



**SIZWE HOSMED**  
MEDICAL SCHEME  
*Your choice for quality care*

# ACCESS SAVER PLAN 2026



**Stay Smart. Stay Covered!**

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**Because at Sizwe Hosmed, there is so much more!**





# Still Here

*Still Caring for You!*

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

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



## ACCESS SAVER

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

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

**Stay Smart. Stay Covered!**



# IN-HOSPITAL BENEFITS

- Unlimited benefits only for Prescribed Minimum Benefit (PMB) conditions, subject to PMB legislation and regulations.
- Hospital benefits are only available at the Designated Service Providers.
- All admissions (including PMBs) are subject to pre-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\* apply to a defined list of procedures.

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

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



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

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



# OUT OF HOSPITAL BENEFITS

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

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



## MEDICINE AND MATERIALS BENEFITS

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

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

| BENEFIT                                                                                                                                                                                                                                                                           |  | EXPLANATION                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>OPTICAL BENEFITS</b>                                                                                                                                                                         |  | Benefit paid from Risk for members who use the Scheme Optometry Designated Service Provider (DSP) only; otherwise, payable from the Medical Savings Account.<br>Limited to One Claim per beneficiary every 24 months.                                                                         |
| <b>Eye Tests</b>                                                                                                                                                                                                                                                                  |  | 100% of DSP Tariff*<br>One comprehensive consultation per beneficiary every 24 months                                                                                                                                                                                                         |
| <b>Contact lenses</b>                                                                                                                                                                                                                                                             |  | No benefit for contact lenses if spectacle lenses are claimed.<br>Contact lenses limit:<br><b>R1 279.95</b> per beneficiary every 24 months.                                                                                                                                                  |
| <b>Spectacle Lenses</b>                                                                                                                                                                                                                                                           |  | No benefit for spectacle lenses if contact lenses are claimed.<br>Spectacle Lenses limit:<br>Limited to <b>R269.89</b> per lens – clear single vision OR<br><b>R571.54</b> per lens – clear bifocal OR<br><b>R571.54</b> per lens – base multifocal                                           |
| <b>Spectacle Frames</b><br>A frame cannot be claimed alone or with contact lenses.                                                                                                                                                                                                |  | Spectacle Frames limit :<br><b>R703.50</b> per Frame                                                                                                                                                                                                                                          |
|  <b>DENTAL BENEFITS</b>                                                                                                                                                                          |  | Benefit paid from Risk for members who utilize the Scheme Dental DSP network Only, otherwise, payable from Medical Savings Account.                                                                                                                                                           |
| <b>Conservative Dentistry</b><br>(dentist and dental therapist) includes consultations, infection control, fillings etc.                                                                                                                                                          |  | 100% of Negotiated Tariff*                                                                                                                                                                                                                                                                    |
| <b>Consultations, Fillings, Extractions</b>                                                                                                                                                                                                                                       |  | Yes (Paid from Risk)                                                                                                                                                                                                                                                                          |
| <b>Conscious sedation:</b> (limited to beneficiaries below the age of 16 years).                                                                                                                                                                                                  |  | Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation.                                                                                                                                                                 |
| <b>Root Canal treatment included in conservative dentistry</b>                                                                                                                                                                                                                    |  | No benefit                                                                                                                                                                                                                                                                                    |
| <b>Preventative scale and polish</b>                                                                                                                                                                                                                                              |  | Yes                                                                                                                                                                                                                                                                                           |
| <b>Infection control</b>                                                                                                                                                                                                                                                          |  | Yes                                                                                                                                                                                                                                                                                           |
| <b>Fluoride treatment</b>                                                                                                                                                                                                                                                         |  | Yes<br>Beneficiaries below the age of 13 years.                                                                                                                                                                                                                                               |
| <b>Dental X-rays</b>                                                                                                                                                                                                                                                              |  | X-rays (limited to intra-oral)<br>Dental protocols apply, and pre-authorisation is required for extensive treatment plans.<br>Quantity limitations apply.                                                                                                                                     |
| <b>Advanced Dentistry (Paid from Risk)</b><br>(e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics)                                                                                                                  |  | Non-PMBs Paid from MSA*<br>All clinically valid specialised dental treatment covered from MSA*<br>Orthodontics is Limited to beneficiaries aged 21 years or older.                                                                                                                            |
| <b>Acrylic (Plastic) Dentures</b>                                                                                                                                                                                                                                                 |  | Repairs, realigning and repairing of dentures every 12 months.<br>Limited to beneficiaries above the age of 16 years.<br>1 set of Acrylic (plastic) denture per beneficiary every 4 years. Repairs, realigning and repairing of dentures every 12 months. Limited to PMBs.<br>Paid from Risk. |
| <b>Dental Implants</b>                                                                                                                                                                                                                                                            |  | No benefit                                                                                                                                                                                                                                                                                    |
| <b>Partial Metal Frame Dentures</b>                                                                                                                                                                                                                                               |  | No benefit                                                                                                                                                                                                                                                                                    |
| <b>Maxillo-Facial &amp; Oral, including Dental Surgery</b> (Consultations, Surgical procedures, and Operations)                                                                                                                                                                   |  | 100% of DSP Tariff*<br>Limited to PMBs<br>Subject to PMBs, pre-authorisation and protocols.                                                                                                                                                                                                   |
|  <b>OTHER SERVICES/ AUXILLIARY BENEFITS</b>                                                                                                                                                    |  | Part of the overall Day-to-Day benefits.<br>Paid from MSA, except for PMBs.                                                                                                                                                                                                                   |
| <b>Alternative Therapies</b><br>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 <b>R3 159.77</b> per family per year                                                                                                                                                                                                                                  |
| <b>Allied Services</b><br>(Homoeopathy, Naturopathy, Chiropractor)                                                                                                                                                                                                                |  | 100% of Scheme Tariff*<br>Paid from MSA<br>Homoeopathic Medication Excluded.<br>Subject to PMBs and Protocols.                                                                                                                                                                                |



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



## ACCESS SAVER BENEFIT CONTRIBUTIONS

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

## DEFINITION OF TERMS

| TERM                      | EXPLANATION                                                                                                                                                                                                                                                                                                                                      |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Scheme Tariff*</b>     | "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" |
| <b>DSP*</b>               | "Designated Service Provider"                                                                                                                                                                                                                                                                                                                    |
| <b>DSP Tariff*</b>        | "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"                                                                                                                                                               |
| <b>Negotiated Tariff*</b> | "A Tariff negotiated and agreed ad hoc for services rendered between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to beneficiaries and which is different from the Scheme Tariff"                                                                                        |

| TERM                       | EXPLANATION                                                                                                                                                                      |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Reference Price*</b>    | "The maximum reimbursable price for a list of generically similar or therapeutically equivalent products with a cost lower than that of the original medicine"                   |
| <b>Medicine Formulary*</b> | "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"                               |
| <b>Co-payment*</b>         | "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"                       |
| <b>Deductible*</b>         | "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" |
| <b>ICON*</b>               | "Independent Clinical Oncology Network"                                                                                                                                          |
| <b>Voluntarily*</b>        | "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

7<sup>th</sup> Floor, Norton  
Rose House,  
8 Riebeeck 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 2<sup>nd</sup> 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](http://www.sizwehosmed.co.za)**

## EMERGENCY AMBULANCE

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

**CALL 0860 11 77 99**