



SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

TITANIUM EXECUTIVE PLAN 2026



Total Care. Zero Compromise!

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

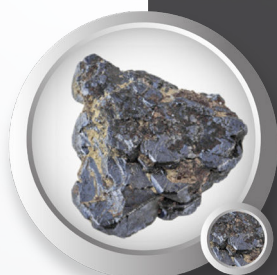
The benefits and contributions reflected in this publication will only be valid once approved by the Registrar of Medical Schemes.



Still Here
Still Caring for You!

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

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



TITANIUM EXECUTIVE

Titanium Executive is Sizwe Hosmed's most comprehensive plan, covering **62** chronic conditions and designed for those seeking extensive in and out-of-hospital care without compromise.

Members enjoy access to advanced diagnostic services, specialist consultations, surgical procedures, maternity benefits, mental health support, alternative therapies, access to various Healthcare Programmes and a wide range of wellness benefits. The plan also covers 62 chronic conditions, ensuring continuity of care and long-term health management.

Total Care. Zero Compromise!



IN-HOSPITAL BENEFITS

- 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.

BENEFIT	EXPLANATION
Overall Annual limit	• No overall annual limit
In-hospital PMBs	• Unlimited. • 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. • A 30% penalty will be imposed for non-emergency late pre-authorisations.
Hospital Admission <i>(Intensive Care, High Care, General Ward, Theatre and Recovery Room)</i>	• 100% of Negotiated Tariff* • 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.
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 • Subject to PMB, clinical protocols and scheme rules.
Laparoscopic procedures: hospitalisation and associated costs.	• 100% of Scheme Tariff* • Subject to PMBs, pre-authorisation and managed care protocols. • No co-payment is applicable when a procedure is performed in a Day Hospital or as a Day Case. • Procedures done in-hospital will attract a 20% co-payment* except diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendectomy and repair of recurrent or bilateral inguinal hernias.
Major In-hospital Medical Services and Procedures	• 100% of Negotiated Tariff* • Surgical procedures: up to 300% scheme tariff. • Subject to PMB, pre-authorisation, clinical protocols and scheme rules. Emergency medical services and in-room procedures must be notified to the Scheme within 48 hours of the event.
Back and Neck Surgery	• 100% of Scheme Tariff • Subject to PMB, pre-authorisation, clinical protocols and scheme rules. Subject to adherence to conservative back and neck treatment. • A co-payment of R5 000 applies to all non-PMB back and neck surgeries.
Organ Transplant	• Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.
Stereotactic Radiosurgery	• 100% of Negotiated Tariff. • Subject to PMBs, pre-authorisation, managed care protocols and scheme rules.
Male Sterilisation/ Vasectomy	• 100% of Negotiated Tariff. • Subject to PMBs and pre-authorisation at Day Clinic or as Day Case. • Limited to R20 226.47 per beneficiary per year
Female Sterilisation/ Tubal Ligation	• 100% of Scheme Tariff* • Subject to PMBs and pre-authorisation at Day Clinic or as Day Case. • Limited to R20 226.47 per beneficiary per year
Dental Hospitalisation	• 100% of Negotiated Tariff* • General in-hospital benefit rules apply. • Subject to PMBs, pre-authorisation, and treatment protocols. • General anaesthetic benefits are only available for children under the age of seven (7) years for extensive dental treatment, limited to once per beneficiary per year. • Removal of symptomatic impacted wisdom teeth is covered only as a Day Case at a day hospital

BENEFIT	EXPLANATION
Maxillo-facial and Oral Surgery	100% of Scheme Tariff* - Subject to PMBs, pre-authorisation, treatment protocols and scheme rules. - The benefit of Temporomandibular Joint (TMJ) therapy is limited to non-surgical interventions/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.
Medicine items and Pharmaceutical Products including (consumables used in hospital and theatre)	100% Negotiated Tariff* - Limited to 7 7-day medicine supply. - Subject to PMB, Medicine Formulary, and use of pharmacy network(s).
Medicine to take home after discharge (TTO)	- Subject to valid script and formulary*. - Paid from hospital benefit.
Oncology	100% of DSP Tariff* - Unlimited Oncology treatment for PMBs. - Benefit utilisation above R790 079.06 per beneficiary per year. - Benefits utilisation more than R790 079.06 will be subject to a 20% co-payment. - 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.
Non-Cancer Specialised Drugs Benefits (incl. Biologicals)	- Limited to R158 015.81 per beneficiary per year. - Subject to PMBs' pre-authorisation, managed care protocols and treatment guidelines. - Subject to Medicine Formulary and Reference Pricing.
Renal Dialysis (Include peritoneal and haemodialysis)	100% of Negotiated Tariff* - Department of Health Protocols apply. - Unlimited benefits for PMBs. - Subject to pre-authorisation, clinical guidelines, medicine formulary*, and registration on the Disease management programme.
Infertility	100% of Scheme Tariff - 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.
Age-Related Macular Degeneration Treatment	100% of Negotiated Tariff - Subject to PMBs, pre-authorisation, managed care protocol and Scheme formulary*. - Applicable to members 55 years and above.
Blood Transfusions	100% of Scheme Tariff - Subject to PMBs, pre-authorisation, Managed Care protocols and scheme rules.
Radiology (In-hospital)	100% of Scheme Tariff - Subject to PMBs, pre-authorisation, Managed Care protocols and scheme rules.
Basic Radiology	100% of Scheme Tariff
Advanced /Specialised Radiology: CT scan, PET scan, MUGA, MRI, etc: Joint benefit In and Out of Hospital.	- Overall, the combined in-hospital and out-of-hospital specialised radiology limit is R52 433.80 per family per year - Pre-authorisation and specialist referral required R1 736.44 co-payment per scan event except for PMBs.
Radio isotope studies	100% of Scheme Tariff*
Interventional Radiology Included in the specialised Radiology benefit.	100% of Scheme Tariff* - Has an in-hospital limit. - Subject to pre-authorisation and clinical protocols.
Pathology (In-hospital)	100% of Negotiated Tariff* - Subject to PMBs and Managed Care Protocols.
Physiotherapy & Biokinetics (In-hospital)	100% of Scheme Tariff* - Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.
Dietician & Occupational Therapy (In-hospital)	100% of Scheme Tariff* - Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.
Drug & Alcohol Rehabilitation.	100% of Scheme Tariff* - Maximum of 3 days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility - Subject to PMBs, managed care protocols and pre-authorisation. Benefit limits apply. Subject to Preferred Provider Network.
Non-PMB psychiatric treatment Admissions are limited to failed outpatient management as per Managed Care protocols. Physiotherapy and Occupational therapy during psychiatric admission are subject to a sublimit	No benefit.

BENEFIT	EXPLANATION
Mental Health benefits (including consultation, ward fees, related medicines, therapy sessions with a psychiatrist and psychologist, etc.). 21 days in-hospital or 15 out-of-hospital sessions per beneficiary, which includes psychiatrist consultations and six in-hospital consultations by a clinical psychologist. Benefit limited to a maximum of three (3) days of hospitalisation if admitted by a GP or a specialist physician. Four (4) out-of-hospital visits/ consultations in lieu of hospitalisation are allowed, subject to managed care protocols. Additional hospitalisation is subject to the motivation of the medical practitioner.	• 100% of Negotiated Tariff* • Subject to PMB, pre-authorisation, clinical protocols and scheme rules. • Subject to Preferred Provider Network. • Subject to available benefits of R58 709.23 per beneficiary per admission. • Limited to R2 795.94 per day in hospital. • Sub-limits (non-PMB).
Step-down Facilities	• 100% of Negotiated Tariff* • Subject to PMBs' pre-authorisation and managed care protocols at registered step-down facilities and nursing facilities. • Subject to case management and registration on the disease management programme.
Private nurse	• Limit R12 746.00 per family per year.
Frail care	• Not covered
Home-Based Care In lieu of hospitalisation	• 100% of Negotiated Tariff* • Subject to PMBs, pre-authorisation and managed care protocols. • Limit: R12 746.00 per family per year
Negative pressure wound therapy	• 100% of Negotiated Tariff* • Subject to PMBs, pre-authorisation and managed care protocols.
Hyperbaric Oxygen Therapy	• 100% of Negotiated Tariff* • Subject to PMBs, pre-authorisation and managed care protocols.
Internal and External Prosthesis	• 100% Negotiated Tariff* • Overall annual limit of R79 071.30 per family per year. • Subject to PMBs, benefits and pre-authorisation.
Internal Prosthesis:	
Joints – hip and knee (partial internal Prosthesis and total)	• One (1) Joint prosthesis per beneficiary per year.
Spine	• Two (2) Spine levels per year are done in one procedure.
Cardiac: Pacemaker, internal defibrillators, grafts, valves, etc.	• Cardiac stents – three stents per family per year
Vascular stents	• Vascular stents – two stents per family per year
External Prosthesis	• 100% Negotiated Tariff*
Refractive Surgery, including Radial Keratotomy	• 100% of Scheme Rate • Limit: R24 186.65 per family per year. • Subject to benefit limit, and PMB protocols apply.
Deductibles* for in-hospital procedures	• Not applicable
Day Procedures	• 100% Negotiated Tariff* • Subject to pre-authorisation, managed care protocols and scheme rules.



OUT OF HOSPITAL BENEFITS

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

BENEFIT	EXPLANATION
Overall Annual Limit for Out-of-Hospital benefits Subject to the use of DSP	• Subject to Medical Savings Account, 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: R29 304.00 • Adult dependant: R25 932.00 • Child dependent: R6 000.00
Self-Payment Gap (SPG) (Excludes Acute Medication)	• Main member: R5 601.75 • Adult dependant: R4 643.10 • Child dependent: R2 124.15
Above Threshold Benefits (ATB) (Excludes Acute Medication)	Applicable Limits: • Physiotherapy: R17 535.00 per family per year • Pathology & Radiology combined: R17 535.00 per family per year Acute medicine: • Main member R8 190.00 per year • Adult dependant R8 190.00 per year • Child dependant R2 564.10 per year
General Practitioners (Includes virtual consultations)	• 100% of Scheme Tariff* • MSA/above threshold. • Subject to PMBs, clinical protocols, and guidelines.
Specialists (excluding Psychiatrists) Includes virtual consultations	• 100% of Scheme Tariff* • MSA/above threshold • Subject to PMBs, clinical protocols, and guidelines.
Diagnostic Investigations	• 100% of Scheme Tariff from available MSA and/or above threshold benefit limit of R17 535.00. • Subject to PMBs, clinical protocols, and guidelines.
Basic Radiology	• 100% of Scheme Tariff* • Subject to PMBs, clinical protocols and guidelines.
Advanced/Specialised Radiology	• 100% of Scheme Tariff* • Combined in and out of the hospital limit of R52 433.80 per family per year. • R1 736.44 co-payment per scan event except for PMBs. • Subject to PMBs, pre-authorisation and managed care protocols • Subject to an overall combined in and out of hospital limit, paid from risk.
Interventional Radiology: Included in the specialised Radiology benefit.	• 100% of Scheme Tariff* • Subject to pre-authorisation and managed care protocols, subject to referral by a specialist.
Pathology benefits (blood tests, histology and other pathology tests)	• Paid from available savings and/or above threshold benefit • Above threshold benefit limited to R17 535.00 per family per year • Subject to PMBs, clinical protocols, and guidelines.
 MEDICINE AND RELATED ITEMS	Subject to MSA, Reference Pricing and available limits.
Acute Medicine	• 100% of Reference Price* • Paid from available MSA and/or above threshold benefit (ATB) • Above Threshold Benefit (ATB) limits apply. ATB limits: • Main member R8 190.00 per year • Adult dependant R8 190.00 per year • Child dependant R2 564.10 per year
Contraceptives benefit	• Limit of R3 671.33 per family per year. • Paid from available savings and/or above threshold benefit. • Subject to Managed Care Protocols and formulary.

BENEFIT	EXPLANATION
Pharmacy Advised Treatment (PAT) Over-the-Counter Medication Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines. PAT is subject to the medicine items and materials benefit limit	100% of Reference Price* - Paid from available savings and/or above threshold benefit. - Acute Medicine sublimit applies.
PMB Chronic Disease List Medicines	100% of Reference Price* - Unlimited. - 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.
Other Chronic (Non-CDL) Medicines	100% of Reference Price* - Paid from Risk. - Limited to 35 510.42 per family per year and R18 572.72 per beneficiary per year. - Non-formulary* products will incur a 30% co-payment*, where these are obtained voluntarily by beneficiaries. - Subject to registration on the Chronic Medicine programme, and pre-authorisation treatment protocols and medicine formulary*. - Subject to renewal of prescription every six months.

 OPTOMETRY BENEFITS	Paid from MSA. No co-payments applicable at DSP
Benefit paid from available savings	100% of DSP Tariff*
Eye Tests	
Contact Lenses: No benefit for contact lenses if spectacle lenses are claimed.	100% of DSP Tariff*
Spectacle Lenses No benefit for spectacle lenses if contact lenses are claimed	Limited to: R2 551.50 per beneficiary every 24 months R259.69 per Single vision lens OR R563.60 per Bi-Focal lens OR R1 034.21 per multi-focal lens
Frames A frame cannot be claimed alone or with contact lenses. No benefit for frames if contact lenses are claimed.	Frames Limited to R1 563.79 per beneficiary every 24 months.

 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*
Conscious sedation: (limited to beneficiaries below the age of 16 years)	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 9 months
Root Canal treatment is included in conservative dentistry	Root canal treatment: Managed Care Protocols apply. Excludes wisdom teeth (3rd molars) and primary (milk) teeth
Preventative scale and polish	Preventative care: two (2) annual scale and polish treatments per beneficiary (once in 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 aged 5 to 13 years.
All dental X-rays are 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 1 per beneficiary every 24 months
Extra-oral scans	One scan (1) per beneficiary every 24 months
Advanced Dentistry (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and non-surgical)	100% of Scheme Tariff* - Subject to PBM, pre-authorisation and clinical protocols. - Non-authorisation of advanced dentistry may result in non-payment of claims.
Crowns and bridges	3 crowns per family per year, once per tooth in 5 years.

BENEFIT	EXPLANATION
Orthodontics	- Pre-authorisation is required - Benefit for fixed comprehensive Orthodontic treatment is limited to individuals aged 9 or younger than 21 years.
Periodontics	- Subject to registration on the Periodontal Programme. - Limited to conservative, non-surgical therapy only (root planning). - Surgical periodontics: No benefits
Dental Implants	- Dental implants: 3 Implants per beneficiary per year over 5 years. Limited to R18 961.90 - Only at DSP, subject to preauthorisation and MSA. - Related lab fees and implant crown to be paid from specialised dentistry.
Partial Metal Frame Dentures Members older than 16 years	- Two partial frame dentures (an upper and a lower) per beneficiary in 5 years, limited to 2 family members per year. - Members older than 16 years of age. - Subject to managed care protocols
Acrylic (Plastic) Dentures	- One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in 4 years. - Members older than 16 years of age. - Subject to pre-authorisation and managed care protocols.
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations)	100% of Scheme Tariff* - Subject to PMBs, pre-authorisation and protocols. - The benefit of Temporomandibular Joint (TMJ) therapy is limited to non-surgical interventions/ treatments. - 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
 OTHER SERVICES/ AUXILIARY BENEFITS Part of the Overall Day-to-Day benefits	
Allied Services (Homoeopathy, Naturopathy, Chiropractor)	100% of Scheme Tariff - Limited to R2 806.97 per beneficiary per year. - Subject to pre-authorisation, PMBs and Managed Care Protocol.
Alternative Services /Therapies (Includes 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 885.21 - M+: R6 545.54 - 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.
Physiotherapy & Biokinetics	- Paid from available savings and/or above threshold benefit. - Subject to the limit set out in the day-to-day benefits. - PMB applicable.
Clinical and Medical Technologist	100% Scheme Tariff*. - Paid from available MSA and/or above threshold benefit
 MEDICAL APPLIANCES Subject to available MSA, Clinical Protocols and Guidelines	
Callipers, Nebuliser, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, etc.	- Combined in- and out-of-hospital benefit. Subject to pre-authorisation, PMBs and managed care Protocols. - All appliances are payable once per year, subject to limits, unless stipulated otherwise. - Subject to available MSA, Clinical Protocols and Guidelines
Medical Appliances Callipers, Nebuliser, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, Blood Pressure monitoring machine and any other clinically appropriate appliance, etc.	100% of Negotiated Tariff*. - Paid from available MSA and/or above threshold benefit: Limits: - M: R3 705.50 - M+ : R6 172.90 - Subject to pre-authorisation and clinical criteria.
Hearing Aids: One (1) pair of hearing units (one per ear) per beneficiary every four (4) years from the date of acquisition.	- One (1) pair of hearing aids per beneficiary every three (3) years from the date of acquisition - Limit: R50 529.78 per family per year - Subject to pre-authorisation, PMB and managed care protocols.
Non-motorised wheelchairs One (1) per family every 4-year cycle.	- One per family every 4-year cycle - Family Limit: R6 159.67

BENEFIT

EXPLANATION



EMERGENCY BENEFITS

Air/Road Ambulance & Emergency Services

- 100% of Negotiated Tariff*
- The Schemes' preferred provider must be contacted should you require an ambulance.
- Authorisation for emergency transportation should be obtained within 72 hours.
- If services are not pre-authorised through the preferred provider, claims will not qualify for payment.

Non-emergency air/Road services

(such as medical repatriation or clinically appropriate interfacility transfers)

- Must be pre-authorised.



TITANIUM EXECUTIVE BENEFIT CONTRIBUTIONS



MAIN MEMBER



ADULT



CHILD

RISK	R9 295,70	R8 224,92	R1 900,01
MSA	R2 441,30	R2 160,08	R498,99
Total	R11 737,00	R10 385,00	R2 399,00
%	20,80%	20,80%	20,80%
Member annual (12 months) MSA BENEFIT for Day-to-Day	R29 295,55	R25 920,96	R5 987,90

DEFINITION OF TERMS

TERM	EXPLANATION
Scheme Tariff*	"The Tariff determined or adopted by the Board in respect of the payment for healthcare services rendered to beneficiaries by service providers who are not subject to a DSP Tariff or a Negotiated Tariff, determined using the 2006 National Health Reference Price List (NHRPL) with the application of a year-on-year inflationary increase"
DSP*	"Designated Service Provider"
DSP Tariff*	"The fee determined in terms of an agreement between the Scheme and a service provider or a group of service providers in respect of the payment for the relevant health services"
Negotiated Tariff*	"A Tariff negotiated and agreed ad hoc for services rendered between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to beneficiaries and which is different from the Scheme Tariff"
Reference Price*	"The maximum reimbursable price for a list of generically similar or therapeutically equivalent products with a cost lower than that of the original medicine"
Medicine Formulary*	"A list of medicines that the Scheme will pay for the treatment of acute and chronic conditions as per the benefit option the member has selected"
Co-payment*	"A specified rand amount a beneficiary will be liable to self-fund for the cost of a specified medical treatment as stipulated in the benefits per option"
Deductible*	"A specific percentage or rand amount of the total hospital account related to a specific procedure as stipulated in the benefits per option that the beneficiary is liable for"
ICON*	"Independent Clinical Oncology Network"
Voluntarily*	"Of one's own free will"



SIZWE HOSMED BAMBINO PROGRAMME

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

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

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

BENEFIT

EXPLANATION

SIZWE HOSMED Bambino Programme

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

Hospital Confinement

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

- 100% of Scheme Tariff*

Delivery

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

- 100% of Scheme Tariff*

Maternity Ultrasound(s)

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

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

Maternity Visit(s)

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

Antenatal Pathology Screening

Limited to:

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

Antenatal Supplements (Vitamins)

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

Immunisation Benefit

- Moved to preventative care benefit, under child health.



PREVENTATIVE CARE BENEFITS

BENEFIT

EXPLANATION

Wellness Screening/ Health Risk Assessments

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

Adult health

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

Women's Health

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

Child Health

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

Men's Health

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

Vaccinations (Other)

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

HIV/AIDS Benefit

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

COVID-19

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



SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

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

WALKIN CENTRES

CAPE TOWN

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

Tel: 021 402 9600

DURBAN

19 Hurst Grove,
Musgrave,
Durban

Tel: 031 304 4829

EMALAHLENI

Corner Plumer St
& Mandela St.,
eMalahleni

Tel: 013 690 3342

GAUTENG

23 West
Street,
Houghton,
Johannesburg

GQEBERHA

70 2nd Avenue,
Gqeberha,
Nelson Mandela Bay

Tel: 041 503 1000

POLOKWANE

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

WELKOM

Corner Buiten & Graaf
Streets,
Welkom

Tel: 057 353 1475/8

Visit: www.sizwehosmed.co.za

EMERGENCY AMBULANCE

We have you covered on all plans, available 24 / 7 / 365

CALL 0860 11 77 99