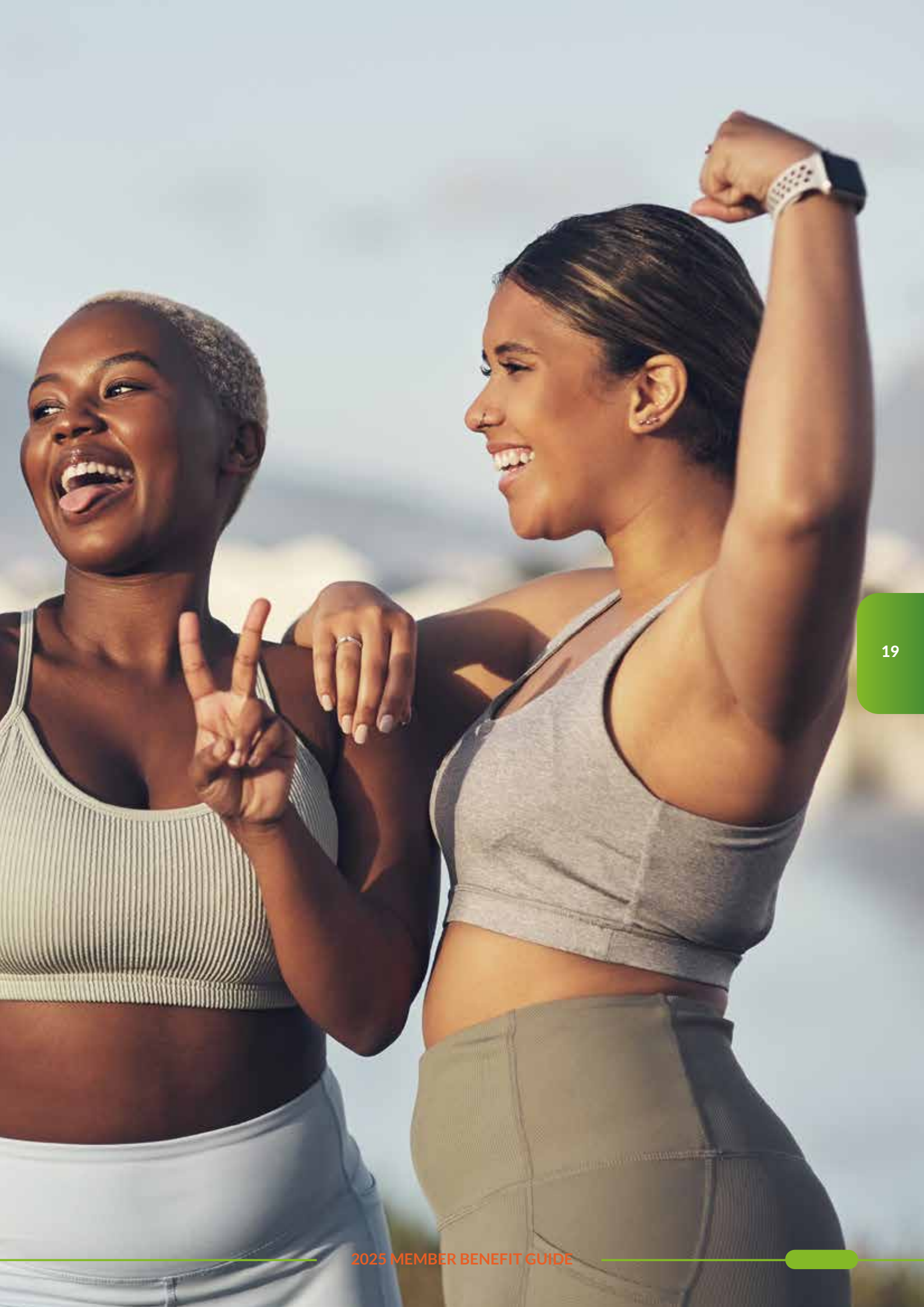
SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. The Scheme offers a free maternity bag with baby goodies to pregnant women registered on the Bambino Programme.

BENEFIT	ESSENTIAL COPPER
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme. Subject to Managed Care Protocols including pre- authorisation and Case management.	100% of Scheme Tariff*
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 DSP Tariff*only at a DSP hospital Network
Delivery 100% of the cost for the delivery by a general practitioner, medical Specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required.	100% of Negotiated Tariff*
Maternity Ultrasound(s)	Limited to two (2) 2D scans per pregnancy for In- and Out-of-Hospital.
Maternity Visit(s)	Additional ten (10) antenatal visits at either a midwife, DSP GP or DSP Specialist per pregnancy, six (6) either with a GP, Midwife and four (4) with a Specialist Obstetrician.
Antenatal Pathology Screening	Limited to: <ul style="list-style-type: none"> • Two(2) Haemoglobin Measurement test. • One (1) Blood Grouping test. • One (1) Rhesus Factor. • One (1) VDRL test for Syphilis. • Two (2) HIV blood tests. • 12 urine analysis tests. • One (1) Full blood count (FBC) test. • One (1) Hepatitis S Ag test. • One (1) Toxoplasmosis test. • One (1) Rubella test.
Antenatal Supplements (Vitamins)	Vitamins Limit: R283.50 per pregnancy paid from Risk



PREVENTATIVE CARE BENEFITS

BENEFIT	ESSENTIAL COPPER
Wellness Screening/ Health Risk Assessments (Paid from Risk)	100% of Scheme Tariff* Wellness consultation limit: R1 963.50
Adult Health	<ul style="list-style-type: none"> One (1) free blood sugar test over 15 years per beneficiary per annum. One (1) free blood pressure test per beneficiary per annum over 15 years per beneficiary per annum. One (1) diabetic eye screening test. One (1) diabetic foot examination. One (1) free cholesterol test over 20 years per beneficiary per annum. One (1) free bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age. One (1) free colon cancer blood test over 50 years per beneficiary per annum. One (1) free lung cancer screening above 55 years per annum. One (1) free skin cancer screening per beneficiary per annum above 55 years. One (1) free BMI screening per beneficiary per annum.
Men's Health	<ul style="list-style-type: none"> One (1) free PSA for males over 40 years per beneficiary per annum.
Women's Health	<ul style="list-style-type: none"> One (1) free pap smear for females over 18 years per beneficiary per annum. One (1) free mammogram for females over 40 years per beneficiary per annum.
Child Health	<ul style="list-style-type: none"> One (1) free heart screening for babies under two (2) years old. One (1) free hearing and vision screening for babies under two (2) years old. One (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.
Vaccinations (Other)	<ul style="list-style-type: none"> Free Covid-19 vaccination per beneficiary per annum. One (1) free flu vaccine per beneficiary per annum. One (1) free pneumococcal vaccine per beneficiary above 65 years of age per annum.
HIV/Aids Benefit 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.	100% of Scheme Tariff*
COVID-19 Subject to PMBs and Managed Care Protocols.	100% of Scheme Tariff*





ACCESS CORE PLAN

IN-HOSPITAL ASSOCIATED BENEFITS

Limited to PMBs only at Designated Service Provider (DSP Network Hospital).

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 non-DSP* hospital will result in a 30% co-payment.

BENEFIT	ACCESS CORE
Overall Annual Limit	No Overall Annual Limit
In-Hospital PMBs (only at DSP) 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 non-DSP* hospital will result in a 30% co-payment	Unlimited
Hospital Admission (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 non-DSP* hospital will result in a 30% co-payment.	100% of Negotiated Tariff*
In-Hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures Subject to PMB, clinical protocols and Scheme rules. All procedures must be pre-authorised.	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and Scheme rules.	100% Scheme Tariff*
Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorisation and Managed Care Protocols. No co-payment applicable when procedure performed in a Day Hospital or as a Day Case. Procedures done In-Hospital will attract a 20% co-payment* with exception of Diagnostic laparoscopy, Aspiration/excision Ovarian Cyst, Lap-appendicectomy and repair of recurrent or Bilateral Inguinal Hernias.	100% of Negotiated Tariff*
Major In-Hospital Medical Services and Procedures Subject to PMBs, 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.	100% Negotiated Tariff*
Back and Neck Surgery Subject to PMBs, pre-authorisation, clinical protocols, and Scheme rules. Subject to adherence to conservative treatment. A co-payment of R5 000 is applicable to all non-PMB back surgeries.	100% of Scheme Tariff*



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	ACCESS CORE
<p>Organ Transplant Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.</p>	<p>100% Scheme Tariff* Limited to R254 554.65 per family per annum</p>
<p>Stereotactic Radiosurgery Subject to PMBs, pre-authorisation, Managed Care Protocols and Scheme rules. Primary Central Nervous System Tumours only.</p>	<p>100% of Scheme Tariff*</p>
<p>Male Sterilisation/ Vasectomy Subject to PMBs and pre-authorisation at Day Clinic or as Day Case.</p>	<p>100% of Negotiated Tariff* Limited to R19 262.25 per beneficiary per annum</p>
<p>Female Sterilisation/ Tubal Ligation Subject to PMBs and pre-authorisation at Day Clinic or as Day Case.</p>	<p>100% of Negotiated Tariff* Limited to R19 262.25 per beneficiary per annum</p>
<p>Dental Hospitalisation 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 seven (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 annum.</p> <p>Removal of symptomatic impacted wisdom teeth covered only as Day Case at a Day Hospital.</p>	<p>100% of Scheme Tariff* Limited to PMBs</p>
<p>Maxillo-Facial and Oral Surgery Subject to PMBs, pre-authorisation and treatment protocols and Scheme rules.</p> <p>Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/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>	<p>100% of Negotiated Tariff* Limited to PMBs</p>
<p>Medicine items and Pharmaceutical Products including (consumables used In-Hospital and theatre). Subject to PMB, Medicine Formulary, Reference Pricing and the use of pharmacy network(s).</p>	<p>100% Negotiated Tariff *</p>
<p>Medicine to take home after discharge, (TTO) Subject to Reference Pricing and a valid script and formulary*. Paid from Risk</p>	<p>Limited to seven (7) days medicine supply</p>
<p>Oncology Subject to the use of Oncology DSP. Standard Oncology DSP* protocols apply. Subject to reference pricing. 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>	<p>100% of DSP Tariff* Limited to PMBs</p>



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	ACCESS CORE
Non-Cancer Specialised Drugs Benefits (including Biologicals) Subject to PMBs pre-authorisation, managed care and treatment guidelines.	No Benefit
Renal Dialysis (Includes peritoneal and haemodialysis) Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme and DSP.	100% of Negotiated Tariff* Limited to PMBs
Infertility Subject to PMBs, pre-authorisation and Protocols. Department of Health protocols apply. All investigations for an infertility condition will be covered in a DSP hospital.	100% of Negotiated Tariff* Limited to PMBs
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and protocol. Applicable to members 55 years and above.	100% Scheme Tariff* Limited to PMBs
Blood Transfusions Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% Scheme Tariff*
Radiology In-Hospital Subject to PMBs, pre-authorisation, Managed Care protocols and Scheme rules.	100% of Scheme Tariff*
Basic Radiology	100% of Scheme Tariff*
Advanced /Specialised Radiology (MRI/CAT scan/ Angiogram) Joint benefit In-and Out-of-Hospital. Subject to pre-authorisation, Managed Care Protocols and Specialist referral.	Combined In-Hospital and Out-of-Hospital limit of R33 781.65 per family per annum.
Radio Isotope Studies Pre-authorisation and Specialist referral required.	100% of Scheme Tariff* Limited to PMB
Interventional Radiology With In-Hospital limit, subject to pre-authorisation and clinical protocols.	100% of Scheme Tariff* Limited to PMB
Pathology (In-hospital) Subject to PMBs and Managed Care Protocols	100% of Scheme Tariff*
Physiotherapy & Biokinetics (In-hospital) Subject to PMBs, Managed Care Protocols, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period.	100% of Scheme Tariff*
Dietitian & Occupational Therapy Subject to PMBs, Managed Care Protocols, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period.	100% of Scheme Tariff*
Mental Health benefits (including consultation, ward fees, related medicines, therapy session with Psychiatrist and Psychologist, etc.) Subject to PMB, pre-authorisation and clinical protocols and Scheme rules. 21 days In-Hospital or 15 out-of-hospital sessions per beneficiary per annum (includes Psychiatrist consultations and six (6) In-Hospital consultations by Clinical Psychologist). Limited to a maximum of three (3) day's hospitalisation if admitted by a GP or a Specialist Physician.	100% of Scheme Tariff*
Non PMB Psychiatric treatment	No Benefit



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	ACCESS CORE
Drug and Alcohol Rehabilitation Subject to PMBs, Managed Care Protocols and pre-authorisation. Benefit limits apply.	100% of Scheme Tariff* Maximum of three (3) days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.
Step down facility including Rehabilitation Facilities Subject to PMBs, pre-authorisation and protocols. Includes all services rendered at registered step-down facilities and under home care in lieu of hospitalisation.	100% of Negotiated Tariff*
Home Based Care In lieu of hospitalisation. Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% of Negotiated Tariff* Limited to 14 days per annum
Hospice and Private Nursing	No Benefit
Negative Pressure Wound Therapy Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% of Negotiated Tariff* Limited to PMBs
Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and Managed Care Protocols. Public sector protocols apply.	100% of Negotiated Tariff* Limited to PMBs
Deductible* Applied for In-Hospital Procedures	Not applicable
Internal and External Prosthesis: Limited to PMBs. Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% of Negotiated Tariff*
Internal Prosthesis	100% of Negotiated Tariff*
Joints	Hip and knee (partial and total) only one joint per beneficiary per annum. Limited to PMBs.
Spine Instrumentation and Disc Prostheses including all components and fixation devices for back/spine. Maximum one (1) event per beneficiary per annum. Should more than one spinal level be required, approval will be granted subject to Managed Care Protocols.	One spinal level per beneficiary per annum. Limited to PMBs.
Cardiac (Pacemaker, internal defibrillators, grafts, valves, etc.). 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.	Cardiac Stents: Maximum three (3) per family per annum, limited to: <ul style="list-style-type: none"> • Bare metal stents: R12 700 per stent • Drug eluting stents: R15 400 per stent
Other clinically appropriate unspecified prosthetic items	Artificial limb, Breast, Ocular, Taylor Spatial frame, External fixator, Mesh. Limited to PMBs.
External Prosthesis Subject to benefit limit unless PMB	Limited to PMBs.



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	ACCESS CORE
<p>Day Hospital Procedures Subject to pre-authorisation, Managed Care Protocols and Scheme rules. No co-payment where a day procedure is done at a day facility. A 20 % co- payment is applicable if listed day procedures are done at an Acute hospital.</p>	<p>100% Negotiated Tariff* Co-Payment applicable to defined conditions below. Subject to PMB conditions only:</p> <ol style="list-style-type: none"> 1. Umbilical and Inguinalhernia repair 2. Colonoscopy 3. Cystoscopy Gastroscopy and Oesophagoscope 4. Hysteroscopy 5. Grommets 6. Termination ofpregnancy 7. Breast biopsy 8. Cataracts 9. Circumcision 10. ERCP 11. Hemorrhoidectomy 12. Vasectomy 13. Tubal Ligation 14. Excision of extensive skin Lesions or repair ofwounds and skin grafts 15. Dental procedures 16. Repair nail bed & Removal of toenails 17. Minor orthopedicprocedures such as tennis elbow, Dupuytren's contracture, trigger finger, ganglion, carpal tunnel syndrome 18. Minor Gynecological procedures – cone biopsy, colposcopy,D&C 19. Mirena device for abnormal uterine bleeding



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 Medical Savings Account (MSA*), subject to PMBs. Benefit limits, evidence based clinical guidelines and medicine formulary* apply.

BENEFIT	ACCESS CORE 2025
CONSULTATIONS	
General Practitioner Consultations (includes virtual consultations) Consultations at 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.	100% Scheme Tariff Limited to PMBs at DSP
Specialist Consultations Subject to clinical guidelines and Managed Care Protocols, medicine formularies. Subject to network GP referral.	100% Scheme Tariff Limited to PMBs at DSP
Psychologist & Psychiatrist Treatment Limited to Psychiatrists, Clinical and Counselling Psychologists for mental health disorders. Subject to PMB, referral from GP or Specialist, confirmed diagnosis, treatment plan and Managed Care Protocols. Failure to do so will result in non-payment	100% Scheme Tariff Limited to PMBs at DSP
RADIOLOGY AND PATHOLOGY BENEFIT	
Subject to PMBs, pre-authorisation, Managed Care Protocols and Scheme rules.	100% of Scheme Tariff*
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 R33 781.65 per family per annum
MEDICINE AND MATERIALS BENEFIT	
Medicines Limited to CDL (Chronic Disease List). Subject to formulary, protocol and reference pricing.	100% of Reference Price*
Optical Benefits	No Benefit
Dental Benefits	No Benefit
AIR/ROAD AMBULANCE & EMERGENCY SERVICES	
Ambulance and Emergency Services 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.	100% Negotiated Tariff*
Non-Emergency Air/Road services such as medical repatriation or clinically appropriate inter-facility transfers) must be pre- authorised.	
Hearing Aids Subject to pre-authorisation, PMBs and Managed Care Protocols.	No Benefit



SIZWE HOSMED BAMBINO PROGRAMME (MATERNITY BENEFIT)

SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. At 24 weeks of maternity the Scheme offers a free maternity bag with baby goodies, to pregnant women registered on the Bambino Programme.

BENEFIT	ACCESS CORE
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme. Subject to Managed Care Protocols including pre-authorisation and Case management.	100% of Scheme Tariff*
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 the delivery by a general practitioner, medical Specialist or midwife and materials supplied; for home delivery by 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.	Two (2) 2D scan per pregnancy
Maternity Visit(s)	Additional ten (10) antenatal visits at either a midwife, GP, or Specialist per pregnancy, six (6) either with a GP, Midwife and four (4) with a Specialist Obstetrician.
Antenatal Pathology Screening	Limited to: <ul style="list-style-type: none"> • Two (2) Haemoglobin Measurement test. • One (1) Blood Grouping test. • One (1) Rhesus Factor. • One (1) VDRL test for Syphilis. • Two (2) HIV blood tests. • 12 urine analysis tests. • One (1) Full blood count (FBC) test. • One (1) Hepatitis S Ag test. • One (1) Toxoplasmosis test. • One (1) Rubella test.
Antenatal Supplements (Vitamins)	Vitamins Limit: R283.50 per pregnancy paid from Risk



PREVENTATIVE CARE BENEFITS

BENEFIT	ACCESS CORE
Wellness Screening/ Health Risk Assessments (Paid from Risk)	100% of Scheme Tariff* Wellness consultation limit: R1 963.50
Adult Health	<ul style="list-style-type: none"> One (1) free Blood Sugar Test over 15 Years per beneficiary per annum One (1) free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum One (1) free Diabetic Eye Screening test One (1) free Diabetic Foot Examination One (1) free Cholesterol Test over 20 Years per beneficiary per annum One (1) free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age One (1) free Colon Cancer Blood Test over 50 years per beneficiary per annum One (1) free lung cancer screening above 55 years per annum One (1) free skin cancer screening per beneficiary per annum One (1) free BMI screening per beneficiary per annum
Women's Health	<ul style="list-style-type: none"> One (1) free Pap Smear for Females over 18 Years per beneficiary per Annum One (1) free Mammogram for Females over 40 Years per beneficiary per Annum
Men's Health	<ul style="list-style-type: none"> One (1) free PSA for Males over 40 Years per beneficiary per Annum
Child Health	<ul style="list-style-type: none"> One (1) free heart screening for babies under two (2) years old One (1) free hearing and vision screening for babies under two (2) years old One (1) free HPV vaccination per beneficiary between nine (9) and 12 years of age Child Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age
Vaccinations (Other)	<ul style="list-style-type: none"> Free Covid-19 Vaccination per beneficiary per annum One (1) free Flu Vaccine per beneficiary per Annum One (1) free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/Aids Benefit 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.	100% Scheme Tariff*
COVID-19 Subject to PMBs and Managed Care Protocols.	100% Scheme Tariff*



ACCESS SAVER PLAN

IN-HOSPITAL ASSOCIATED BENEFITS

Unlimited benefits only for Prescribed Minimum Benefit 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-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. Deductibles* are applicable to a defined list of procedures.

BENEFIT	ACCESS SAVER
Overall Annual Limit	No Overall Annual Limit
In-Hospital PMBs (only at DSP) Subject to pre-authorisation and case management, clinical guidelines, and Scheme rules. Emergency admissions must be notified to the Scheme within 48 hours of admission.	Unlimited
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room)	100% of Negotiated Tariff*
In-Hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures Subject to PMB, clinical protocols and Scheme rules. All procedures must be pre-authorised.	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and Scheme rules.	100% of Scheme Tariff*
Laparoscopic procedures: hospitalisation and associated costs Subject to PMBs, pre-authorisation and Managed Care Protocols. Laparoscopic procedures done In-Hospital will attract a 20% co-payment with exception of Diagnostic laparoscopy, aspiration/excision Ovarian Cyst, Lap-appendicectomy and repair of recurrent or Bilateral Inguinal Hernias.	100% of Scheme Tariff*
Major In-Hospital Medical Services and Procedures Subject to PMBs, 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.	100% of Negotiated Tariff* Limited to PMBs
Back and Neck Surgery Subject to PMBs, pre-authorisation, 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-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of Scheme Tariff* Limited to PMBs
Stereotactic Radiosurgery Subject to PMBs, pre-authorisation, Managed Care Protocols and Scheme rules.	No Benefit
Male Sterilisation/ Vasectomy Subject to PMBs and pre-authorisation at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limit: R19 262.25 per beneficiary per annum
Female Sterilisation/ Tubal Ligation Subject to PMBs and pre-authorisation at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limit: R19 262.25 per beneficiary per annum



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	ACCESS SAVER
<p>Dental Hospitalisation 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 seven (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 annum.</p> <p>Removal of symptomatic impacted wisdom teeth covered only as Day Case at a Day Hospital.</p>	<p>100% of Scheme Tariff* Limited to PMBs</p>
<p>Maxillo-Facial and Oral Surgery Subject to PMBs, pre-authorisation and treatment protocols and Scheme rules.</p>	<p>No Benefit</p>
<p>Medicine items and Pharmaceutical Products including (consumables used In-Hospital and theatre). Subject to PMB, Medicine Formulary, Reference Pricing and the use of Pharmacy Network(s).</p>	<p>100% Negotiated Tariff*</p>
<p>Medicine to take home after discharge, (TTO) Subject to Reference Pricing and a valid script and formulary*. Paid from hospital benefit.</p>	<p>Limit: Seven (7) days medicine supply. Non PMBs, subject to MSA.</p>
<p>Oncology Subject to the use of Oncology DSP. Standard Oncology DSP* protocols apply, subject to reference pricing. Subject to PMB, pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.</p>	<p>100% of DSP Tariff*</p> <p>Benefits utilisation above R282 932.55 per beneficiary per annum will be subject to 20% co-payment for non PMBs.</p>
<p>Non-Cancer Specialised Drugs Benefits (including Biologicals) Subject to PMBs pre-authorisation, managed care and treatment guidelines.</p>	<p>No Benefit</p>
<p>Renal Dialysis (Includes peritoneal and haemodialysis) Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme. Subject to Preferred Provider Network.</p>	<p>100% of Negotiated Tariff* Limited to PMBs</p>
<p>Infertility Subject to PMBs, pre-authorisation and Managed Care protocols. Department of Health protocols apply. All investigations for an infertility condition will be covered in a DSP hospital.</p>	<p>100% of Negotiated Tariff* Limited to PMBs</p>
<p>Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and managed care protocol. Applicable to members 55 years and above.</p>	<p>100% of Negotiated Tariff* Limited to PMBs</p>
<p>Blood Transfusions Subject to PMBs, pre-authorisation and Managed Care Protocols.</p>	<p>100% of Scheme Tariff*</p>



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	ACCESS SAVER
Radiology Limited to PMBs. Subject to PMBs, pre-authorisation, Managed Care protocols and Scheme rules.	100% of Scheme Tariff*
Basic Radiology	100% of Scheme Tariff*
Advanced /Specialised Radiology (MRI, PET scan, CT scan, MUGA, etc.): Joint benefit In and Out-of-Hospital. Pre-authorisation and Specialist referral required. 10% co-payment is applicable for all non-PMBs - MRI/CT scans.	Limited to two (2) scans per beneficiary per annum, subject to R20 000 per family per annum. Limited to R3 500 per scan event in or Out-of-Hospital.
Pathology Subject to PMBs and Managed Care Protocols	100% of Scheme Tariff*
Physiotherapy & Biokinetics Subject to PMBs, Managed Care Protocols, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period.	100% of Scheme Tariff* Limited to PMBs
Dietitian & Occupational Therapy Subject to PMBs, Managed Care Protocols, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period.	100% of Scheme Tariff* Limited to PMBs
Mental Health benefits (including admissions, consultation, ward fees, medicines, therapy session with Psychiatrist and Psychologist, etc.) Subject to PMB, pre-authorisation and clinical protocols and Scheme rules and Preferred Provider Network.	100% of Scheme Tariff* Limited to PMBs
Psychiatry Admissions or Outpatient consultations as specified in Annexure A of the Regulation.	Up to 21 days In-Hospital per beneficiary per annum or Up to 15 Outpatients days per beneficiary per annum
Psychiatric admission by GP or Specialist Physician (non-Psychiatric disciplines)	Maximum three (3) days hospitalisation
Non PMB Psychiatric treatment	No Benefit
Drug and Alcohol Rehabilitation Subject to PMBs, Managed Care Protocols and pre-authorisation. Benefit limits apply. Subject to Preferred Provider Network.	100% of Scheme Tariff* Limit: R14 880.60 per family per annum
Step-Down facilities Subject to PMBs, pre-authorisation and protocols. Includes all services rendered at registered Step-Down facilities.	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum
Hospice and Private Nursing Subject to PMBs pre-authorisation and Managed Care Protocols at registered step-down facilities, nursing facilities. Subject to case management and registration on the disease management programme. Non PMBs subject to MSA.	100% of Negotiated Tariff* Limited to PMBs
Frail Care	Not covered
Home Based Care In lieu of hospitalisation. Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum
Negative Pressure Wound Therapy Subject to PMBs, pre-authorisation and Managed Care Protocols. Limited to PMBs.	100% of Negotiated Tariff* Limited to PMBs



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	ACCESS SAVER
Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and Managed Care Protocols. Public sector protocols apply.	100% of Negotiated Tariff* Limited to PMBs
Day Procedures Subject to PMB, pre-authorisation, Managed Care Protocols and Scheme rules. A 20% co-payment is applicable to a day procedure is performed at an Acute hospital (57/58 hospital).	100% Negotiated Tariff* Limited to PMBs
Deductible* Applied for Day Procedures at Day Hospitals. These procedures will not be covered if done in Acute facilities.	<ul style="list-style-type: none"> • Skin disorders: R1 867 • Arthroscopy: R3 734 • Bunionectomy: R3 734 • Removal of varicose veins: R1 867 • Refractive eye surgery, Aphakic lens: R3 734 • Infertility treatment: R6 224 • Non-cancerous breast conditions: R1 867
Internal and External Prosthesis Limited to PMBs. Subject to Pre-authorisation and Managed Care Protocols. Subject to overall Prosthesis benefit limit.	100% Negotiated Tariff* Annual overall Prosthesis limit of R37 188.90 per family per annum with In-Hospital limit as stipulated
Spine: Instrumentation and Disc Prostheses (including all components and fixation devices for back/spine). Subject to overall Prosthesis limit and PMB protocols.	Maximum one (1) level per beneficiary per annum for spine
Prosthesis for Joint replacement (Hip, Knee, Shoulder, and Ankle) Subject to overall Prosthesis limit and PMB protocols.	One (1) Prosthesis and only one joint per beneficiary per cycle
Cardiac Stents (Pacemaker, internal defibrillators, grafts, valves, etc.) 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.	<ul style="list-style-type: none"> • One (1) per Lesion- maximum of three (3) Lesions. • Bare metal stents: R12 700 per stent • Drug eluting stents: R15 400 per stent
Aphakic Lenses	Limited to R6 204.45 per lens
Internal Sphincters and Stimulators	100% Negotiated Tariff* Limited to PMBs
Neurostimulators/Internal Nerve Stimulator for Parkinson's Disease	100% Negotiated Tariff* Limited to PMBs
Cochlear Implants	No Benefit
Artificial limbs and external prostheses including artificial eye	100% Negotiated Tariff* Limited to PMBs



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 Medical Savings Account (MSA*), subject to PMBs. Benefit limits, evidence based clinical guidelines and medicine formulary* apply.

BENEFIT	ACCESS SAVER
Medical Savings Account (25%)	Medical Savings Account (MSA*) Limit Member = R10 080 Adult = R8 736 Child = R1 992
CONSULTATIONS Subject to PMBs. Benefit limits, evidence based clinical guidelines apply.	
General Practitioners (Includes virtual consultations)	100% of Scheme Tariff Paid from MSA* Once MSA* is depleted; one (1) additional consultation per beneficiary, limited to four (4) consultations per family per annum
Specialist Consultations (Includes virtual consultations)	100% of Scheme Tariff Paid from MSA*. Once MSA* depleted, one (1) additional consultation per family per annum, with any one of the following Specialists: <ul style="list-style-type: none"> • Paediatrician • Gynaecologist
Psychologist & Psychiatrist Treatment Subject to referral from GP or Specialist, and confirmed diagnosis	100% of Negotiated Tariff* Non PMB paid from MSA
RADIOLOGY AND PATHOLOGY BENEFIT	
Combined Basic Radiology and Pathology Subject to PMB and clinical protocols, paid from MSA. Only PMB benefits payable once combined limit exhausted.	100% of Scheme Tariff* Combined limit of R4 312.35 per beneficiary per annum, subject to sub-limit below: <ul style="list-style-type: none"> • Basic Radiology: Limited to R2 610.30 per beneficiary per annum • Pathology: Limited to R3 345.30 per beneficiary per annum
Advanced /Specialised Radiology (MRI, PET scan, CT scan, MUGA, etc): Joint benefit In- and Out-of-Hospital. Pre-authorization and Specialist referral required. Limited to PMBs. 10% co-payment is applicable for all non-PMBs - MRI/CT scans	Limited to R20 000 per family per annum. Limited to two (2) scans per beneficiary per annum at a limit of R3 500 per scan event in or Out-of-Hospital.
MEDICINE AND MATERIALS BENEFIT 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 (restricted to schedules 0, 1 and 2) Includes vitamins.	100% of Reference Price*
Mirena device Subject to available MSA*, sub-limit applies.	Mirena Sub-limit: R2 315.25 per beneficiary every five (5) years
Chronic Medicines Limited to PMB Chronic Disease List (CDL) Medicines. Subject to PMBs, registration on the Chronic Disease Programme and pre-authorization. Subject to the use of Preferred Provider Network. Paid from Risk. CDL subject to renewal of prescription every six (6) months.	100% of Reference Price*



OUT-OF-HOSPITAL BENEFITS

BENEFIT	ACCESS SAVER
OPTICAL BENEFITS Benefit paid from Risk for members who utilise the Scheme Optometry Designated Service Provider (DSP) only, otherwise, payable from Medical Savings Account. Limited to One Claim per beneficiary every 24 months.	
Eye Tests One (1) comprehensive consultation per beneficiary every 24 months.	100% of DSP Tariff*
Contact lenses No Benefit for contact lenses if spectacle lenses are claimed.	Contact lenses limit: R1 219.00 per beneficiary every 24 months.
Spectacle Lenses No Benefit for spectacle lenses if contact lenses are claimed.	Spectacle Lenses limit: Limited to R257.04 per lens – clear single vision or R544.32 per lens – clear bifocal or R544.32 per lens – base multifocal
Spectacle Frames A frame cannot be claimed alone or with contact lenses.	Spectacle Frames limit: R670.00 per Frame
DENTAL BENEFITS Benefit paid from Risk for members who utilise 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 four (4) fillings or extractions) subject to dental treatment protocols and pre-authorisation.	Conscious Sedation: Extensive dental treatment (more than four (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 (limited to beneficiaries below the age of 13 years).	Yes
Dental X-rays Dental protocols apply and pre-authorisation required for extensive treatment plans. Quantity limitations apply.	X-rays (limited to intra-oral)
Advanced Dentistry (Paid from Risk) (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics) Orthodontics Limited to beneficiaries from 21 years of age.	Non-PMBs Paid from MSA* All clinically valid specialised dental treatment covered from MSA*
Acrylic (Plastic) Dentures Limited to beneficiaries above the age of 16 years. One (1) set of Acrylic (plastic) denture per beneficiary every four (4) years. Repairs, realigning and repairing of dentures every 12 months. Limited to PMBs. (Paid from Risk.)	One (1) set of Acrylic (plastic) denture per beneficiary every four (4) years. Repairs, realigning and repairing of dentures every 12 months.
Dental Implants	No Benefit
Partial Metal Frame Dentures	No Benefit
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures, and Operations). Subject to PMB's, pre-authorisation and protocols.	100% of DSP Tariff* Limited to PMBs



OUT-OF-HOSPITAL BENEFITS

BENEFIT	ACCESS SAVER
OTHER SERVICES/ AUXILIARY BENEFITS – Part of Overall Day-to-Day benefits. Paid from MSA, except for PMBs	
Allied Services (Homeopathy, Naturopathy, Chiropractor) Subject to PMBs and Protocols.	100% of Scheme Tariff* Paid from MSA Homeopathic Medication Excluded
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 009.30 per family per annum
Physiotherapy & Biokinetics Subject to PMB conditions and clinical protocols.	100% of Scheme Tariff* Paid from MSA*
Physiotherapy Cardiac and Respiratory conditions Subject to provision of treatment plan and therapy goals.	Maximum of six (6) sessions per beneficiary, thereafter, subject to progress report and evidence of response
Clinical and Medical Technologists Subject to pre-authorisation, PMBs and Managed Care Protocols.	100% of Scheme Tariff* Paid from MSA*
MEDICAL APPLIANCES BENEFIT (Part of Overall Day-to-Day benefits) All appliances are payable once per annum subject to limits, unless stipulated otherwise.	
Medical Appliances Include Callipers, Nebulizer, Glucometer, Insulin Pump, Morphine Pump, C-PAP machine, Blood Pressure machine, etc. Limited to PMBs. Combined In- and Out-of-Hospital benefit. Subject to pre-authorisation and Managed Care Protocols.	100% of Negotiated Tariff* Limited to R7 486.50 per family per annum
Blood Pressure Monitors Subject to registration on the Disease Management Programme (For beneficiaries registered for Hypertension).	Sub-limit R659.40 for beneficiaries registered for Hypertension
Non-motorised wheelchairs Subject to pre-authorisation, PMBs and Managed Care Protocols PMBs only.	One (1) claim per beneficiary every 36 months.
Hearing Aids Subject to pre-authorisation, PMBs and Managed Care Protocols.	One (1) claim per beneficiary every 24 months
AIR/ROAD AMBULANCE & EMERGENCY SERVICES	
Air/Road Ambulance & Emergency Services Subject to pre-authorisation 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-authorised through the preferred provider, claims will not qualify for payment. Non-Emergency Air/Road services (such as medical repatriation or clinically appropriate inter-facility transfers) must be pre-authorised.	100% of Negotiated Tariff*



SIZWE HOSMED BAMBINO PROGRAMME (MATERNITY BENEFIT)

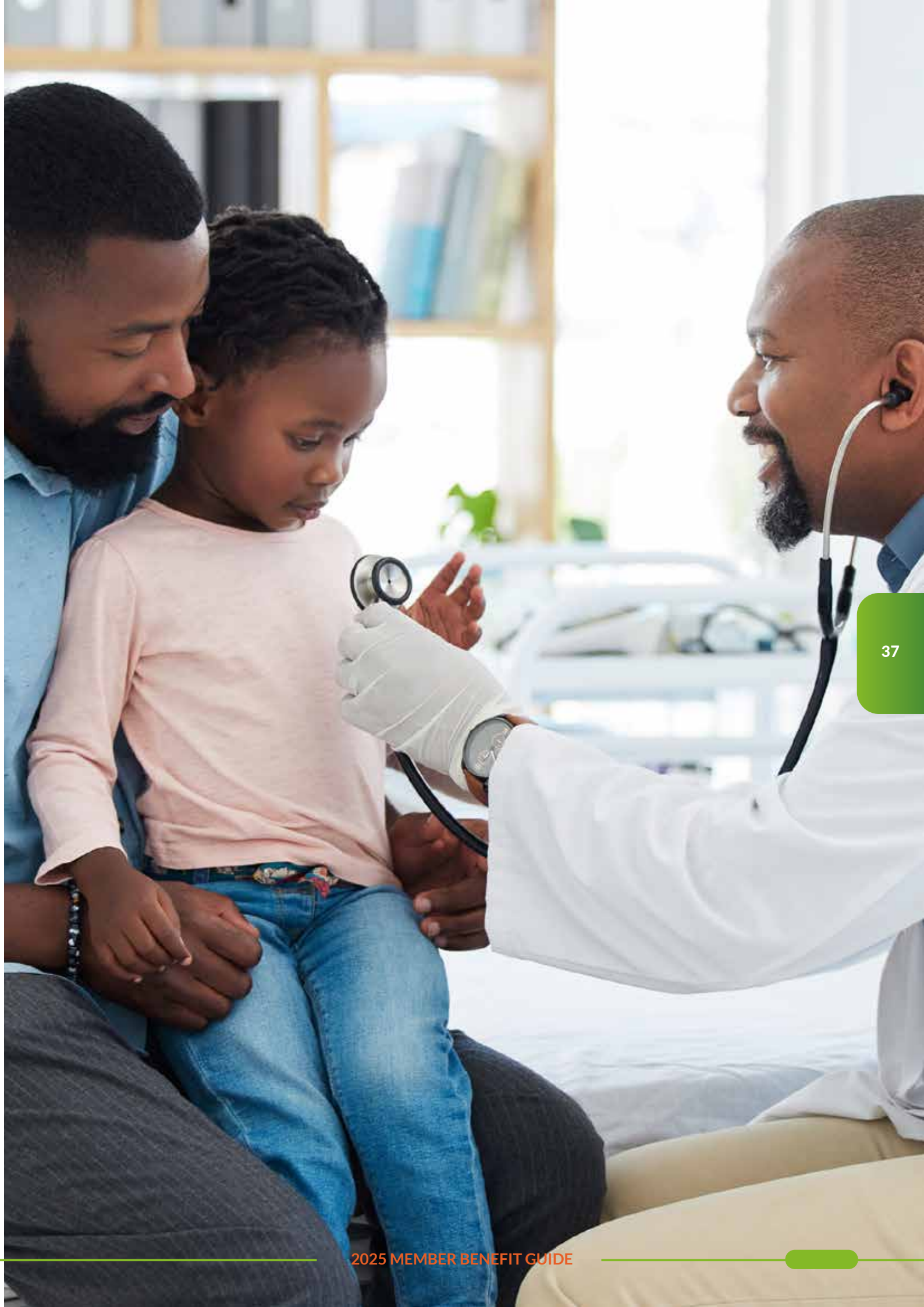
SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. The Scheme offers a free maternity bag with baby goodies to pregnant women registered on the Bambino Programme.

BENEFIT	ACCESS SAVER
SIZWE HOSMED Bambino Programme Maternity Benefits Subject to Registration on SIZWE HOSMED Bambino Programme	100% of Scheme Tariff*
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 the delivery by a general practitioner, medical Specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required.	100% Negotiated Tariff*
Maternity Ultrasound(s)	Two (2) 2D scans per pregnancy
Maternity Visit(s)	Additional ten (10) antenatal visits at either a midwife, GP or Specialist per pregnancy, six (6) either with a GP, Midwife and four (4) with a Specialist Obstetrician.
Antenatal Pathology Screening	Limited to: <ul style="list-style-type: none"> • Two (2) Haemoglobin Measurement test • One (1) Blood Grouping test • One (1) Rhesus Factor • One (1) VDRL test for Syphilis • Two (2) HIV blood tests • 12 urine analysis tests • One (1) Full blood count (FBC) test • One (1) Hepatitis s Ag test • One (1) Toxoplasmosis test • One (1) Rubella test
Antenatal Supplements (Vitamins)	Vitamins Limit: R283.50 per pregnancy paid from Risk



PREVENTATIVE CARE BENEFITS

BENEFIT	ACCESS SAVER
Wellness Screening/ Health Risk Assessments (Paid from Risk)	100% of Scheme Tariff* Wellness consultation limit: R1 963.50
Adult Health	<ul style="list-style-type: none"> One (1) free Blood Sugar Test over 15 Years per beneficiary per annum One (1) free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum One (1) free Diabetic Eye Screening test One (1) free Diabetic Foot Examination One (1) free Cholesterol Test over 20 years per beneficiary per annum One (1) free Bone Density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age One (1) free Colon Cancer Blood Test over 50 years per beneficiary per annum One (1) free lung cancer screening above 55 years per annum One (1) free skin cancer screening per beneficiary per annum One (1) BMI free screening per beneficiary per annum
Women's Health	<ul style="list-style-type: none"> One (1) Pap Smear for Females over 18 Years per beneficiary per Annum One (1) Mammogram for Females over 40 Years per beneficiary per Annum
Men's Health	<ul style="list-style-type: none"> One (1) free PSA for Males over 40 Years per beneficiary per Annum
Child Health	<ul style="list-style-type: none"> One (1) free heart screening for babies under two (2) years old One (1) free hearing and vision screening for babies under two (2) years old One (1) free HPV vaccination per beneficiary between nine (9) and 12 years of age Child Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age
Vaccinations (Other)	<ul style="list-style-type: none"> Free Covid-19 Vaccination per beneficiary per annum One (1) free Flu Vaccine per beneficiary per Annum One (1) free Pneumococcal Vaccine per beneficiary above 65 years of age per Annum
HIV/Aids Benefit 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.	100% Scheme Tariff*
COVID-19 Subject to PMBs and Managed Care Protocols.	100% Scheme Tariff*





GOLD ASCEND/EDO PLAN

IN-HOSPITAL ASSOCIATED BENEFITS

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.

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Overall Annual Limit	No Overall Annual Limit	No Overall Annual Limit
In-Hospital PMBs Subject to DSPS, pre-authorization and case management, clinical guidelines and Scheme rules. Emergency admissions must be notified to the Scheme within 48 hours of admission.	Unlimited	Unlimited
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) All admissions (including PMBs) are subject to pre-authorization, case management, clinical protocols and Scheme rules. A 30% penalty will be imposed for non-emergency late pre-authorisations.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
In-Hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures Subject to PMB, clinical protocols and Scheme rules. All procedures must be pre-authorized.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and Scheme rules.	100% of Scheme Tariff*	100% of Scheme Tariff
Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorization and Managed Care Protocols. No co-payment applicable when procedure performed in a Day Hospital or as a Day Case. Laparoscopic procedures done In-Hospital will attract a 20% co-payment with exception of Diagnostic laparoscopy, Aspiration/excision Ovarian Cyst, Lap- appendectomy and repair of recurrent or Bilateral Inguinal Hernias.	100% of Scheme Tariff	100% of Scheme Tariff
Major In-Hospital Medical Services and Procedures Subject to PMB, 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.	100% of Negotiated Tariff*	100% of Negotiated Tariff* Voluntary use of non-DSP* hospital will result in a 30% co- payment
Back and Neck Surgery Subject to PMB, pre-authorization, clinical or Managed Care Protocols and Scheme rules. Subject to adherence to conservative treatment. A co-payment of R5 000 is applicable to all non-PMB back surgeries.	100% of Scheme Tariff*	100% of Scheme Tariff*
Organ Transplant: Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorization, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of Scheme Tariff*	100% of Scheme Tariff*



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Stereotactic Radio-Surgery Subject to PMBs, pre-authorisation, Managed Care Protocols and Scheme rules. Primary Central Nervous System Tumours only.	100% of Scheme Tariff	100% of Scheme Tariff
Male Sterilisation/ Vasectomy Subject to pre-authorisation and PMBs at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limited to R19 262.25 per beneficiary per annum	100% of Negotiated Tariff* Limited to R19 262.25 per beneficiary per annum
Female Sterilisation/ Tubal Ligation Subject to pre-authorisation at Day Clinic or as Day Case, and subject to PMBs.	100% of Negotiated Tariff* Limited to R19 262.25 per beneficiary per annum	100% of Negotiated Tariff* Limited to R19 262.25 per beneficiary per annum
Dental Hospitalisation Subject to PMBs pre-authorisation, treatment protocols. General In-Hospital benefit rules apply. Basic dentistry benefit In-Hospital is limited to extensive conservative treatment for children under the age of seven (7) years involving more than three (3) teeth. 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 annum. Removal of symptomatic impacted wisdom teeth covered only as Day Case at a day hospital.	100% of Scheme Tariff**	100% of Scheme Tariff**
Maxillo-Facial and Oral Surgery Subject to PMBs, pre-authorisation and treatment protocols and Scheme rules. Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/treatments. 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.	100% of Scheme Tariff*	100% of Scheme Tariff*
Medicine items and Pharmaceutical Products including (consumables used In-Hospital and theatre) Subject to PMB, Medicine Formulary, use of pharmacy network(s). Medicine to take home after discharge, (TTO) Subject to valid script and formulary*. Subject to benefit limit for Non PMBs.	100% Negotiated Tariff* Limited to seven (7) days medicine supply for non-PMBs.	100% Negotiated Tariff* Limited to seven (7) days medicine supply for non-PMBs.
Oncology Subject to the use of oncology DSP. Subject to PMB, pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of Scheme Tariff* Limit R240 786 per beneficiary per annum Benefits utilisation more than R240 786 beneficiary per annum will be subject to 20% co- payment	100% of Scheme Tariff* at DSP Limit R240 786 per beneficiary per annum Benefits utilisation more than R240 786 beneficiary per annum will be subject to 20% co- payment
Non-Cancer Specialised Drugs Benefits (including Biologicals) Subject to PMBs pre-authorisation, managed care and treatment guidelines.	No Benefit	No Benefit



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Renal Dialysis (Includes peritoneal and haemodialysis) Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to the use of DPS. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Infertility Subject to PMBs, pre-authorisation and Protocols. Department of Health protocols apply.	100% of Scheme Tariff*	100% of Scheme Tariff*
Blood Transfusions Subject to PMBs, pre-authorisation and Scheme formulary* and protocol.	100% of Scheme Tariff*	100% of Scheme Tariff*
Radiology In-Hospital Subject to PMBs, pre-authorisation, Managed Care protocols and Scheme rules.	100% of Scheme Tariff*	100% of Scheme Tariff*
Basic Radiology	100% of Scheme Tariff*	100% of Scheme Tariff*
Advanced/Specialised Radiology: (MRI/CAT scan/ Angiogram) Joint benefit In and Out-of-Hospital Subject to pre-authorisation, Managed Care Protocols and Specialist referral.	Combined In- and Out-of-Hospital limit of R24 976.35 per family per annum. 10% co-payment applicable for non-PMB MRI and CT scan	Combined In- and Out-of-Hospital limit of R24 976.35 per family per annum. 10% co-payment applicable for non-PMB MRI and CT scan
Radio Isotope Studies Pre-authorisation and Specialist referral required. Subject to available benefit limits.	100% of Scheme Tariff*	100% of Scheme Tariff*
Interventional Radiology With In-Hospital limit, subject to pre-authorisation and clinical protocols. Subject to available benefit limits.	100% of Scheme Tariff*	100% of Scheme Tariff*
Pathology Subject to PMBs and Managed Care Protocols.	100% of Scheme Tariff*	100% of Scheme Tariff*
Physiotherapy & Biokinetics Subject to PMBs, Managed Care Protocols, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period.	100% of Scheme Tariff*	100% of Scheme Tariff*
Dietitian & Occupational Therapy Subject to PMBs, Managed Care Protocols, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period.	100% of Scheme Tariff*	100% of Scheme Tariff*
Drug & Alcohol Rehabilitation Subject to PMBs, Managed Care Protocols and pre-authorisation. Benefit limits apply. Subject to Preferred Provider Network.	100% of Scheme Tariff* Maximum of three (3) days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.	100% of Scheme Tariff* Maximum of three (3) days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Mental Health benefits (including consultation, ward fees, related medicines, therapy session with Psychiatrist and Psychologist, etc.) Subject to PMB, pre-authorisation, clinical protocols and Scheme rules. Subject to Preferred Provider Network.	100% of Scheme Tariff*	100% of Scheme Tariff*
21 days In-Hospital or 15 out-of-hospital sessions per beneficiary per annum (includes Psychiatrist consultations and six (6) In-Hospital consultations by Clinical Psychologist. Four (4) Out-of-Hospitals visits/consultations in lieu of hospitalisation is allowed subject to Managed Care Protocols. Additional hospitalisation subject to motivation by the treating provider. Limited to a maximum of three (3) day's hospitalisation if admitted by a GP or a Specialist Physician.	Daily Limit: R1 967.70 per beneficiary per day. Maximum Limit: R41 326.95 per beneficiary per annum	Daily Limit: R1 967.70 per beneficiary per day. Maximum Limit: R41 326.95 per beneficiary per annum
Non-PMB Psychiatric treatment Admissions are limited to failed out-patient management as per Managed Care protocols. Physiotherapy and Occupational Therapy during Psychiatric admission subject to sub-limit.	Physiotherapy: R2 100 per beneficiary per annum Occupational Therapy: R1 470 per beneficiary per annum	Sub-limits (non PMB) Physiotherapy: R2 100 per beneficiary per annum Occupational Therapy: R1 470 per beneficiary per annum
Step-Down facility including Rehabilitation Facilities Subject to PMBs, pre-authorisation and protocols. Includes all services rendered at registered Step-Down facilities and under home care in lieu of hospitalisation.	100% of Scheme Tariff*	100% of Scheme Tariff*
Home Based Care In lieu of hospitalisation. Subject to PMBs, pre-authorisation and Managed Care Protocols. Frail Care is not a covered benefit.	100% of Scheme Tariff* Limit: R6 069 per family per annum	100% of Scheme Tariff* Limit: R6 069 per family per annum
Hospice and Private Nursing Subject to PMB's, pre-authorisation and Protocols for all services rendered at registered Step-Down facilities, nursing facilities. Subject to the Hospital Benefit Management Programme and the Disease Management Programme.	100% of Negotiated Tariff* Limit: R6 069 per family per annum	100% of Negotiated Tariff* Limit: R6 069 per family per annum
Negative Pressure Wound Therapy Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% of Negotiated Tariff* Limited to PMBs	100% of Negotiated Tariff* Limited to PMBs
Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and protocols. Public sector protocols apply	100% of Negotiated Tariff* Limited to PMBs	100% of Negotiated Tariff* Limited to PMBs
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation, medicine formulary* and protocols. Applicable to members 55 years and above.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Deductible* Applied for In-Hospital Procedures	Not applicable	Not applicable



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Day Procedures Subject to pre-authorisation, Managed Care Protocols and Scheme rules. No co-payment where a day procedure is done at a day facility. 20 % co- payment if listed day procedures are done at an Acute hospital.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Internal and External Prosthesis Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% of Negotiated Tariff* Overall internal and external Prosthesis limit: R34 224.75 per family per annum	100% of Negotiated Tariff* Overall internal and external Prosthesis limit: R34 224.75 per family per annum
Spine Instrumentation and Disc Prostheses including all components and fixation devices for back/spine Maximum one (1) event per beneficiary per annum Should more than one spinal level be required approval will be granted subject to Managed Care Protocols.	Spinal Fusion: One spinal level per beneficiary per annum unless PMB Spine Prosthesis subject to benefit limit unless PMB	Spinal Fusion: One spinal level per beneficiary per annum unless PMB Spine Prosthesis subject to benefit limit unless PMB
Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle). One (1) event per annum, excludes cement. Prosthesis subject to benefit limit, unless PMB.	Hip and knee, shoulder and ankle (partial and total): Only one joint, per beneficiary per annum.	Hip and knee, shoulder and ankle (partial and total): Only one joint, per beneficiary per annum.
Aphakic Lenses (subject to protocols and PMBs) Subject to overall Prosthesis limit	R6 774 per lens per beneficiary per annum	R6 774 per lens per beneficiary per annum
Cardiac Stents Includes Cardiac valves, Aortic Stent grafts, Peripheral arterial stent grafts, Single/dual pacemakers, Cardiac Resynchronisations Devices (CRT), Implantable Cardioverter Defibrillators (ICD) with Pacing Capabilities (CRT-D). Subject to overall Prosthesis limit.	Limited to three (3) Cardiac Stents per family per annum unless PMB Vascular Stents: Two (2) stents per family per annum unless PMB	Limited to three (3) Cardiac Stents per family per annum unless PMB Vascular Stents: Two (2) stents per family per annum unless PMB
Internal Sphincters and Stimulators Subject to overall Prosthesis limit.	100% of Negotiated Tariff* Subject to available limits	100% of Negotiated Tariff* Subject to available limits
Other clinically appropriate unspecified Prosthetic items Subject to overall Prosthesis limit.	100% of Negotiated Tariff* Subject to available limits	100% of Negotiated Tariff* Subject to available limits
External Prosthesis Artificial limb, Breast, Ocular, Taylor Spatial frame, External fixator, Mesh. Subject to overall Prosthesis limit.	100% of Negotiated Tariff* Subject to benefit limit	100% of Negotiated Tariff* Subject to benefit limit



OUT-OF-HOSPITAL BENEFITS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Day-to-Day benefits include GPs, Specialists, Physiotherapy, Pathology and Acute medication (excluding Psychiatrist) (includes virtual and in-room consultations). Subject to PMBs and Managed Care Protocols.	100% of Scheme Tariff* Limited to Member: R7 589.40 Member +1: R11 239.20 Member +2: R13 152.30 Member +3: R15 041.25 Member +4: R16 953.30 Member +5: R18 853.80 Member +6: R20 742.75	100% of Scheme Tariff* Limited to Member: R7 589.40 Member +1: R11 239.20 Member +2: R13 152.30 Member +3: R15 041.25 Member +4: R16 953.30 Member +5: R18 853.80 Member +6: R20 742.75
General Practitioners and Specialist (include virtual and in-room consultations). Subject to PMBs and Managed Care Protocols.	100% of Scheme Tariff* Subject to Day-to-Day limit	100% of Scheme Tariff* Subject to Day-to-Day limit
Psychology & Psychiatry Treatment Limited to Psychiatrists, Clinical and Counselling Psychologists. Subject to PMB's and referral from GP or Specialist, failure to do so will result in non-payment of claims. Subject to confirmed diagnosis, treatment plan and Managed Care Protocols.	100% of Scheme Tariff* Limit: R6 919.50 per family per annum	100% of Scheme Tariff*. Limit: R6 919.50 per family per annum
Basic Radiology Subject to PMBs and Managed Care Protocols. Subject to Day-to-Day limit.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Advanced/Specialised Radiology: (MRI/CAT scan/ Angiogram) Joint benefit In- and Out-of-Hospital Subject to pre-authorisation, Managed Care Protocols and Specialist referral. Paid from Risk.	100% of Negotiated Tariff* Combined limit: R24 975.30 per family per annum 10% co-payment applicable for non-PMB MRI and CT scan	100% of Negotiated Tariff* Combined limit R24 975.30 per family per annum 10% co-payment applicable for non-PMB MRI and CT scan
Pathology Subject to PMBs and Managed Care Protocols. Subject to Day-to-Day limit.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Medicine and Materials Benefit Subject to PMB, Formularies and clinical protocols Overall Day-to-Day limit applies	100% of Reference Price*	100% of Reference Price*
Acute Medicines Subject to Day-to-Day limits	Overall Acute Medicine limit: Member: R2 368.80 Member +1: R4 270.35 Member +2: R4 751.25 Member +3: R5 385.45 Member +4: R5 536.65 Member +5: R5 841.15 Member +6: R6 323.10	Overall Acute Medicine limit: Member: R2 368.80 Member +1: R4 270.35 Member +2: R4 751.25 Member +3: R5 385.45 Member +4: R5 536.65 Member +5: R5 841.15 Member +6: R6 323.10
Contraceptives (including Mirena device) Subject to Day-to-Day limit Managed Care Protocols and Formulary*.	Limit R3 497.55 per family per annum	Limit: R3 497.55 per family per annum
Pharmacy Advised Treatment (PAT)/ Over the Counter Medication Subject to overall Acute Medicine benefit. Includes consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines and listed Vitamins.	Limited to R2 442.30 per family per annum Maximum R181 per script	Limited to R2 442.30 per family per annum Maximum R181 per script



OUT-OF-HOSPITAL BENEFITS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Chronic Medicines Subject to clinical protocol, medicine formulary*, pre-authorisation and the use of Pharmacy Preferred Provider Networks.	100% of Reference Price*	100% of Reference Price*
PMB Chronic Disease List Medicines Subject to registration on the Chronic Medicine programme, Subject to renewal of prescription every six months.	100% of Reference Price* Unlimited	100% of Reference Price* Unlimited
Other Chronic (Non CDL) Medicine	No Benefit	No Benefit
OPTICAL BENEFITS Benefit applicable to members who utilise the Scheme's DSP Optometrists only. One claim per beneficiary every 24 months.		
Eye Tests	100% of DSP Tariff*	100% of DSP Tariff*
Contact Lenses Contact lenses cannot be claimed with spectacles lenses and frames.	100% of DSP Tariff*. Limited to R1 698	100% of DSP Tariff*. Limited to R1 698
Spectacle Lenses One (1) claim per beneficiary every 24 months	Single vision Lens: R247.32 per lens Or Bi-Focal Lens: R536.76 per lens Or Multi Focal Lens: R536.76 per lens	Single vision Lens: R247.32 per lens Or Bi-Focal Lens: R536.76 per lens Or Multi Focal Lens: R536.76 per lens
Frames A frame cannot be claimed alone or with contact lenses.	100% of DSP Tariff* Limited to R770	100% of DSP Tariff* Limited to R770
DENTAL BENEFITS Benefit applicable to members who utilise the Scheme's DSP network Only. Paid from Risk.		
Conservative Dentistry (Dentist and Dental Therapist)	100% of Scheme Tariff	100% of Scheme Tariff
Consultations, Fillings, Extractions	Consultations: Two (2) annual check-ups per beneficiary (once in six (6) months) Fillings: Once per tooth in nine (9) months	Consultations: Two (2) annual check-ups per beneficiary (once in six (6) months) Fillings: Once per tooth in nine (9) months
Root Canal treatment included in conservative dentistry	Root canal treatment: Managed Care Protocols apply. Excludes wisdom teeth (third molars) and primary (milk) teeth	Root canal treatment: Managed Care Protocols apply. Excludes wisdom teeth (third molars) and primary (milk) teeth
Preventative Scale and Polish	Preventative care: Two (2) annual Scale and Polish treatments per beneficiary (once in six (6) months)	Preventative care: Two (2) annual Scale and Polish treatments per beneficiary (once in six (6) months)
Infection Control	Yes	Yes
Fissure Sealant	Limited to beneficiaries younger than 16 years of age	Limited to beneficiaries younger than 16 years of age
Fluoride Treatment (Fluoride Treatment is limited to beneficiaries from age five (5) up to the age of 13 years)	Yes	Yes
Conscious Sedation (limited to beneficiaries below the age of 16 years)	Inhalation sedation: 100% Scheme rate; subject to Managed Care Protocols	Inhalation sedation: 100% Scheme rate; subject to Managed Care Protocols



OUT-OF-HOSPITAL BENEFITS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
DENTAL BENEFITS (continued) Benefit applicable to members who utilise the Scheme's DSP network Only. Paid from Risk.		
Dental X-rays	Intra-oral: subject to Managed Care Protocols. Extra-oral: One (1) scan per beneficiary in a two (2) year period	Intra-oral: subject to Managed Care Protocols. Extra-oral: One (1) scan per beneficiary in a two (2) year period
Advanced Dentistry. Paid from Risk (e.g. Crowns & Bridgework, Dentures, Orthodontics, etc.) Removal of impacted wisdom teeth and non-surgical Periodontics. Subject to pre-authorisation and Managed Care Protocols.	100% of Scheme Tariff* (Benefit excludes partial metal frame dentures, Crowns and bridges, Implants, Orthodontics). Subject to pre-authorisation and Managed Care Protocols	100% of Scheme Tariff* (Benefit excludes partial metal frame dentures, Crowns and bridges, Implants, Orthodontics).
Orthodontics: Pre-authorisation is required. Limited to beneficiaries up to 21 years of age. Subject to pre-authorisation and Managed Care Protocols	100% of Scheme Tariff*	100% of Scheme Tariff*
Periodontics: Subject to registration on the Periodontal Programme. Pre-authorisation is required.	Benefit for fixed comprehensive Orthodontic treatment is limited to individuals from age nine (9) to younger than 21 years of age. Subject to registration on the Periodontal Programme. Limited to conservative, non-surgical therapy only (root planning)	Benefit for fixed comprehensive Orthodontic treatment is limited to individuals from age nine (9) to younger than 21 years of age. Subject to registration on the Periodontal Programme. Limited to conservative, non-surgical therapy only (root planning)
Surgical Periodontics	No Benefit	No Benefit
Dental Implants	No Benefit	No Benefit
Partial Metal Frame Dentures Members older than 16 years	Limited to conservative, non-surgical therapy only (root planning) (Excluding Surgical Periodonticss).	Limited to conservative, non-surgical therapy only (root planning) (Excluding Surgical Periodonticss).
Acrylic (Plastic) Dentures Members older than 16 years	100% of Scheme Tariff* One (1) set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a four (4) year period	100% of Scheme Tariff* One (1) set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a four (4) year period



OUT-OF-HOSPITAL BENEFITS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
<p>Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorisation and Managed Care Protocols.</p> <p>Benefit for Temporo-mandibular Joint (TMJ) therapy is limited to non-surgical intervention/ treatments.</p> <p>The claims for 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>	100% of Scheme Tariff*	100% of Scheme Tariff*
OTHER SERVICES/ AUXILIARY BENEFITS		
<p>Allied Services Include Homeopathy, Naturopathy, Chiropractor. Subject to pre-authorisation, PMBs and Managed Care Protocol.</p>	100% of Scheme Tariff* Limit: R1 344 per beneficiary per annum	100% of Scheme Tariff* Limit: R1 344 per beneficiary per annum
<p>Alternative Services /Therapies Includes Speech Therapy, Occupational Therapy, Social Worker, Dietetics, Podiatry, Prosthetist, Orthotist, Audiologist, Educational Psychologist and Registered Counsellor. Subject to pre-authorisation, PMBs and Managed Care Protocols.</p>	100% of Scheme Tariff*. M: R1 356.60 M+: R2 178.75	100% of Scheme Tariff* M: R1 356.60 M+: R2 178.75
<p>Physiotherapy and Biokinetics Subject to PMBs, pre-authorisation, Managed Care rules and clinical protocols.</p>	100% of Scheme Tariff	100% of Scheme Tariff
<p>Clinical and Medical Technologist Subject to PMBs, pre-authorisation, Managed Care rules and clinical protocols.</p>	100% of Scheme Tariff*	100% of Scheme Tariff*
MEDICAL APPLIANCES BENEFIT		
<p>Subject to pre-authorisation and clinical criteria (Callipers, Nebulizer, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, etc.)</p>	100% of Negotiated Tariff* Limits M: R1 355.55 M+: R2 177.70	100% of Negotiated Tariff* Limits M: R1 355.55 M+: R2 177.70
<p>Blood Pressure Monitors Subject to registration on the Diseases Management Programme (For beneficiaries registered for Hypertension).</p>	Sub-limit: R659.40	Sub-limit: R659.40 for beneficiaries registered for Hypertension
<p>Hearing Aids: Subject to pre-authorisation. One (1) pair of hearing unit (one (1) per ear) per beneficiary every four (4) years from date of acquisition.</p>	100% of Negotiated Tariff Limit: R20 045.55 per family per annum	100% of Negotiated Tariff Limit: R20 045.55 per family per annum
<p>Non-motorised wheelchairs One (1) per family every four-year cycle.</p>	Family Limit: R2 508.45	Family Limit: R2 508.45
AIR/ROAD AMBULANCE & EMERGENCY SERVICES		
<p>Air/Road Ambulance & Emergency Services 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.</p> <p>Non-Emergency Air/Road services such as medical repatriation or clinically appropriate inter-facility transfers must be pre-authorised.</p>	100% of Negotiated Tariff*	100% of Negotiated Tariff*



SIZWE HOSMED BAMBINO PROGRAMME

Sizwe Hosmed cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. The Scheme offers a free maternity bag with baby goodies, to pregnant women registered on the Bambino Programme.

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme Subject to Managed Care Protocols including Pre-authorisation and Case management.	100% of Scheme Tariff*	100% of Scheme Tariff*
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*	100% of Scheme Tariff*
Delivery Delivery: 100% of the cost for the delivery by a general practitioner, medical Specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required.	100% of Scheme Tariff*	100% of Scheme Tariff*
Maternity Ultrasound(s)	Two (2) 2D scan per pregnancy	Two (2) 2D scan per pregnancy
Maternity Visit(s)	Additional ten (10) antenatal visits at either a midwife, GP or Specialist per pregnancy, six (6) either with a GP, Midwife and four (4) with a Specialist Obstetrician.	Additional ten (10) antenatal visits at either a midwife, GP or Specialist per pregnancy, six (6) either with a GP, Midwife and four (4) with a Specialist Obstetrician.
Antenatal Pathology Screening	Limited to: <ul style="list-style-type: none"> Two (2) Haemoglobin Measurement test. One (1) Blood Grouping test. One (1) Rhesus Factor. One (1) VDRL test for Syphilis. Two (2) HIV blood tests. 12 urine analysis tests. One (1) Full blood count (FBC) test. One (1) Hepatitis S Ag test. One (1) Toxoplasmosis test. One (1) Rubella test. Vitamins Limit: R283.50 per pregnancy paid from Risk	Limited to: <ul style="list-style-type: none"> Two (2) Haemoglobin Measurement test. One (1) Blood Grouping test. One (1) Rhesus Factor. One (1) VDRL test for Syphilis. Two (2) HIV blood tests. 12 urine analysis tests. One (1) Full blood count (FBC) test. One (1) Hepatitis S Ag test. One (1) Toxoplasmosis test. One (1) Rubella test Vitamins Limit: R283.50 per pregnancy paid from Risk
Antenatal Supplements (Vitamins)		



PREVENTATIVE CARE BENEFIT

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Wellness Screening/ Health Risk Assessments (Paid from Risk)	100% of Scheme Tariff* Wellness consultation limit: R1 963.50	100% of Scheme Tariff* Wellness consultation limit: R1 963.50
Adult Health	<ul style="list-style-type: none"> One (1) free Blood Sugar Test over 15 Years per beneficiary per annum One (1) free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum One (1) Diabetic Eye Screening test One (1) Diabetic Foot Examination One (1) free Cholesterol Test over 20 Years per beneficiary per annum One (1) free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age One (1) free Colon Cancer Blood Test over 50 years per beneficiary per annum One (1) free lung cancer screening above 55 years per annum One (1) free skin cancer screening per beneficiary per annum above 55 years One (1) free BMI screening per beneficiary per annum 	<ul style="list-style-type: none"> One (1) free Blood Sugar Test over 15 Years per beneficiary per annum One (1) free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum One (1) Diabetic Eye Screening test One (1) Diabetic Foot Examination One (1) free Cholesterol Test over 20 Years per beneficiary per annum One (1) free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age One (1) free Colon Cancer Blood Test over 50 years per beneficiary per annum One (1) free lung cancer screening above 55 years per annum One (1) free skin cancer screening per beneficiary per annum above 55 years One (1) free BMI screening per beneficiary per annum
Women's Health	<ul style="list-style-type: none"> One (1) free Pap Smear for Females over 18 Years per beneficiary per Annum One (1) Free Mammogram for Females over 40 Years per beneficiary per Annum 	<ul style="list-style-type: none"> One (1) free Pap Smear for Females over 18 Years per beneficiary per Annum One (1) free Mammogram for Females over 40 Years per beneficiary per Annum
Men's Health	<ul style="list-style-type: none"> One (1) free PSA for Males over 40 Years per beneficiary per Annum 	<ul style="list-style-type: none"> One (1) free PSA for Males over 40 Years per beneficiary per Annum
Child Health	<ul style="list-style-type: none"> One (1) free heart screening for babies under two (2) years old One (1) free hearing and vision screening for babies under two (2) years old One (1) free HPV vaccination per beneficiary between nine (9) and 12 years of age Child Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age 	<ul style="list-style-type: none"> One (1) free heart screening for babies under two (2) years old One (1) free hearing and vision screening for babies under two (2) years old One (1) free HPV vaccination per beneficiary between nine (9) and 12 years of age Child Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age



PREVENTATIVE CARE BENEFIT

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Vaccinations (Other)	<ul style="list-style-type: none"> Free Covid-19 Vaccination per beneficiary per annum One (1) free Flu Vaccine per beneficiary per Annum One (1) free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum 	<ul style="list-style-type: none"> Free Covid-19 Vaccination per beneficiary per annum One (1) free Flu Vaccine per beneficiary per Annum One (1) free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/Aids Benefit 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.	100% of Scheme Tariff*	100% of Scheme Tariff*
COVID-19 Subject to PMBs and Managed Care Protocols.	100% of Scheme Tariff*	100% of Scheme Tariff*



VALUE PLATINUM PLAN

IN-HOSPITAL ASSOCIATED BENEFITS

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.

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
Overall Annual Limit	No Overall Annual Limit	No Overall Annual Limit
In-Hospital PMBs 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. A 30% penalty will be imposed for non-emergency late pre-authorisations.	Unlimited	Unlimited Only at DSP
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) 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.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
In-Hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and Scheme rules.	100% Scheme Tariff*	100% Scheme Tariff
Laparoscopic procedures: hospitalisation and associated costs Subject to PMBs, pre-authorization and Managed Care Protocols. No co-payment applicable when procedure performed in a Day Hospital or as a Day Case. Procedures done In-Hospital will attract a 20% co-payment* with exception of Diagnostic laparoscopy, Aspiration/excision Ovarian Cyst, Lap-appendicectomy and repair of recurrent or Bilateral Inguinal Hernias.	100% of Scheme Tariff*	100% of Scheme Tariff*
Major In-Hospital Medical Services and Procedures Subject to PMB, 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.	100% of Negotiated Tariff*	100% of Negotiated Tariff* Surgical procedures: up to 300% scheme tariff
Back and Neck Surgery Subject to PMB, pre-authorization, clinical protocols and Scheme rules. Subject to adherence to conservative back and neck treatment. A co-payment of R5 000 is applicable to all non-PMB back and neck surgeries	100% of Scheme Tariff*	100% of Scheme Tariff
Organ Transplant Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorization, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of Negotiated Tariff*	100% of Negotiated Tariff*



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
Stereotactic Radio-Surgery Subject to PMBs, pre-authorisation, Managed Care Protocols and Scheme rules. Primary Central Nervous System Tumours only	100% of Scheme Tariff	100% of Scheme Tariff
Male Sterilisation/ Vasectomy Subject to PMBs and pre-authorisation at Day Clinic or as Day Case.	100% of Negotiated Tariff Limited to R19 263.30 per beneficiary per annum	100% of Negotiated Tariff Limited to R19 263.30 per beneficiary per annum
Female Sterilisation/ Tubal Ligation Subject to PMBs and pre-authorisation at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limited to R19 263.30 per beneficiary per annum	100% of Negotiated Tariff* Limited to R19 263.30 per beneficiary per annum
Dental Hospitalisation General In-Hospital benefit rules apply Subject to PMBs, pre-authorisation, treatment protocols and the use of DSP. 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 annum. Removal of symptomatic impacted wisdom teeth covered only as Day Case at a day hospital.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Maxillo-Facial and Oral Surgery Subject to PMBs, pre-authorisation, treatment protocols and Scheme rules. Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/treatments. 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.	100% of Scheme Tariff*	100% of Scheme Tariff*
Medicine items and Pharmaceutical Products including (consumables used In-Hospital and theatre) Subject to PMB, Medicine Formulary, use of pharmacy network(s)	100% Negotiated Tariff*	100% Negotiated Tariff*
Medicine to take home after discharge, (TTO) Subject to valid script and formulary*	Limited to seven (7) days medicine supply, Non PMBs, subject to MSA* benefit limit.	Limited to seven (7) days medicine supply, Non PMBs, subject to MSA* benefit limit.
Oncology Subject to the use of Oncology DSP. Enhanced oncology DSP* protocols apply. Subject to PMB, pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of DSP Tariff* Oncology limit: R601 965 per beneficiary per annum Benefits utilisation more than R601 965 per beneficiary per annum will be subject to 20% co-payment	100% of DSP Tariff* Limit: R601 965 per beneficiary per annum Benefits utilisation more than R601 965 per beneficiary per annum will be subject to 20% co-payment
Non-Cancer Specialised Drugs Benefits (including Biologicals). Subject to PMBs pre-authorisation, managed care and treatment guidelines and Formulary. Subject to the utilisation of a DSP.	Subject to overall oncology limit R601 965	No Benefit



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
Renal Dialysis: (Includes Peritoneal and Haemodialysis) Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to the use of DSP. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme.	100% Negotiated Tariff*	100% Negotiated Tariff*
Infertility Subject to PMBs, pre-authorisation and Managed Care Protocols. All investigations covered at a DSP hospital. Department of Health protocols apply	100% of Scheme Tariff*	100% of Scheme Tariff*
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol. Applicable to members 55 years and above.	100% of Scheme Tariff*	100% of Scheme Tariff*
Blood Transfusion Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Scheme Tariff*	100% of Scheme Tariff*
Radiology (In-Hospital) Subject to PMBs, pre-authorisation, Managed Care protocols and Scheme rules.	100% of Scheme Tariff*	100% of Scheme Tariff*
Basic Radiology	100% of Scheme Tariff*	100% of Scheme Tariff*
Advanced /Specialised Radiology CT scan, PET scan, MUGA, MRI, etc.: Joint benefit In and Out-of-Hospital, Pre- authorisation and Specialist referral required.	Overall combined In- and Out-of-Hospital Specialised Radiology limit of R37 963.80 per family per annum. R1 653.75 co-payment per scan event except for PMBs.	Overall combined In- and Out-of-Hospital Specialised Radiology limit of R37 963.80 per family per annum R1 653.75 co-payment per scan event except for PMBs.
Radio Isotope Studies Pre-authorisation and Specialist referral required.	100% of Scheme Tariff*	100% of Scheme Tariff*
Interventional Radiology Included in the specialised Radiology benefit. Subject to pre-authorisation and Managed Care Protocols	100% of Scheme Tariff*	100% of Scheme Tariff*
Pathology (In-Hospital) Subject to PMBs and Managed Care Protocols.	100% of Scheme Tariff*	100% of Scheme Tariff*
Physiotherapy & Biokinetics (In-Hospital) Subject to PMBs, Managed Care Protocols, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period.	100% of Scheme Tariff*	100% of Scheme Tariff*
Dietitian & Occupational Therapy (In-Hospital) Subject to PMBs, Managed Care Protocols, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period.	100% of Scheme Tariff*	100% of Scheme Tariff*
Drug and Alcohol Rehabilitation Subject to PMBs, Managed Care Protocols and pre-authorisation. Benefit limits apply. Subject to Preferred Provider Networks.	100% of Scheme Tariff* Maximum three (3) days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.	100% of Scheme Tariff* Maximum three (3) days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.
Mental Health benefits (including consultation, ward fees, related medicines, therapy session with Psychiatrist and Psychologist, etc.). Subject to PMB, pre-authorisation, clinical protocols and Scheme rules. Subject to the Preferred Provider Networks.	100% of Scheme Tariff*	100% of Scheme Tariff*



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
<p>21 days In-Hospital or 15 out-of-hospital sessions per beneficiary which includes Psychiatrist consultations and six (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.</p> <p>Four (4) out-of-hospital visits/ consultations in lieu of hospitalisation is allowed subject to Managed Care Protocols. Additional hospitalisation subject to motivation by the medical practitioner.</p>	<p>Subject to available benefits of R48 620.25 per beneficiary per admission at R2 315.25 per day.</p>	<p>Limited to R48 620.25 per beneficiary per admission at R2 315.25 per day.</p>
<p>Non-PMB Psychiatric treatment Admissions are limited to failed out-patient management as per Managed Care protocols.</p>	<p>Sub-limits (non-PMB) Physiotherapy: R2 100 per beneficiary annum.</p>	<p>Sub-limits (non-PMB) Physiotherapy: R2 100 per beneficiary annum.</p>
<p>Physiotherapy and Occupational Therapy during Psychiatric admission subject to sub-limit.</p>	<p>Occupational Therapy: R1 470 per beneficiary per annum.</p>	<p>Occupational Therapy: R1 470 per beneficiary per annum.</p>
<p>Step-Down Facilities Subject to PMBs, pre-authorisation and Managed Care Protocols at registered step-down and nursing facilities. Subject to the Hospital Benefit Management programme and Disease Management programme.</p>	<p>100% of Scheme Tariff*</p>	<p>100% of Scheme Tariff</p>
<p>Hospice and Private Nursing Subject to PMBs pre-authorisation and Managed Care Protocols at registered step-down facilities, nursing facilities. Subject to case management and registration on the disease management programme. Frail Care is not covered.</p>	<p>100% of Negotiated Tariff* Limit: R9 059.40 per family per annum.</p>	<p>100% of Negotiated Tariff Limit: R9 059.40 per family per annum.</p>
<p>Home Based Care In lieu of hospitalisation. Subject to PMBs, pre-authorisation and Managed Care Protocols.</p>	<p>100% of Negotiated Tariff* Limit: R6 069 per family per year.</p>	<p>100% of Negotiated Tariff* Limit: R6 069 per family per year.</p>
<p>Negative Pressure Wound Therapy Subject to PMBs, pre-authorisation and Managed Care Protocols.</p>	<p>100% of Negotiated Tariff*</p>	<p>100% of Negotiated Tariff*</p>
<p>Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and Managed Care Protocols. Public sector protocols apply.</p>	<p>100% of Negotiated Tariff* Limited to PMBs.</p>	<p>100% of Negotiated Tariff* Limited to PMBs.</p>
<p>Refractive Surgery including Radial Keratotomy Subject to pre-authorisation, PMB Managed Care Protocols.</p>	<p>Limit: R8 439.90 per family per annum.</p>	<p>Limit: R8 439.90 per family per annum.</p>



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
Deductibles* for In-Hospital Procedures	Not applicable	Not applicable
Day Procedures Subject to pre-authorisation, Managed Care Protocols and Scheme rules. A 20% co-payment is applicable if a day procedure is performed at an Acute hospital.	100% Negotiated Tariff*	100% Negotiated Tariff*
Internal and External Prosthesis Subject to PMBs, and pre-authorisation. Subject to overall Prosthesis limit.	Overall Surgical and non-surgical Prosthesis limit R57 015 per family per annum.	Overall Surgical and non-surgical Prosthesis limit R57 015 per family per annum.
Spine Instrumentation and Disc Prostheses including all components and fixation devices for back/spine. Maximum one (1) event per beneficiary per annum.	Two (2) levels per year done in one procedure.	Two (2) levels per year done in one procedure.
Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle)	Joints – hip and knee (partial and total), only one (1) Prosthesis and only one (1) joint per annum.	Joints – hip and knee (partial and total), only one (1) Prosthesis and only one (1) joint per annum.
Aphakic Lenses (Subject to protocol and PMBs)	Limited to R8 439.90	Limited to R8 439.90
Cardiac Stents Subject to overall Prosthesis limit and PMB protocols Cardiac (Pacemaker, internal defibrillators, grafts, valves) subject to overall Prosthesis benefit limit and PMB.	<ul style="list-style-type: none"> Cardiac Stents – One (1) stent per Lesion, maximum three (3) stents per family per annum. Vascular Stents – Two (2) stents per family per annum. 	<ul style="list-style-type: none"> Cardiac Stents – One (1) stent per Lesion, maximum three (3) stents per family per annum. Vascular Stents – Two (2) stents per family per annum.
Internal Sphincters and Stimulators	Subject to overall Prosthesis limit. Subject to PMBs	Limited to PMBs. Subject to overall Prosthesis limit.
Neurostimulators/Internal Nerve Stimulator for Parkinson's Disease	Subject to overall Prosthesis limit. Subject to PMBs	Subject to overall Prosthesis benefit limit
Cochlear Implants	Subject to overall Prosthesis limit. Subject to PMBs	Subject to overall Prosthesis benefit limit
Unlisted Prosthesis	Subject to overall Prosthesis limit. Subject to PMBs	Subject to overall Prosthesis benefit limit
External Prosthesis Artificial Limbs and external prostheses including artificial eyes (PMB protocols apply). Subject to overall Prosthesis limit	Subject to overall Prosthesis limit. Subject to PMBs	Subject to overall Prosthesis benefit limit



OUT-OF-HOSPITAL BENEFITS

Out-of-Hospital Benefits for Day-to-Day are subject to MSA, excluding Scheme Risk benefits as stipulated, which include PMB's, Chronic non- PMB medicine, Advanced Dentistry (See detailing) Air or Road emergency services, Hearing Aids, non-motorised wheelchair, Maternity and Wellness. Benefit limits apply. Subject to PMBs, Evidence Based clinical protocols and medicine formulary*

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
Overall Annual Limit for Out-of-Hospital benefits	Subject to MSA, Self-Payment Gap and Above Threshold Benefits.	Subject to MSA, Self-Payment Gap and Above Threshold Benefits.
Medical Savings Account (22.5%) (GP, Specialists, Acute medicine, Radiology, Pathology and other Out-of-Hospital expenses)	Main Member: R15 072 Adult dependant: R14 160 Child dependant: R4 128	Main Member: R14 328 Adult dependant: R13 728 Child dependant: R3 660
Self-Payment Gap (Excludes Acute Medication)	Main Member: R2 345 Adult dependant: R1 986 Child dependant: R512	Main Member: R2 345 Adult dependant: R1 986 Child dependant: R512
Above Threshold Benefits (Excludes Acute Medication)	Main Member: R6 197 Adult dependant: R3 645 Child dependant: R1 585	Main Member: R6 197 Adult dependant: R3 645 Child dependant: R1 585
CONSULTATIONS		
General Practitioners Subject to PMBs and Managed Care Protocols. Includes virtual consultations.	100% of Scheme Tariff* Paid from MSA and /Above Threshold.	100% of Scheme Tariff* Paid from MSA and /Above Threshold.
Specialists (excluding Psychiatrists) Subject to PMBs and Managed Care Protocols. Includes virtual consultations.	100% of Scheme Tariff* Paid from MSA and /Above Threshold.	100% of Scheme Tariff* Paid from MSA and /Above Threshold.
Psychology & Psychiatry (Psychiatrists, Clinical and Counselling Psychologists) Subject to PMB's, referral from GP or Specialist, confirmed diagnosis, treatment plan and Managed Care Protocols.	100% of Scheme Tariff* Paid from Risk. Limit: R11 026.05 per family per annum.	100% of Scheme Tariff* - Paid from available savings and or Above Threshold Benefits. Limit: R11 026.05 per family per annum.
RADIOLOGY AND PATHOLOGY BENEFIT		
Subject to MSA*, PMBs and clinical protocols and guidelines.	100% of Scheme Tariff* Paid from MSA and /Above Threshold Benefit	100% of Scheme Tariff* Paid from MSA and /Above Threshold Benefit
Basic Radiology Subject to PMBs, clinical protocols and guidelines.	100% of Scheme Tariff*	100% of Scheme Tariff*
Advanced/Specialised Radiology and Interventional Radiology Subject to PMBs, pre-authorisation and Managed Care Protocols. Subject to an overall combined In- and Out-of-Hospital limit, paid from Risk.	Combined In- and Out-of-Hospital benefit, limited to R37 963.80 per family per annum. R1 653.75 co-payment per scan event except for PMBs.	Combined In- and Out-of-Hospital benefit, limited to R37 963.80 per family per annum. R1 653.75 co-payment per scan event except for PMBs.
Interventional Radiology Included in the specialised Radiology benefit. Subject to pre-authorisation and Managed Care Protocols.	100% of Scheme Tariff* Paid from MSA and /Above Threshold Benefit	100% of Scheme Tariff* Paid from MSA and /Above Threshold Benefit.
Pathology Benefits (blood tests, histology and other Pathology tests) Subject to PMBs and clinical protocols and guidelines	100% of Scheme Tariff* Paid from MSA and /Above Threshold Benefit. Above Threshold Benefit limited to R16 537 per family per annum.	100% of Scheme Tariff* Paid from MSA and /Above Threshold Benefit.



OUT-OF-HOSPITAL BENEFIT

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
MEDICINE AND RELATED ITEMS Subject to MSA, Reference Pricing and available limits.		
Medicine Items and Materials Subject to PMB, medicine formulary, registration on the Chronic Medicine programme, pre-authorisation and clinical protocols, Formulary and Sizwe Hosmed Pharmacy Network applies.	100% of Reference Price* Paid from MSA and /Above Threshold Benefit (ATB excludes Acute medication).	100% of Reference Price* Paid from MSA and /Above Threshold Benefit.
Acute Medicine & Pharmacy Advised Treatment (PAT) No Above Threshold Benefits.	100% of Reference Price* Paid from MSA.	100% of Reference Price* Paid from MSA.
Contraceptive benefit (Paid from MSA) Subject to Managed Care Protocols and formulary	100% of Reference Price* Limited to R3 497.55 per family per annum. Paid from MSA.	Paid from available savings and/or Above Threshold Benefit. Limited to R3 497.55 per family per annum.
PMB Chronic Disease List Medicines Subject to registration on the Chronic Medicine programme and pre-authorisation with the Schemes Pharmacy Benefit Manager, clinical protocol, medicine formulary*, and the use of Pharmacy Preferred Provider Networks. Where the formulary is not adhered to, a reference price will be applied. Subject to renewal of prescription every six (6) months.	100% of Reference Price* Paid from Risk.	100% of Reference Price* Paid from Risk.
Other Chronic (Non CDL) Medicines Subject to registration on the Chronic Medicine programme, and pre-authorisation treatment protocols and medicine formulary*. Subject to Reference Pricing. Subject to renewal of prescription every six (6) months.	100% of Reference Price* Paid from Risk. Limit: R16 808.40 per family per annum Limited to R8 334.90 per beneficiary per annum.	100% of Reference Price* Paid from Risk. Limit: R16 808 per family per annum. Limited to R8 334.90 per beneficiary per annum.
OPTICAL BENEFITS Paid from MSA. No co-payments applicable at DSP.		
Eye Tests One (1) claim per beneficiary every 24 months.	100% of DSP Tariff* Paid from MSA*	100% of DSP Tariff* Paid from MSA*
Contact Lenses Contact lenses cannot be claimed with spectacles lenses and/or frames. One (1) claim per beneficiary every 24 months.	100% of DSP Tariff* Limited to R2 128.00	100% of DSP Tariff* Limited to R2 128.00
Spectacle Lenses /Enhancements One claim per beneficiary every 24 months.	Single vision Lens: R247.32 per lens or Bi-Focal Lens : R536.76 per lens or Multi Focal Lens: R984.96 per lens	Single vision Lens: R247.32 per lens or Bi-Focal Lens : R536.76 per lens or Multi Focal Lens: R984.96 per lens
Frames A frame cannot be claimed alone or with contact lenses. Frames are claimed with spectacle lenses. One claim per beneficiary every 24 months.	100% of DSP Tariff* Frames: R1 175	100% of DSP Tariff* Frames: R1 175



OUT-OF-HOSPITAL BENEFIT

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
DENTAL BENEFITS Conservative dentistry. Paid from MSA. Advanced dentistry paid from Risk. No co-payments applicable at DSP.		
Conservative Dentistry (Dentist and Dental Therapist)	100% of Scheme Tariff Paid from MSA*	100% of Scheme Tariff Paid from MSA*
Conscious Sedation (limited to beneficiaries below the age of 16 years)	Inhalation sedation: 100% of the Sizwe Hosmed rate; subject to Managed Care Protocols.	Inhalation sedation: 100% of the Sizwe Hosmed rate; subject to Managed Care Protocols.
Consultations, Fillings, Extractions	Consultations: Two (2) annual check-ups per beneficiary (once in six (6) months). Fillings: once per tooth in nine (9) months.	Consultations: Two (2) annual check-ups per beneficiary (once in six (6) months). Fillings: once per tooth in nine (9) months.
Root Canal treatment included in conservative dentistry	Root canal treatment: Managed Care Protocols apply. Excludes wisdom teeth (third molars) and primary (milk) teeth.	Root canal treatment: Managed Care Protocols apply. Excludes wisdom teeth (third molars) and primary (milk) teeth.
Preventative Scale and Polish	Preventative care: Two (2) annual Scale and Polish treatments per beneficiary (once in six (6) months).	Preventative care: Two (2) annual Scale and Polish treatments per beneficiary (once in six (6) months).
Infection Control	Yes	Yes
Fissure Sealant	Limited to beneficiaries younger than 16 years of age.	Limited to beneficiaries younger than 16 years of age.
Fluoride Treatment (limited to beneficiaries up to the age of 13 years)	Fluoride Treatment is limited to beneficiaries from age five (5) up to the age of 13 years.	Fluoride Treatment is limited to beneficiaries from age five (5) up to the age of 13 years.
Dental X-rays Subject to dental treatment protocols and pre- authorisation for extensive treatment	Intra-oral: subject to Managed Care Protocols. Panoramic Radiographs: limited to one (1) per beneficiary every 24 months. Extra-oral: One (1) scan per beneficiary in a two (2) year period.	Intra-oral: subject to Managed Care Protocols. Panoramic Radiographs: limited to one (1) per beneficiary every 24 months. Extra-oral: One (1) scan per beneficiary in a two (2) year period.



OUT-OF-HOSPITAL BENEFITS

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
Advanced Dentistry. Paid from Risk (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and non-surgical) Subject to pre-authorisation and Managed Care Protocols.	Crowns and bridges: Pre- authorisation is required. One (1) crown per family per year Once per tooth in a five-year period.	Crowns and bridges: Pre- authorisation is required. One (1) crown per family per year Once per tooth in a five-year period.
Orthodontics	Pre-authorisation is required. A 35% co-payment is applicable. Benefit for fixed comprehensive treatment is limited to individuals from age nine (9) up to the age of 21 years.	Pre-authorisation is required. A 35% co-payment is applicable. Benefit for fixed comprehensive treatment is limited to individuals from age nine (9) up to the age of 21 years.
Periodontics	Subject to registration on the Periodontal Programme Limited to conservative, non-surgical therapy only (root planning) Surgical Periodontics: No Benefit	Subject to registration on the Periodontal Programme Limited to conservative, non-surgical therapy only (root planning) Surgical Periodontics: No Benefit
Dental Implants Only at DSP, subject to pre-authorisation and MSA. Related lab fees and implant crown to be paid from Specialised Dentistry	One (1) implant per beneficiary per during a five-year period Limit: R17 199 ; limited per beneficiary during a five-year period	One (1) implant per beneficiary per during a five-year period Limit: R 7 199 ; limited per beneficiary during a five-year period
Partial Metal Frame Dentures Members older than 16 years	Partial chrome cobalt dentures: Two (2) partial frames (an upper and a lower) per beneficiary during a five-year period, limited to one (1) beneficiary in per year.	Partial chrome cobalt dentures: Two (2) partial frames (an upper and a lower) per beneficiary during a five-year period, limited to one (1) beneficiary in per year.
Acrylic (Plastic) Dentures Members older than 16 years	Plastic dentures: One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a -year period, subject to pre-authorisation	Plastic dentures: One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a four-year period, subject to pre-authorisation
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorisation and managed protocols. Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/ treatments. The claims for 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.	100% of Scheme Tariff*	100% of Scheme Tariff



OUT-OF-HOSPITAL BENEFITS

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
OTHER SERVICES/ AUXILIARY BENEFITS – Part of the Overall Day-to-Day paid from MSA*		
Allied Services Subject to pre-authorization, PMBs and Managed Care Protocol Includes: Homeopathy, Naturopathy, Chiropractor.	100% Scheme Tariff*. Paid from MSA and/or Above Threshold limit Limited to R1 736.70 per beneficiary per annum.	100% Scheme Tariff*. Paid from MSA and/or Above Threshold Benefit Limited to R1 736.70 per beneficiary per annum.
Alternative Services /Therapies Subject to pre-authorization, PMBs and Managed Care Protocols: Include: Speech Therapy; Occupational Therapy; Social Worker; Dietetics; Podiatry, Prosthetist, Orthotist, Audiologist, Educational Psychologist and registered Counsellor.	100% of Scheme Tariff*. Paid from MSA and/or Above Threshold Benefit limited to: M: R2 013.90 M+: R3 533.25	100% of Scheme Tariff*. Paid from MSA and/or Above Threshold Benefit limited to: M: R2 013.90 M+: R3 533.25
Physiotherapy & Biokinetics Subject to pre-authorization, PMBs and Managed Care Protocols.	Paid from MSA and/or Above Threshold Benefit	Paid from MSA and/or Above Threshold Benefit
Clinical and Medical Technologist Subject to pre-authorization, PMBs and Managed Care Protocol.	100% Scheme Tariff* Paid from MSA and/or Above Threshold Benefit	100% Scheme Tariff* Paid from MSA and/or Above Threshold Benefit
MEDICAL APPLIANCES BENEFIT Subject to available MSA, Clinical Protocols and Guidelines		
Callipers, Nebulizer, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, etc.) Subject to pre-authorization, clinical criteria and benefit limits.	100% of Negotiated Tariff* Paid from MSA and/or Above Threshold Benefit Limited to M: R2 013.90 M+: R3 533.25	100% of Negotiated Tariff* Paid from MSA and/or Above Threshold Benefit Limited to M: R2 013.90 M+: R3 534.30
Blood Pressure Monitors Subject to registration on the Disease Management Programme (for beneficiaries registered for Hypertension)	Sub-limit R659.40 Subject to MSA	Sub-limit R659.40
Hearing Aids Paid from Risk One (1) pair of hearing unit (one (1) per ear) per beneficiary every three (3) years from date of acquisition	100% of Negotiated Tariff Annual family limit: R16 042.95 Family Limit: R4 207.35 per cycle	100% of Negotiated Tariff Annual family limit: R16 042.95 Family Limit: R4 207.35 per cycle
Non-Motorised Wheelchairs Paid from Risk One per family every four-year cycle.		
AIR/ROAD AMBULANCE & EMERGENCY SERVICES		
Air/Road Ambulance & Emergency Services Subject to pre-authorization and Managed Care Protocols. Authorisation for emergency transportation should be obtained within 72 hours. The Schemes 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 inter-facility transfers) must be pre-authorized.	100% of Negotiated Tariff*	100% of Negotiated Tariff*



SIZWE HOSMED BAMBINO PROGRAMME

SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. The Scheme offers a free maternity bag with baby goodies to pregnant women registered on the Bambino Programme

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme. Subject to Managed Care Protocols including Pre-authorisation and Case management.	100% of Scheme Tariff*	100% of Scheme Tariff*
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*	100% of Scheme Tariff*
Delivery 100% of the cost for the delivery by a general practitioner, medical Specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required.	100% of Scheme Tariff*	100% of Scheme Tariff*
Maternity Ultrasound(s) Subject to registration on the maternity programme.	One (1) 3D scan and one (1) 2D scan per pregnancy, excluding diagnostic sonar	One (1) x 3D scan and one (1) x 2D scan per pregnancy, excluding diagnostic sonar.
Maternity Visit(s)	Additional ten (10) antenatal visits at either a midwife, GP or Specialist per pregnancy, six (6) either with a GP, Midwife and four (4) with a Specialist Obstetrician.	Additional ten (10) antenatal visits at either a midwife, GP or Specialist per pregnancy, six (6) either with a GP, Midwife and four (4) with a Specialist Obstetrician.
Antenatal Pathology Screening	Limited to: <ul style="list-style-type: none"> Two (2) Haemoglobin Measurement test . One (1) Blood Grouping test. One (1) Rhesus Factor One (1) VDRL test for Syphilis. Two (2) HIV blood tests. 12 Urine analysis tests. One (1) Full blood count (FBC) test. One (1) Hepatitis S Ag test. One (1) Toxoplasmosis test. One (1) Rubella test 	Limited to: <ul style="list-style-type: none"> Two (2) Haemoglobin Measurement test . One (1) Blood Grouping test. One (1) Rhesus Factor One (1) VDRL test for Syphilis. Two (2) HIV blood tests. 12 Urine analysis tests. One (1) Full blood count (FBC) test. One (1) Hepatitis S Ag test. One (1) Toxoplasmosis test. One (1) Rubella test
Antenatal Supplements Vitamins	Vitamins Limit: R283.50 per pregnancy paid from Risk.	Vitamins Limit: R283.50 per pregnancy paid from Risk.



PREVENTATIVE CARE BENEFITS

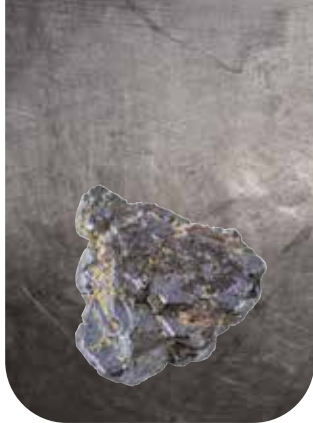
BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
Wellness Screening/ Health Risk Assessments (Paid from Risk)	100% of Scheme Tariff* Wellness consultation limit: R1 963.50	100% of Scheme Tariff* Wellness consultation limit: R1 963.50
Adult Health	<ul style="list-style-type: none"> One (1) free Blood Sugar Test over 15 Years per beneficiary per annum One (1) free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum One (1) Diabetic Eye Screening test One (1) Diabetic Foot Examination One (1) free Cholesterol Test over 20 Years per beneficiary per annum One (1) free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age One (1) free Colon Cancer Blood Test over 50 years per beneficiary per annum One (1) free lung cancer screening above 55 years per annum One (1) free skin cancer screening per beneficiary per annum above 55 years One (1) free BMI screening per beneficiary per annum 	<ul style="list-style-type: none"> One (1) free Blood Sugar Test over 15 Years per beneficiary per annum One (1) free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum One (1) Diabetic Eye Screening test One (1) Diabetic Foot Examination One (1) free Cholesterol Test over 20 Years per beneficiary per annum One (1) free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age One (1) free Colon Cancer Blood Test over 50 years per beneficiary per annum One (1) free lung cancer screening above 55 years per annum One (1) free skin cancer screening per beneficiary per annum above 55 years One (1) free BMI screening per beneficiary per annum
Women's Health	<ul style="list-style-type: none"> One (1) free Pap Smear for Females over 18 Years per beneficiary per Annum One (1) free Mammogram for Females over 40 Years per beneficiary per Annum. 	<ul style="list-style-type: none"> One (1) free Pap Smear for Females over 18 Years per beneficiary per Annum One (1) free Mammogram for Females over 40 Years per beneficiary per Annum.
Men's Health	<ul style="list-style-type: none"> One (1) free PSA for Males over 40 Years per beneficiary per Annum 	<ul style="list-style-type: none"> One (1) free PSA for Males over 40 Years per beneficiary per Annum
Child Health	<ul style="list-style-type: none"> One (1) free heart screening for babies under two (2) years old One (1) free hearing and vision screening for babies under two (2) years old One (1) free HPV vaccination per beneficiary between nine (9) and 12 years of age Child Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age 	<ul style="list-style-type: none"> One (1) free heart screening for babies under two (2) years old One (1) free hearing and vision screening for babies under two (2) years old One (1) free HPV vaccination per beneficiary between nine (9) and 12 years of age Child Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age



PREVENTATIVE CARE BENEFITS

BENEFIT	VALUE PLATINUM	VALUE PLATINUM CORE
Vaccinations (Other)	<ul style="list-style-type: none"> Free Covid-19 Vaccination per beneficiary per annum One (1) free Flu Vaccine per beneficiary per Annum One (1) free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum 	<ul style="list-style-type: none"> Free Covid-19 Vaccination per beneficiary per annum One (1) free Flu Vaccine per beneficiary per Annum One (1) free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/Aids Benefit 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	100% of Scheme Tariff*	100% of Scheme Tariff*
COVID-19 Subject to PMBs and Managed Care Protocols	100% of Scheme Tariff*	100% of Scheme Tariff*





TITANIUM EXECUTIVE PLAN

IN-HOSPITAL ASSOCIATED BENEFITS

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.

BENEFIT	TITANIUM EXECUTIVE
Overall Annual Limit	No Overall Annual Limit
In-Hospital PMBs 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. A 30% penalty will be imposed for non-emergency late pre-authorisations.	Unlimited
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) 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.	100% of Negotiated Tariff*
In-Hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures.	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and Scheme rules.	300% Scheme Tariff
Laparoscopic procedures: hospitalisation and associated costs Subject to PMBs, pre-authorization and Managed Care Protocols. No co-payment applicable when procedure performed in a Day Hospital or as a Day Case. Procedures done In-Hospital will attract a 20% co-payment* with exception of Diagnostic laparoscopy, Aspiration/excision Ovarian Cyst, Lap-appendectomy and repair of recurrent or Bilateral Inguinal Hernias.	100% of Scheme Tariff*
Major In-Hospital Medical Services and Procedures Subject to PMB, 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.	100% of Negotiated Tariff* Surgical procedures: up to 300% Scheme Tariff
Back and Neck Surgery Subject to PMB, pre-authorization, clinical protocols and Scheme rules. Subject to adherence to conservative back and neck treatment. A co-payment of R5 000 is applicable to all non-PMB back and neck surgeries.	100% of Scheme Tariff
Organ Transplant Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorization, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of Negotiated Tariff*
Stereotactic Radio-Surgery Subject to PMBs, pre-authorization, Managed Care Protocols and Scheme rules.	100% of Scheme Tariff*
Male Sterilisation/ Vasectomy Subject to PMBs and pre-authorization at Day Clinic or as Day Case.	100% of Scheme Tariff*
Female Sterilisation/ Tubal Ligation Subject to PMBs and pre-authorization at Day Clinic or as Day Case.	100% of Scheme Tariff*



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	TITANIUM EXECUTIVE
<p>Dental Hospitalisation General In-Hospital benefit rules apply. Subject to PMBs, pre-authorisation, treatment protocols.</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 annum.</p> <p>Removal of symptomatic impacted wisdom teeth covered only as Day Case at a day hospital.</p>	100% of Negotiated Tariff*
<p>Maxillo-Facial and Oral Surgery Subject to PMBs, pre-authorisation, treatment protocols and Scheme rules.</p> <p>Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/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>	100% of Scheme Tariff*
<p>Medicine Items and Pharmaceutical Products including (consumables used In-Hospital and theatre) Subject to PMB, Medicine Formulary, use of pharmacy network(s).</p>	100% Negotiated Tariff*
<p>Medicine to take home after discharge, (TTO) Subject to valid script and formulary*. Paid from hospital benefit.</p>	Limited to seven (7) days medicine supply.
<p>Oncology Subject to the use of oncology DSP*. Enhanced oncology DSP* protocols apply. Subject to PMB, pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.</p>	<p>100% of DSP Tariff* Unlimited Oncology treatment for PMBs</p> <p>Benefit utilisation above R752 456.25 per beneficiary per annum will be subject to 20% co-payment for non PMBs</p>
<p>Non-Cancer Specialised Drugs Benefits (incl. Biologicals) Subject to PMBs pre-authorisation, Managed Care Protocols and treatment guidelines. Subject to Medicine Formulary and Reference Pricing.</p>	Limited to R150 491.25 per beneficiary per annum.
<p>Renal Dialysis: (Includes peritoneal and haemodialysis) Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme</p>	100% of Negotiated Tariff*
<p>Infertility Subject to PMBs, pre-authorisation and Protocols. All investigations for an infertility condition will be covered in a DSP hospital. Department of Health protocols apply</p>	100% of Scheme Tariff
<p>Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation, managed care protocol and Scheme formulary*. Applicable to members 55 years and above</p>	100% of Negotiated Tariff
<p>Blood Transfusions Subject to PMBs, pre-authorisation, Managed Care protocols and Scheme rules.</p>	100% of Scheme Tariff



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	TITANIUM EXECUTIVE
Radiology (In-Hospital) Subject to PMBs, pre-authorisation, Managed Care protocols and Scheme rules.	100% of Scheme Tariff
Basic Radiology	100% of Scheme Tariff
Advanced /Specialised Radiology CT scan, PET scan, MUGA, MRI, etc.: Joint benefit In and Out-of-Hospital, Pre-authorisation and Specialist referral required.	Overall combined In- and Out-of-Hospital Specialised Radiology limit of R49 936.95 per family per annum.
Radio Isotope Studies: Pre-authorisation and Specialist referral required.	R1 653.75 co-payment per scan event except for PMBs.
Interventional Radiology With In-Hospital limit, subject to pre-authorisation and clinical protocols.	100% of Scheme Tariff*
Pathology (In-Hospital) Subject to PMBs and Managed Care Protocols.	100% of Negotiated Tariff*
Physiotherapy & Biokinetics (In-Hospital) Subject to PMBs, Managed Care Protocols, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period.	100% of Scheme Tariff*
Dietitian & Occupational Therapy (In-Hospital) Subject to PMBs, Managed Care Protocols, treating doctor referral and pre-authorisation by the Auxiliary service provider during the admission period.	100% of Scheme Tariff*
Drug & Alcohol Rehabilitation Subject to PMBs, Managed Care Protocols and pre-authorisation. Benefit limits apply. Subject to Preferred Provider Network.	100% of Scheme Tariff* Maximum of three (3) days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.
Mental Health benefits (including consultation, ward fees, medicines, therapy session with Psychiatrist and Psychologist, etc.). Subject to PMB, pre-authorisation and clinical protocols and Scheme rules. Subject to Preferred Provider Network. 21 days In-Hospital or 15 out-of-hospital sessions per beneficiary per annum, includes Psychiatrist consultations and six (6) In-Hospital consultations by Clinical Psychologist. Four (4) out -of-hospitals visits/ consultations in lieu of hospitalisation are allowed subject to Managed Care Protocols. Additional hospitalisation subject to motivation by the medical practitioner. Limited to a maximum of three (3) days hospitalisation if admitted by a GP or a Specialist Physician.	100% of Negotiated Tariff* Subject to available benefits of R55 913.55 per beneficiary per admission limited to R2 662.80 per day.
Non-PMB Psychiatric treatment are limited to failed out-patient management as per Managed Care Protocols, Physiotherapy and Occupational Therapy during Psychiatric admission subject to sub limits for non PMBs.	Sub-limits (non-PMB) Physiotherapy: R2 100 per annum Occupational Therapy: R1 470 per annum
Step-Down Facilities Subject to PMBs pre-authorisation and Managed Care Protocols at registered step-down facilities, nursing facilities. Subject to case management and registration on the disease management programme.	100% of Negotiated Tariff*
Private Nurse	Limit R12 139.05 family per annum
Frail Care	Not covered
Home Based Care In lieu of hospitalisation. Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% of Negotiated Tariff* Limit: R12 139.05 family per annum



IN-HOSPITAL ASSOCIATED BENEFITS

BENEFIT	TITANIUM EXECUTIVE
Negative Pressure Wound Therapy Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% of Negotiated Tariff*
Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and Managed Care Protocols.	100% of Negotiated Tariff*
Internal and External Prosthesis Subject to PMBs, benefits and pre-authorisation.	100% Negotiated Tariff* Overall annual limit of R75 306 per family per annum
Internal Prosthesis Joints – hip and knee (partial internal Prosthesis and total)	One (1) Joint Prosthesis per beneficiary per annum
Spine	Two (2) Spine levels per year done in one procedure
Cardiac Pacemaker, internal defibrillators, grafts, valves, etc.	Cardiac Stents – three (3) stents per family per annum
Vascular Stents	Vascular Stents – Two (2) stents per family per annum
External Prosthesis	100% Negotiated Tariff*
Refractive Surgery Including Radial Keratotomy Subject to benefit limit and PMB protocols apply	100% of Scheme Rate Limit: R23 034.90 per family per annum
Deductible* Applied for In-Hospital Procedures	Not applicable
Day Procedures Subject to pre-authorisation, Managed Care Protocols and Scheme rules.	100% Negotiated Tariff*



OUT-OF-HOSPITAL BENEFITS

Out-of-Hospital Benefits for Day-to-Day are subject to MSA, excluding Scheme Risk benefits as stipulated, which include PMB's, Chronic non- PMB medicine, Advanced.

Dentistry (See detailing) Air or Road emergency services, Hearing Aids, non-motorised wheelchair, Maternity and Wellness. Benefit limits apply. Subject to PMBs, Evidence Based clinical protocols and medicine formulary*

BENEFIT	TITANIUM EXECUTIVE
Overall Annual Limit for Out-of-Hospital benefits	Subject to MSA, Self- Payment Gap and Above Threshold Benefits.
Medical Savings Account (20.8%) (GP, Specialists, Acute medicine, Radiology, Pathology and other Out-of-Hospital expenses)	Main Member: R24 432 Adult dependant: R21 624 Child dependant: R5 004
Self-Payment Gap Excludes Pharmacy Advised Treatment	Main member: R5 335 Adult dependant: R4 422 Child dependant: R2 023
Above Threshold Benefits Excludes Pharmacy Advised Treatment	Applicable Limits: Physiotherapy: R16 700 per family per annum Pathology & Radiology combined: R16 700 per family per annum Acute medicine: Main member: R7 800 per annum Adult dependant: R7 800 per annum Child dependant: R2 442 per annum
General Practitioners (Includes virtual consultations) Subject to PMBs and clinical protocols and guidelines	100% of Scheme Tariff* MSA/Above Threshold
Specialists (Excludes psychiatrists) (Includes virtual consultations) Subject to PMBs and clinical protocols and guidelines	100% of Scheme Tariff* MSA/Above Threshold
Psychology & Psychiatry Treatment Limited to Psychiatrists, Clinical and Counselling Psychologists for mental health disorders. Subject to PMB, referral from GP or Specialist, confirmed diagnosis, treatment plan and Managed Care Protocols. Failure to do so will result in non-payment.	100% of Scheme Tariff* MSA/Above Threshold Limited to R22 110.90 per family
Diagnostic Investigations Subject to PMBs and clinical protocols and guidelines.	100% of Scheme Tariff from available MSA and/or Above Threshold Benefit limit of R16 700 .
Basic Radiology Subject to PMBs, clinical protocols and guidelines	100% of Scheme Tariff*
Advanced/Specialised Radiology Subject to PMBs, pre-authorisation and Managed Care Protocols. Subject to an overall combined In- and Out-of-Hospital limit, paid from Risk	100% of Scheme Tariff* Combined In- and Out-of-Hospital limit of R49 936.95 per family per annum. R1 653.75 co-payment per scan event except or PMBs.
Interventional Radiology Included in the specialised Radiology benefit. Subject to pre-authorisation and Managed Care Protocols, subject to referral by a Specialist.	100% of Scheme Tariff*
Pathology benefits (blood tests, histology and other Pathology tests) Subject to PMBs and clinical protocols and guidelines	Paid from available savings and/or Above Threshold Benefit Above Threshold Benefit limited R16 700 per family per annum
Medicine Items and Materials Subject to PMB, medicine formulary, registration on the Chronic Medicine programme, pre-authorisation and clinical protocols. Formulary and Sizwe Hosmed Pharmacy Network applies to Above Threshold Benefit.	100% of Reference Price*



OUT-OF-HOSPITAL BENEFITS

BENEFIT	TITANIUM EXECUTIVE
Acute Medicine Above Threshold Benefit (ATB) limits apply.	100% of Reference Price* Paid from available MSA and/or Above Threshold Benefit (ATB) ATB limits: Main member: R7 800 per annum Adult dependant: R7 800 per annum Child dependant: R2 442 per annum
Contraceptives benefit Subject to Managed Care Protocols and formulary.	Limit of R3 496.50 per family per annum. Paid from available savings and/or Above Threshold Benefit.
Pharmacy Advised Treatment (PAT) Over the Counter Medication Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines. PAT subject to medicine items and materials benefit limit.	100% of Reference Price* Paid from available savings and/or Above Threshold Benefit. Acute Medicine sub-limit apply
PMB Chronic Disease List Medicines Subject to clinical protocol, medicine formulary*, registration on the Chronic Medicine programme, pre-authorisation and the use of Pharmacy Preferred Provider Networks. Subject to renewal of prescription every six months.	100% of Reference Price* Unlimited.
Other Chronic (Non CDL) Medicines Subject to registration on the Chronic Medicine programme, and pre-authorisation treatment protocols and medicine formulary*. Subject to renewal of prescription every six months.	100% of Reference Price* Paid from Risk. Limited to R33 819.45 per family per annum and R17 688.30 per beneficiary per annum Non-formulary* products will incur a 30% co-payment*, where these are obtained voluntarily by beneficiaries
OPTICAL BENEFITS: Paid from MSA. No co-payments applicable at DSP. One claim per beneficiary every 24 months	
Benefit paid from available savings	100% of DSP Tariff*
Eye Tests	
Contact Lenses No Benefit for contact lenses if spectacle lenses claimed	100% of DSP Tariff*
Spectacle Lenses No Benefit for spectacle lenses if contact lenses claimed	Limited to R2 430 per beneficiary every 24 months R247.32 per Single vision lens or R536.76 per Bi-Focal lens or R984.96 per multi-focal lens
Frames A frame cannot be claimed alone or with contact lenses. No Benefit for frames if contact lenses claimed.	Frames: Limited to R1 489.32 per beneficiary every 24 months



OUT-OF-HOSPITAL BENEFITS

BENEFIT	TITANIUM EXECUTIVE
DENTAL BENEFITS Conservative dentistry paid from MSA. Advanced dentistry paid from Risk. No co-payments applicable at DSP.	
Conservative Dentistry (Dentist and Dental Therapist)	100% of Scheme Tariff*
Consultations, Fillings, Extractions.	Consultations: Two (2) annual check-ups per beneficiary (once in six (6) months) Fillings: once per tooth in nine (9) months.
Root Canal Treatment included in conservative dentistry.	Root canal treatment: Managed Care Protocols apply. Excludes wisdom teeth (third molars) and primary (milk) teeth.
Preventative Scale and Polish	Preventative care: Two (2) annual Scale and Polish treatments per beneficiary (once in six (6) months).
Infection Control	Yes
Fissure Sealant	Limited to beneficiaries younger than 16 years of age.
Fluoride Treatment (limited to beneficiaries up to the age of 13 years).	Fluoride Treatment is limited to beneficiaries from age five (5) up to 13 years of age.
Conscious Sedation for children up to the age of 16 years, Subject to Managed Care Protocols.	100% of Scheme Tariff
All dental X-rays subject to Managed Care Protocols including intra-oral X-rays	Yes
Panoramic Radiographs Subject to dental treatment protocols and pre-authorisation for extensive treatment.	Limited to one (1) per beneficiary every 24 months.
Extra-oral scans	One (1) scan per beneficiary every 24 months.
Advanced Dentistry (paid from Risk) (Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics, subject to PBM, pre-authorisation and clinical protocols. Non authorisation of advanced dentistry may result in non-payment of claims.	One (1) scan per beneficiary every 24 months. 100% of Scheme Tariff* Surgical Periodontics: No Benefits
Crowns and bridges	Three (3) crowns per family per year, once per tooth in a five-year period
Orthodontics Pre-authorisation is required.	Benefit for fixed comprehensive Orthodontic treatment is limited to individuals from age nine (9) to younger than 21 years of age.
Periodontics Pre-authorisation is required. Subject to registration on the Periodontal Programme.	Subject to registration on the Periodontal Programme. Limited to conservative, non-surgical therapy only (root planning). Surgical Periodontics: No Benefits.
Dental Implants: Only at DSP, subject to pre-authorisation and MSA. Related lab fees and implant crown to be paid from specialised dentistry.	Three (3) Implants per beneficiary per annum over a period of five (5) years limited to R18 058.95
Partial Chrome Cobalt Metal Frame Dentures Members older than 16 years of age. Subject to Managed Care Protocols.	Two (2) partial frame dentures (an upper and a lower) per beneficiary in a five-year period, limited to two (2) family member per year



OUT-OF-HOSPITAL BENEFITS

BENEFIT	TITANIUM EXECUTIVE
Acrylic (Plastic) Dentures Members older than 16 years of age. Subject to pre-authorisation and Managed Care Protocols.	One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a four-year period.
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorisation and protocols. Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/treatments. The claims for 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.	100% of Scheme Tariff*
OTHER SERVICES/ AUXILIARY BENEFITS – Part of Overall Day-to-Day benefits. Paid from MSA, except for PMBs.	
Allied Services (Homeopathy, Naturopathy, Chiropractor) Subject to pre-authorisation, PMBs and Managed Care Protocol	100% of Scheme Tariff Limited to R2 673.30 per beneficiary per annum.
Alternative Services /Therapies Subject to pre-authorisation, PMBs and Managed Care Protocols, Speech Therapy; Occupational Therapy; Social Worker; Dietetics; Podiatry, Prosthetist, Orthotist, Audiologist, Educational Psychologist and Registered Counsellor.	100% of Scheme Tariff Paid from available savings and/or Above Threshold Benefit, subject to the limits below: M: R3 700.20 M+: R6 233.85
Physiotherapy & Biokinetics Subject to the limit set out in the Day-to-Day benefits. PMB applicable	Paid from available savings and/or Above Threshold Benefit
Clinical and Medical Technologist	100% Scheme Tariff*. Paid from available MSA and/or Above Threshold Benefit
MEDICAL APPLIANCES BENEFIT Combined In- and Out-of-Hospital benefit. Subject to pre-authorisation, PMBs and managed care Protocols. All appliances are payable once per annum subject to limits, unless stipulated otherwise. Subject to available MSA, Clinical Protocols and Guidelines.	
Medical Appliances Callipers, Nebulizer, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, Blood Pressure monitoring machine and any other clinically appropriate appliance, etc.). Subject to pre-authorisation and clinical criteria	100% of Negotiated Tariff*. Paid from available MSA and/or Above Threshold Benefit: Limits M : R3 529.05 M+ : R5 878.95



Titanium Executive

OUT-OF-HOSPITAL BENEFITS

BENEFIT	TITANIUM EXECUTIVE
Hearing Aids Paid from Risk Subject to pre-authorisation, PMB and Managed Care Protocols	One (1) pair of hearing aids per beneficiary every three (3) years from date of acquisition. Limit: R48 123.60 per family per annum.
Non-motorised wheelchairs Paid from Risk	One per family every four-year cycle Family Limit: R5 866.35
AIR/ROAD AMBULANCE & EMERGENCY SERVICES	
Air/Road Ambulance & Emergency Services 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 inter-facility transfers must be pre-authorised.	100% of Negotiated Tariff*



SIZWE HOSMED BAMBINO PROGRAMME

SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. At 24 weeks of maternity the Scheme offers a free maternity bag with baby goodies, to pregnant women registered on the Bambino Programme.

BENEFIT	TITANIUM EXECUTIVE
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme. Subject to Managed Care Protocols including Pre-authorisation and Case management.	100% of Scheme Tariff*
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 the delivery by a general practitioner, medical Specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required.	100% of Scheme Tariff*
Maternity Ultrasounds(s) Higher dimension ultrasound will be paid up to the value of a 2D scan.	<ul style="list-style-type: none"> Two (2) 2D scan per pregnancy One (1) 3D scan per pregnancy, excluding diagnostic sonar
Maternity Visit(s):	Additional ten (10) antenatal visits at either a midwife, GP or Specialist per pregnancy. Six (6) either with a GP, Midwife and Four (4) with Specialist Obstetrician
Antenatal Pathology Screening:	Limited to: <ul style="list-style-type: none"> Two (2) Haemoglobin Measurement test. One (1) Blood Grouping test. One (1) Rhesus Factor. One (1) VDRL test for Syphilis. Two (2) HIV blood tests. 12 urine analysis tests. One (1) Full blood count (FBC) test. One (1) Hepatitis S Ag test. One (1) Toxoplasmosis test. One (1) Rubella test.
Antenatal Supplements (Vitamins)	Vitamins Limit: R283.50 per pregnancy paid from Risk



PREVENTATIVE CARE BENEFITS

BENEFIT	TITANIUM EXECUTIVE
Wellness Screening/ Health Risk Assessments (Paid from Risk)	100% of Scheme Tariff* Wellness consultation limit: R1 963.50
Adult Health	<ul style="list-style-type: none"> • One (1) free Blood Sugar Test over 15 Years per beneficiary per annum • One (1) free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum • One (1) Diabetic Eye Screening test • One (1) Diabetic Foot Examination • One (1) free Cholesterol Test over 20 Years per beneficiary per annum • One (1) free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age • One (1) free Colon Cancer Blood Test over 50 years per beneficiary per annum • One (1) free lung cancer screening above 55 years per annum • One (1) free skin cancer screening per beneficiary per annum above 55 years
Women's Health	<ul style="list-style-type: none"> • One (1) free BMI screening per beneficiary per annum • One (1) free Pap Smear for Females over 18 Years per beneficiary per Annum • One (1) free Mammogram for Females over 40 Years per beneficiary per Annum
Men's Health	<ul style="list-style-type: none"> • One (1) free PSA for Males over 40 Years per beneficiary per Annum.
Child Health	<ul style="list-style-type: none"> • One (1) free heart screening for babies under two (2) years old • One (1) free hearing and vision screening for babies under two (2) years old • One (1) free HPV vaccination per beneficiary between nine (9) and 12 years of age • Child Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age
Vaccinations (Other)	<ul style="list-style-type: none"> • Free Covid-19 Vaccination per beneficiary per annum • One (1) free Flu Vaccine per beneficiary per Annum • Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/Aids Benefit 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.	100% of Scheme Tariff*
COVID-19 Subject to PMBs and Managed Care Protocols.	100% of Scheme Tariff*

CHRONIC DISEASE LIST AND NON CHRONIC DISEASE LIST: 2025

Annexure C

2025 CDL and Non CDL

The CDL list consists of the chronic conditions listed below:

Addison's Disease	Epilepsy
Asthma	Glaucoma
Bipolar Mood Disorder	Haemophilia
Bronchiectasis	HIV/AIDS
Cardiac Failure	Hyperlipidaemia
Cardiomyopathy	Hypertension
Chronic Renal Disease	Hypothyroidism
Chronic Obstructive Pulmonary Disease	Multiple Sclerosis
Coronary Artery Disease	Parkinson's Disease
Crohn's Disease	Rheumatoid Arthritis
Diabetes Insipidus	Schizophrenia
Diabetes Mellitus Type I	Systemic Lupus Erythematosus
Diabetes Mellitus Type II	Ulcerative Colitis
Dysrhythmias	



OTHER CHRONIC DISEASE LIST (NON-CDL) 2025



Attention Deficit Hyperactivity Disorder (ADHD)	Attention Deficit Hyperactivity Disorder (ADHD)
Allergic Rhinitis	Allergic Rhinitis
Alzheimer's disease	
Anaemia: Vitamin B12 and Iron deficiency	Anaemia: Vitamin B12 and Iron deficiency
Aplastic anaemia	Aplastic anaemia
Ankylosing Spondylitis	
Anti-phospholipid syndrome	Anti-phospholipid syndrome
Benign Prostatic Hypertrophy (BPH)	Benign Prostatic Hypertrophy (BPH)
Chronic Urinary Tract Infection	
Cryoglobulinemia	
Cushing's Disease	Cushing's Disease
Cystic Fibrosis	Cystic Fibrosis
Delusional Disorders	
Depression	Depression
Dermatomyositis	
Endometriosis	Endometriosis
Enuresis	Endocarditis & Iron Deficiency Anaemia
Gastro-oesophageal reflux disease (GORD)	Gastro-oesophageal reflux disease (GORD)
Gout	Gout
Hyperthyroidism	Hyperthyroidism
Hypoparathyroidism	Hypoparathyroidism
Menopause / Hormone Replacement Therapy (HRT)	Menopause / Hormone Replacement Therapy (HRT)
Migraine	
Motor Neuron Disease	Motor Neuron Disease
Myasthenia gravis	Myasthenia gravis
Obsessive Compulsive Disorder	Obsessive Compulsive Disorder
Osteoarthritis	Osteoarthritis
Osteoporosis	Osteoporosis
Paget's Disease	Paget's Disease
Pancreatic Insufficiency	
Peripheral Vascular Disease	
Pituitary Microadenomas	Pituitary Microadenomas
Psoriasis	Psoriasis
Pulmonary Interstitial fibrosis	Pulmonary Interstitial fibrosis
Stroke (Cerebrovascular accident)	Stroke (Cerebrovascular accident)

BENEFIT LIMITATIONS AND EXCLUSIONS

Effective Date: 01 January 2025

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the Prescribed Minimum Benefits (“PMBs”) as per Regulation 8 of the Medical Schemes Act. Furthermore, where a protocol or a formulary drug preferred by the scheme has been ineffective or would cause harm to a beneficiary, the scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Medical Schemes Act.

1. LIMITATIONS

The following limitations will apply on all benefit options:

- 1.1. The maximum benefits to which a member and his/her dependants shall be entitled in any financial year shall be limited set out in the benefit annexures of the Sizwe Hosmed Medical Scheme (“the Scheme”) Scheme rules.
- 1.2. All new members admitted during the course of a financial year shall be entitled to the benefits set out in the benefit annexures with the maximum benefits being adjusted in proportion to the period of membership from the admission date to the last day of such financial year.
- 1.3. In cases of illness of a protracted nature, the Sizwe Hosmed Medical Scheme Board of Trustees (“Board”) shall have the right to insist upon a member or a dependant of a member consulting any Specialist the Board may nominate in consultation with the attending practitioner.
- 1.4. Unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month’s supply (or to the nearest unbroken pack) for every such prescription or repeat thereof.
- 1.5. Where the Fund has Designated Service Providers (“DSP”) in place, the benefits will be limited in accordance with the rules specified in the benefit annexures for each of the registered options.
- 1.6. The Scheme may require a second opinion in respect of proposed treatment or medication which may result in a claim for benefits and for that purpose the relevant beneficiary shall consult a dental or medical practitioner nominated by the Scheme and at the cost of the Scheme. The procedure to be followed in obtaining a second opinion is outlined in the relevant Scheme protocol (Protocol Regarding Requests for Second Opinions).
- 1.7. In cases where a Specialist is consulted without the recommendation of a general practitioner, the benefit allowed by the Scheme may, at its discretion, be limited to the amount that would have been paid to the general practitioner for the same service.
- 1.8. If the Scheme or its managed healthcare organisation has evidence-based funding guidelines or protocols in respect of covered services and supplies, beneficiaries will only qualify for benefits in respect of those services and supplies with reference to the available funding guidelines and protocols irrespective of clinical guidelines that are not consistent with the scheme protocols and benefits.
- 1.9. The Scheme reserves the right not to pay for any new technology. New technology is defined as any clinical intervention of a novel nature as well as those that the Scheme has not had previous experience with.

Coverage of new technology will be assessed by the Scheme with due consideration given to:

- 1.9.1 medical necessity.
 - 1.9.2 clinical evidence of its use in clinical medicine including outcome studies.
 - 1.9.3 cost-effectiveness.
 - 1.9.4 affordability.
 - 1.9.5 value relative to existing services or supplies.
 - 1.9.6 safety.
- 1.10. The Scheme reserves the right to impose and apply exclusions and limits to the benefits that will be paid for medicines/ procedures/interventions which have been accepted into the practice of clinical medicine through a process of health technology assessment/evaluation.
- 1.11. Benefits in respect of the cost of emergency medical treatment, as defined in the Medical Schemes Act, whilst abroad, are covered at the applicable Scheme Tariff rates and RSA currency, limited to the benefit entitlement and PMB protocols that would have applied in South Africa.
- 1.12. A 10% co-payment will be applied on the following procedure codes:
- 1034 – Autogenous nasal bone transplant: Bone removal included.
 - 1035 – Functional endoscopic sinus surgery: Unilateral.
 - 1036 – Functional endoscopic sinus surgery: Bilateral.
 - 1087 – Sub-total reconstruction consisting of any two of the following: Septoplasty, nasal osteotomy, nasal tip reconstruction.
 - 1085 – Total reconstruction of the nose: including reconstruction of nasal septum (septoplasty), nasal pyramid (osteotomy), and nasal tip.
- 1.13. Mirena device Funding is according to scheme protocol (including day procedure rules):
- Not covered if used for contraception. Cover is limited to insertion for abnormal uterine bleeding.
 - When inserted in doctors rooms, no co-payment applies.
 - When Insertion is in theatre – a 20% co-payment, even if done in conjunction with another procedure.
 - Mirena device is paid from acute medicine benefit or MSA subject to PMB on pre-authorisation.
- 1.14. Optical Benefits are payable as per Managed Care Protocols at a DSP
- 1.15. Dental benefits are payable as per Managed Care Protocols at a DSP
- 1.16. Back and Neck surgery is subject to completion of conservative treatment. Co-payment of R5 000 is applicable.
- 1.17. Da Vinci Robotic Prostatectomy: cover limited to Titanium Executive option, subject to pre-authorisation, Managed Care Protocols and PMB. For qualifying beneficiaries, cover will be up to PMB level of care.

2. GENERAL EXCLUSIONS

General exclusions mentioned in this paragraph are not affected by any specific exclusion. Unless otherwise decided by the Board of Trustees of the Scheme (and with the express exception of medicines or treatment approved and authorised in terms of any relevant managed healthcare programme), the Scheme shall not be liable in respect of expenses incurred in connection with any of the expenses below:

- 2.1. All costs that exceed the annual or biennial maximum allowed for the category as set out in Annexure A, for the benefits to which the member is entitled in terms of the rules,
- 2.2. Such costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules, unless otherwise agreed by the Board of Trustees,
- 2.3. All costs for operations, medicines, treatments, and procedures for cosmetic purposes or for personal reasons, and not directly caused by or related to illness, accident, or disease,
- 2.4. All costs for surgical treatment of keloids, unless such keloids are a result of a complication from a PMB condition resulting in functional impairment,
- 2.5. If, in the opinion of the medical advisor, the healthcare service in respect of which a claim is made for any aspect of the management of a medical condition; is not clinically appropriate and/or necessary, not at an appropriate level of care, or not rendered at an affordable cost,
- 2.6. All costs for treatment, if there is no or insufficient evidence of efficacy and safety of such treatment,
- 2.7. Medicines not included in a prescription from a medical practitioner or other healthcare professional who is legally entitled to prescribe such medicines (except for schedule 0, 1, and 2 medicines supplied by a registered pharmacist),
- 2.8. Medicine not approved by the South African Health Products Regulatory Authority (SAHPRA), or other statutory body empowered to approve/register medications,
- 2.9. Healthcare services obtained during general and/or condition specific waiting period, imposed upon joining the Scheme,
- 2.10. All claims where ICD-10 codes are missing, invalid or incomplete will be rejected,
- 2.11. Where the provider of service refuses to provide adequate clinical motivation or supporting evidence of diagnosis the scheme reserves the right to decline funding,
- 2.12. Booking fees and birthing fees charged by providers for non-medical reasons,
- 2.13. Fees or levies imposed by healthcare practitioners as part of their administration costs,
- 2.14. Costs of diagnostic tests done In-Hospital which are not related to the reason for admission or for which admission is not clinically appropriate.
- 2.15. Appliances, devices, and procedures not scientifically proven,
- 2.16. All costs for services rendered by:
 - 2.16.1 persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or
 - 2.16.2 any institution, nursing home or similar institution, except a state or provincial hospital, not registered in terms of any law. Abdominoplasties (including the repair of divarication of the abdominal muscles),
 - 2.16.3 All services rendered outside the Republic of South Africa for which a benefit would have been payable, if such service had been rendered within the Republic of South Africa.

- 2.17 Any services provided by Medical Scientist, including:
 - 2.17.1 Psychometrists and Registered Counsellors
 - 2.17.2 Industrial and Research Psychologist
- 2.18 Accommodation and services provided in a geriatric hospital, old age home, frail care facility or the like (unless specifically provided for in the benefit annexures),
- 2.19 Art Therapist, Aroma Therapist, Massage Therapist, Reflexologist, Chinese medicine practitioners, acupuncturist. Anabolic steroids, immunostimulants (except for immunoglobulins and growth hormones, which are subject to pre-authorisation by the relevant managed healthcare programme),
- 2.20 Charges for appointments cancelled or which a member or dependant or a member fails to keep.
- 2.21 The payment of interest on arrear accounts,
- 2.22 Arch supports including shoe inserts,
- 2.23 Aromatherapy,
- 2.24 Autopsies,
- 2.25 Ayurvedic medicine,
- 2.26 Any nasal surgery done by a plastic surgeon unless it is related to a pathological condition or PMB diagnosis,
- 2.27 Back rests and chair seats,
- 2.28 Household bandages and dressings (except medicated dressings subject to authorisation by the relevant managed healthcare programme),
- 2.29 Beds and mattresses,
- 2.30 Blepharoplasties: unless there is documented evidence of visual impairment where the eyelid has covered or has encroached upon the pupil. Where this applies, benefits are limited to the affected eye only,
- 2.31 Breast reconstruction unless it is classified as a PMB (unless necessitated by pre- authorised surgical mastectomy, traumatic mastectomy or congenital unilateral absence of a breast which is subject to Scheme protocol),
- 2.32 Breast reductions and breast augmentations,
- 2.33 Breast surgery for gynaecomastia, unless PMB,
- 2.34 Coloured or cosmetic effect contact lenses, plus contact lens accessories and solutions,
- 2.35 Injuries arising from speed contests and speed trials unless it is classified as a PMB,
- 2.36 Surgical treatment of infertility unless it is classified as a PMB,
- 2.37 Treatment for obesity,
- 2.38 Holidays for recuperative purposes,
- 2.39 Travelling expenses
 - 2.39.1 Travelling expenses incurred by a member,
 - 2.39.2 Traveling expenses claimed by medical or dental practitioners will be provided for, in line with Rule P of the NHRPL,

2.40 The following types of medicines, procedures and appliances are also excluded:

- 2.40.1 Anabolic steroids,
- 2.40.2 Anti-diarrhoeal micro-organism,
- 2.40.3 Anti-malarial for prophylactic use,
- 2.40.4 Aphrodisiacs,
- 2.40.5 Cosmetic preparations; medicated or otherwise,
- 2.40.6 Electric toothbrushes.
- 2.40.7 Diagnostic monitors and appliances,
- 2.40.8 Essential fatty acid preparations and combinations,
- 2.40.9 Household remedies or preparations of the type generally promoted to the public to increase consumption.
- 2.40.10 Medicines used specifically to promote fertility unless classified as a PMB,
- 2.40.11 Medicines used specifically to treat alcoholism and addiction, subject to PMBs,
- 2.40.12 Minerals (single and combined),
- 2.40.13 Musculoskeletal topical agents,
- 2.40.14 Nutritional supplements, including baby foods, and formulas unless it is specially authorised as part of a scheme approved treatment protocol,
- 2.40.15 Preparations used specifically to treat and or prevent obesity,
- 2.40.16 Preparations to treat smoking dependency,
- 2.40.17 Sanitary products (nappies, sanitary pads, etc.),
- 2.40.18 Items appearing on the Scheme's non-covered items list for hospitals,
- 2.40.19 Section 21 products,
- 2.40.20 Soaps, shampoos, and other applications (medical or non-medicated),
- 2.40.21 Cosmetic preparations, emollients, moisturisers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and sun tanning preparations, medicated shampoos, and conditioners, not including coal tar products and the treatment of lice infestation, scabies, and other microbial infections (subject to PMB regulations),
- 2.40.22 Surgical appliances and devices for use Out-of-Hospital,
- 2.40.23 Tonics, evening primrose oil, fish liver oils, nutritional supplements, multivitamin preparations, and minerals (except prenatal vitamins) as approved by the Scheme's pharmacy benefit management programme,
- 2.40.24 Topical preparations excluding topical steroid and acne preparations,
- 2.40.25 Topical acne facial wash preparations,
- 2.40.26 Topical sun screening, sun tanning and after sun agents,
- 2.40.27 Treatment not proven safe and effective, such as natural remedies, herbs, and treatment prescribed by non-licensed practitioners, etc.,
- 2.40.28 Treatment prescribed for indicated use (off label),
- 2.40.29 Travel Vaccines, oral and parenteral,

- 2.40.30 Vitamins, multivitamins, and combinations, subject to specified list,
- 2.40.31 Voluntary withdrawn products and treatment that might be harmful or unsafe,
- 2.40.32 Acupuncture and Chinese Medicine including Naturopath and Osteopathy.
- 2.41 Electrognathography and other such electronic analyses.
- 2.42 Ozone therapy.
- 2.43 Diagnostic kits, agents, and appliances – unless otherwise stated – except for diabetic accessories (subject to PMB regulations and Scheme protocols).
- 2.44 Treatment of depression using sleep therapy.
- 2.45 Treatment for erectile dysfunction and loss of libido.
- 2.46 Patented food and nutritional supplements – including baby food and special milk preparations – unless prescribed for malabsorptive disorders and if registered on the relevant managed healthcare programme, or for mother to child transmission (PMTCT) prophylaxis and if registered on the relevant disease management programme.
- 2.47 Gender re-assignment treatment.
- 2.48 Genioplasties.
- 2.49 Headaches: oral appliances and the ligation of temporal artery and its branches for the treatment of headaches.
- 2.50 Hirsutism.
- 2.51 Humidifiers, without clinical indication.
- 2.52 Medical and surgical treatment, which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, benefit annexures, Paragraph 9, Code 902M (as amended):
 - 2.52.1 Assisted Reproductive Technology (ART),
 - 2.52.2 In-vitro fertilisation (IVF),
 - 2.52.3 Gamete Intrafallopian tube transfer (GIFT),
 - 2.52.4 Zygote Intrafallopian tube transfer (ZIFT),
 - 2.52.5 Intracytoplasmic sperm injection (ICSI).
- 2.53 Vasovasostomy (reversal of vasectomy), and Salpingostomy for reversal of tubal ligation.
- 2.54 Ionizers and air purifiers.
- 2.55 Iridology.
- 2.56 Surrogate pregnancy; including all services.
- 2.57 Laxatives, subject to Scheme protocols.
- 2.58 Medical, surgical, and orthopaedic appliances, devices, and products, including oxygen hire or purchase and attachments, subject to PMB regulations and Scheme protocols.
- 2.59 Medication in respect of substance abuse treatment unless specifically authorised by the relevant managed healthcare programme, subject to PMB regulations.
- 2.60 Homeopathic medication unless specified in the benefit annexures.
- 2.61 MRI and other scans ordered by a general practitioner.

- 2.62 Optical devices excluded by the relevant DSP protocols.
- 2.63 Orthopaedic shoes and boots, subject to Scheme protocols.
- 2.64 Osteopathy.
- 2.65 Otoplasties.
- 2.66 Pain relieving machines, e.g., TENS, APS.
- 2.67 Medicines, household remedies and propriety preparations and preparations not otherwise classified.
- 2.68 Positron Emission Tomography (PET) scans where applicable; subject to oncology protocols and oncology registration.
- 2.69 Reflexology.
- 2.70 Revision of scars; except following burns and for functional impairment.
- 2.71 Stethoscopes.
- 2.72 Sunglasses.
- 2.73 Consultation and treatment by registered counsellors, subject to prescribed minimum benefits.
- 2.74 Uvulo-palatal pharyngoplasty (UPPP and LAUP).
- 2.75 Veterinary products.
- 2.76 Pharmacy service fees.
- 3.19 Fluoride application for beneficiaries above the age of 12 years.
- 3.20 Dental implants, components and surgery associated with dental implants ,unless stipulated in benefit option.
- 3.21 Multiple admissions for extensive (three (3) or more teeth requiring treatment) conservative dental treatment in children seven (7) years and younger (one (1) admission every 24 months allowed).
- 3.22 Soft base to new dentures.
- 3.23 Diagnostic dentures.
- 3.24 Provisional crowns.
- 3.25 Root Canal Therapy and Extractions
 - 3.25.1 Root canal therapy on primary (milk) teeth
 - 2.29.2 Direct and indirect pulp capping procedures
 - 3.25.2 Root canal therapy on wisdom teeth (third molars).
- 3.26 Plastic Dentures/Snoring appliances/Mouthguards
- 3.27 Diagnostic dentures and the associated laboratory costs
- 3.28 Snoring appliances and the associated laboratory costs
- 3.29 Provisional dentures and associated laboratory costs.
- 3.30 The clinical fee of dental repairs, denture tooth replacements and the addition of a soft base to new dentures (The laboratory fee will be covered at the Scheme Dental Tariff where Managed Care Protocols apply.)
- 3.31 The laboratory cost associated with mouth guards (The laboratory fee will be covered at the Scheme Dental Tariff where Managed Care Protocols apply.)

- 3.32 High impact acrylic.
- 3.33 Cost of gold, precious metal, semi-precious metals, and platinum foil.
- 3.34 Laboratory delivery fees.
- 3.35 Partial Chrome Cobalt (Metal) Frame Dentures.
 - 3.35.1 Metal base to full dentures, including the laboratory cost.
 - 3.35.2 High impact acrylic.
 - 3.35.3 Cost of gold, precious metal, semi-precious metals and platinum foil.
 - 3.35.4 Laboratory delivery fees.
- 3.36 Crown and Bridge
 - 3.36.1 Crowns on third molars,
 - 3.36.2 Crown and bridge procedures for cosmetic reasons and the associated laboratory costs,
 - 3.36.3 Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs,
 - 3.36.4 Occlusal rehabilitations and the associated laboratory costs,
 - 3.36.5 Provisional crowns and the associated laboratory costs,
 - 3.36.6 Porcelain veneers and inlays/on lays and the associated laboratory costs,
 - 3.36.7 Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs,
 - 3.36.8 Cost of gold, precious metal, semi-precious metal and platinum foil,
 - 3.36.9 Laboratory delivery fees.
- 3.37 Implants
 - 3.37.1 Implants on wisdom teeth (third molars),
 - 3.37.2 Laboratory delivery fees.
- 3.38 Orthodontics
 - 3.38.1 Orthodontic treatment for cosmetic reasons and associated laboratory costs,
 - 3.38.2 Orthognathic (jaw correction) surgery, other orthodontic related surgery and any related hospital cost including associated laboratory costs,
 - 3.38.3 Individuals 21 years and older,
 - 3.38.4 Orthodontic re-treatment and the associated laboratory costs,
 - 3.38.5 Cost of invisible retainer material,
 - 3.38.6 Laboratory delivery fees.
- 3.39 Periodontics
 - 3.39.1 Surgical Periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemi-section of a tooth,
 - 3.39.2 Perio-chip placement,
- 3.40 Additional Dental Exclusions,

- 3.40.1 Electrognatho graphic recordings, pantographic recordings, and other such electronic analyses,
 - 3.40.2 Nutritional and tobacco counselling,
 - 3.40.3 Caries susceptibility and microbiological tests,
 - 3.40.4 Fissure sealants on patients 16 years and older,
 - 3.40.5 Pulp tests,
 - 3.40.6 Cost of Mineral Trioxide,
 - 3.40.7 Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments,
 - 3.40.8 Appointment not kept,
 - 3.40.9 Special report,
 - 3.40.10 Dental testimony including dento- legal fees,
 - 3.40.11 Treatment plan completed (currently code 8120),
 - 3.40.12 Enamel micro-abrasion,
 - 3.40.13 Behaviour management,
 - 3.40.14 Intramuscular or subcutaneous injection,
 - 3.40.15 Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures.
- 3.41 Maxillo-Facial Surgery and Oral Pathology
- 3.41.1 Orthognathic (jaw correction) surgery and any related hospital costs and associated laboratory costs,
 - 3.41.2 Bone and other tissue regeneration procedures,
 - 3.41.3 Cost of bone regeneration material,
 - 3.41.4 The auto-transplantation of teeth,
 - 3.41.5 Sinus lift procedures,
 - 3.41.6 The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8943 and 8945).

3.42 Hospitalisation (general anaesthetic)

- 3.42.1 Where the reason for admission is dental fear or anxiety,
- 3.42.2 Multiple hospital admissions,
- 3.42.3 Where the only reason for admission to hospital is to acquire a sterile facility,
- 3.42.4 The cost of dental materials for procedures performed under general anaesthetic,
- 3.42.5 The hospital and anaesthetist claim for the following procedures will not be covered when performed under general anaesthesia:
 - 3.42.5.1 Apicectomies,
 - 3.42.5.2 Dentectomies,
 - 3.42.5.3 Frenectomies,
 - 3.42.5.4 Conservative dental treatment (fillings, extractions, and root canal therapy) In-Hospital for adults,
 - 3.42.5.5 Professional Preventative care procedures,
 - 3.42.5.6 Implantology and associated surgical procedures, and
 - 3.42.5.7 Surgical tooth exposure for orthodontic reasons.

The member, therefore, acknowledges that – notwithstanding anything to the contrary, or not specifically set out in the rules or Annexures of the Scheme – the member is under a duty of care to disclose all and any information or matters to the Scheme, which may in any manner impact upon or affect a decision or discretion which vests in the Scheme, concerning such member or his claim.

Annexure F

2025 MEDICAL SAVINGS ACCOUNT (MSA):

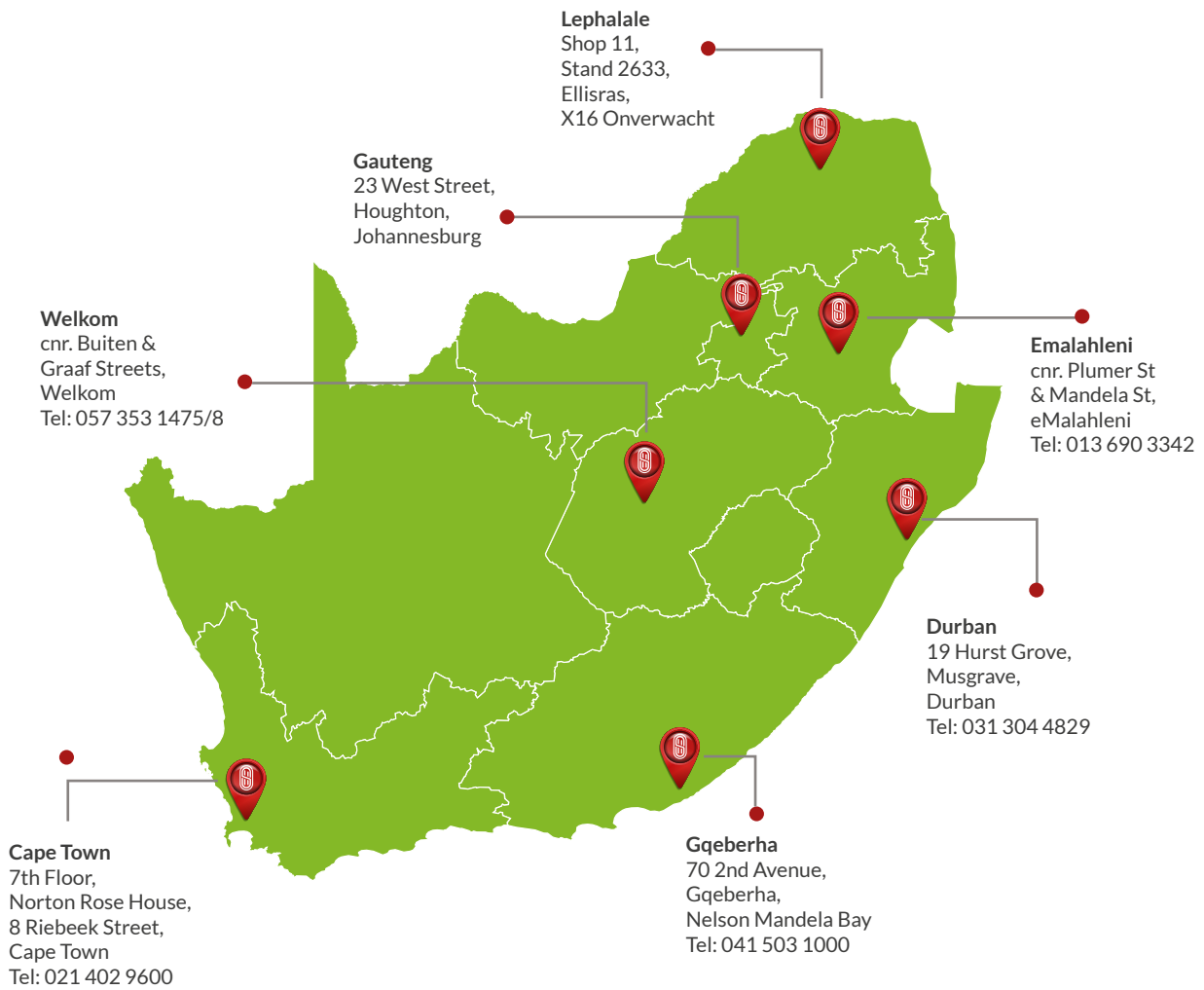
OPTIONS: TITANIUM EXECUTIVE, VALUE PLATINUM, VALUE PLATINUM EDO AND ACCESS SAVER

1. On admission to the Scheme, a Medical Savings Account ("MSA") shall be established in the name of the new Member.
2. A MSA shall generally be credited with:
 - 2.1 that part of the contributions received from the Member as specified in paragraph 4 below; and
 - 2.2 the interest and any other return on investment as specified in paragraph 5 below.
3. A MSA shall generally be debited with:
 - 3.1 the healthcare benefits utilised by the Member and his/her Dependants as specified in paragraphs 6 and 7 below; and
 - 3.2 any debt owed by the Member to the Scheme as contemplated by Rule 13.5 and paragraph 10 below.
4. The Scheme shall not allocate more than the following percentage of the gross contribution received from a member during a financial year to his/her MSA :20.8% for Titanium Executive,22.5% for Value Platinum,22.5% for Value Platinum Core and 25% for Access Saver.
5. The MSA will be credited on a quarterly basis, based on the MSA annual allocation stipulated on point 4 above. A prorated credit will be applied where a member joins between quarters.
6. The sum of Member's MSA funds may attract returns on such investments (be it in the form of interest), which returns shall be credited by the Scheme to each Member's accumulated positive balance.
7. Members will be able to access their Accumulated MSA for additional benefits, subject to Scheme rules, Managed Care Protocols and medicine formulary and reference pricing.
8. The MSA will form part of the Scheme overall assets.
9. During the term of a Member's membership of the Scheme, the Member's MSA funds (including, but not limited to, the investment returns specified in paragraph 5 above) shall be available for the exclusive benefit and use of the Member and his/her Dependants as specified in paragraph 9 below.
10. Subject to sufficient funds being available in a Member's MSA at the date on which a claim is processed, the Member and his/her Dependants shall be entitled to claim for healthcare services in accordance with the provisions of the Act, the Rules and their Benefit Option and in particular, at the agreed Rate as specified in Annexure A3 to the Rules.
12. Whilst being on a particular Benefit Option of the Scheme which provides for a MSA, the Scheme shall not be entitled to use the Member's MSA funds to pay for the cost of a prescribed minimum benefit or to offset any outstanding contributions, penalties or other debt due and payable to the Scheme.
13. However, on the death of a Member, or on the termination of a Member's membership of the Scheme, or on the transfer of a Member from a particular Benefit Option of the Scheme which provides for a MSA to any other of the Scheme's Benefit Options, the funds in the Member's MSA may be used to offset any debt owed by the Member to the Scheme, including (but not limited to) outstanding contributions, penalties and any claims which may be submitted to the Scheme for payment following the date of such death, termination or transfer.

14. Should a Member elect to transfer between two of the Scheme's Benefit Options which both provide for a MSA, or from one of the Scheme's Benefit Options to that of another medical Scheme which both provide for a MSA, any MSA balance due to the Member (subject to the adjustments specified in paragraphs 3, 7, 9, 11 and 12 above) shall be transferred by the Scheme to the Member's MSA on his/her new Benefit Option with the Scheme or to the other medical Scheme (as the case may be) within five (5) months of the date of such transfer between such two Scheme Benefit Options or of the date of termination of the Member's membership by the Scheme (as the case may be), subject to the applicable taxation laws.
15. Should a Member elect to transfer from one of the Scheme's Benefit Options which provide for a MSA to another of the Scheme's Benefit Options which does not so provide, any MSA balance due to the Member (subject to the adjustments specified in paragraphs 3, 7, 8, 10 and 11 above) shall be refunded by the Scheme to the Member.
16. Should a Member's membership be terminated for reasons other than his/her death and he/she not be admitted as a member of another medical Scheme or be admitted to a benefit option of another medical Scheme which does not provide for a MSA, any MSA balance due to the Member (subject to the adjustments specified in paragraphs 3, 7, 8, 10 and 11 above) shall be refunded by the Scheme to the Member within five (5) months of the date of termination of the Member's membership by the Scheme, subject to the applicable taxation laws.
17. Upon the death of a Member, any MSA balance due to the deceased Member (subject to the adjustments specified in paragraphs 3, 7, 8, 10 and 11 above) shall be transferred by the Scheme to the MSA of the Dependant of the deceased Member who is elected as the new Member in terms of Rule 6.4.1 and who continues membership of the Scheme or, in the absence of such a Dependant, shall be paid by the Scheme to the deceased Member's estate, subject to the applicable taxation laws.
18. If a Member (or his or her lawful heirs) become legally entitled to repayment of any MSA funds, and such a Member (or his or her lawful heirs) fail to claim such funds within three (3) years of becoming entitled thereto, then, such funds shall be written back to the Scheme.
19. Claims in respect of benefits for conditions indicated as payable from the PMSA as per the benefits in the Scheme rules shall first be allocated against the member's PMSA and once these have been exhausted, offset against the accumulated funds.



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Emergency Medical Response Service (EMS) is available 24/7/365.

Personal Health Advisor/24 Hour Health Advice

A 24-hour healthcare service providing members with unlimited access to professional telephonic guidance and support.

Trauma, Assault and HIV Support

Trauma, Assault and HIV support services is a 24/7 facilitation/call centre designed to deal with emotional shock as a result of assault or suspected HIV infection.