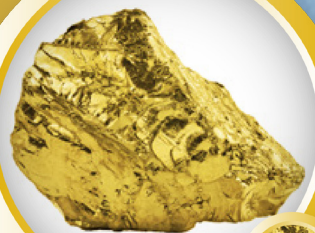




SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

GOLD ASCEND & GOLD ASCEND EDO PLANS 2026



Protection that grows with you!

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.



GOLD ASCEND & GOLD ASCEND EDO

Gold Ascend is Sizwe Hosmed's versatile, efficiently discounted plan for young families, covering in and out-of-hospital needs and extensive healthcare programmes including mental health benefits.

The **Gold Ascend Option** provides access to **any** hospital, while the **Gold Ascend EDO** offers the same benefits but **limits** access to hospitals within the Scheme network.

Protection that grows with you!



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 DSPS, pre-authorisation and case management, clinical guidelines and scheme rules. Emergency admissions must be notified to the Scheme within 48 hours of admission.
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. 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* Subject to PMB, clinical protocols and scheme rules. All procedures must be pre-authorised.
Anaesthetist Rate	100% of Scheme Tariff* Subject to PMB, clinical protocols and scheme rules.
Laparoscopic Hospitalisation and Associated Costs	100% of Scheme Tariff Subject to PMBs, pre-authorisation and managed care protocols. No co-payment is applicable when the procedure is performed in a Day Hospital or as a Day Case. Laparoscopic procedures done in-hospital will attract a 20% co-payment except diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias.
Major In-hospital Medical Services and Procedures	100% of Negotiated Tariff* Subject to PMB, pre-authorisation, clinical protocols and scheme rules. Emergency medical services and in-room procedures must be notified to the Scheme within 48 hours of the event.
Back and Neck Surgery	100% of Scheme Tariff* Subject to PMB, pre-authorisation, clinical or managed care protocols and scheme rules. Subject to adherence to conservative treatment. A co-payment of R5,000 is applicable to all non-PMB back and neck surgeries.
Organ Transplant	100% of Scheme 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.
Stereotactic Radiosurgery	100% of Scheme Tariff Subject to PMBs, pre-authorisation, managed care protocols and scheme rules. Primary Central Nervous System tumours only.
Male Sterilisation/ Vasectomy	100% of Negotiated Tariff* Limited to R20 225.36 per beneficiary per year. Subject to pre-authorisation and PMBs at the Day Clinic or as a Day Case.
Female Sterilisation/ Tubal Ligation	100% of Negotiated Tariff* Limited to R20 225.36 per beneficiary per year Subject to pre-authorisation at Day Clinic or as a Day Case, Subject to PMBs.

BENEFIT	EXPLANATION
Dental Hospitalisation	100% of Scheme Tariff** Subject to PMBs pre-authorisation, treatment protocols. General in-hospital benefit rules apply. Basic dentistry benefit In-Hospital is limited to extensive conservative treatment for children under the age of 7 years involving more than three (3) teeth. General anaesthetic benefits are only available for children under the age of seven (7) years for extensive dental treatment, limited to once per beneficiary per year. Removal of symptomatic impacted wisdom teeth covered only as Day Case at a day hospital.
Maxillo-facial and Oral Surgery	100% of Scheme Tariff* Subject to PMBs, pre-authorisation and treatment protocols and scheme rules. Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/ treatments. Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.
Medicines items and Pharmaceutical Products used whilst in-hospital	100% Negotiated Tariff* Subject to PMB, Medicine Formulary, use of pharmacy network(s).
Medicine to take home after discharge (TTO)	Limited to 7 days medicine supply for non- PMBs. Subject to valid script and formulary*. Subject to benefit limit for Non PMBs.
Oncology	100% of Scheme Tariff* Limit R252 825.30 per beneficiary per year. Benefits utilisation more than R252 825.30 per beneficiary per year will be subject to a 20% co-payment. Subject to the use of oncology DSP. Subject to PMB, pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.
Non-Cancer Specialised Drugs Benefits (incl. Biologicals)	No benefit
Renal Dialysis (Include peritoneal and haemodialysis)	100% of Negotiated Tariff* Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to the use of DPS. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme.
Infertility	100% of Scheme Tariff* Subject to PMBs, pre-authorisation and Protocols. Department of Health protocols apply.
Blood Transfusions	100% of Scheme Tariff* Subject to PMBs, pre-authorisation and Scheme formulary* and protocol.
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 (MRI/CAT scan/ Angiogram) Joint benefit In and Out of Hospital	Combined in and out of hospital limit of R26 225.17 per family per year. 10% co-payment applicable for non-PMB MRI and CT scans.

BENEFIT	EXPLANATION
Radio isotope studies	100% of Scheme Tariff* Subject to pre-authorisation, managed care protocols and specialist referral.
Interventional Radiology	100% of Scheme Tariff* Pre-authorisation and specialist referral required. Subject to available benefit limits. With in-hospital limit, subject to pre-authorisation and clinical protocols. Subject to available benefit limits.
Pathology Subject to PMBs and Managed Care Protocols	100% of Scheme Tariff*
Physiotherapy & Biokinetics	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	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. Maximum of 3 days admission for withdrawal treatment (for delirium, intoxication, acute delusional, perception disorders & organic mental disorders caused by drugs) and up to 21 days admission for rehabilitation at an appropriate facility annually.	100% of the Negotiated 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.
Mental Health benefits (including consultation, ward fees, related medicines, therapy sessions with psychiatrist and psychologist, etc). 21 days in-hospital or 15 out-of-hospital sessions per beneficiary per year (includes psychiatrist consultations and six in-hospital consultations by a clinical psychologist Four (4) out of hospital visits/ consultations in lieu of hospitalisation are allowed, subject to managed care protocols. Additional hospitalisation is subject to motivation by the treating provider. Limited to a maximum of three days' hospitalisation if admitted by a GP or a specialist physician	100% of Negotiated Tariff* Subject to PMB, pre-authorisation, clinical protocols and scheme rules. Subject to Preferred Provider Network. Daily Limit: R2 066.09 per beneficiary per day. Maximum Limit: R43 393.30 per beneficiary per year.
Step-down Facilities	100% of Negotiated Tariff* Subject to PMBs, pre-authorisation and protocols. Includes all services rendered at registered step-down facilities and under home care in lieu of hospitalisation.
Home-Based Care In lieu of hospitalisation	100% of Scheme Tariff* Limit: R6 372.45 per family per year Subject to PMBs, pre-authorisation and managed care protocols.
Frail care	Not covered.
Hospice and Private Nursing	100% of Negotiated Tariff* Limit: R6 372.45 per family per year. Subject to PMBs, pre-authorisation and Protocols for all services rendered at registered stepdown facilities and nursing facilities. Subject to the Hospital Benefit, Management Programme and the Disease Management Programme.

BENEFIT	EXPLANATION
Negative pressure wound therapy	100% of Negotiated Tariff* Limited to PMBs. Subject to PMBs, pre-authorisation and managed care protocols.
Hyperbaric Oxygen Therapy	100% of Negotiated Tariff* Limited to PMBs Subject to PMBs, pre-authorisation and protocols. Public sector protocols apply.
Age-Related Macular Degeneration Treatment	100% of Negotiated Tariff* Subject to PMBs, pre-authorisation, medicine formulary* and protocols. Applicable to members 55 years and above.
Deductible* Applied for In-Hospital Procedures	Not applicable
Day Procedures	100% of Negotiated Tariff* Subject to pre-authorisation, managed care protocols and scheme rules. No co-payment is required for a day procedure performed at a day facility. A 20 % co-payment applies if listed day procedures are performed at an Acute hospital.
Internal and External Prosthesis	100% of Negotiated Tariff* Overall internal and external prosthesis limit: R35 935.99 per family per year. Subject to PMBs, pre-authorisation and managed care protocols.
Spine: Instrumentation and disc prostheses, including all components and fixation devices for back/spine.	Spinal Fusion: One spinal level per beneficiary per year unless PMB. Spine Prosthesis is subject to a benefit limit unless PMB. A maximum of one event per beneficiary per year. Should more than one spinal level be required, approval will be granted subject to managed care protocols.
Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle).	Hip and knee, shoulder and ankle (partial and total): Only one joint, per beneficiary per year. One (1) event per year, excludes cement Prosthesis subject to benefit limit, unless PMB
Aphakic lenses (subject to protocols and PMBs)	R7 112.70 per lens per beneficiary per year. Subject to the overall prosthesis limit.
Cardiac Stents Includes Cardiac valves, Aortic Stent grafts, peripheral arterial stent grafts, single/dual pacemakers, Cardiac Resynchronisation Devices (CRT), Implantable Cardioverter Defibrillators (ICD) with Pacing Capabilities (CRT-D)	Limited to 3 cardiac stents per family per year unless PMB Vascular stents: 2 stents per family per year unless PMB. Subject to the overall prosthesis limit.
Internal sphincters and stimulators	100% of Negotiated Tariff* Subject to available limits. Subject to the overall prosthesis limit.
Other clinically appropriate unspecified prosthetic items	100% of Negotiated Tariff* Subject to available limits Subject to the overall prosthesis limit.
External Prosthesis: Artificial limb, Breast, Ocular, Taylor Spatial frame, External fixator, Mesh.	100% of Negotiated Tariff* Subject to benefit limit. Subject to the overall prosthesis limit.



OUT OF HOSPITAL BENEFITS

- **Out of Hospital Benefits** for Day to Day are subject to MSA, excluding Scheme risk benefits as stipulated, which include 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
Day-to-day benefits include GPs, Specialists, Physiotherapy, Pathology and Acute medication (excluding Psychiatrists) (include virtual and in-room consultations).	100% of Scheme Tariff* Subject to PMBs and managed care protocols Limited to: Member: R7 968.87 Member +4: R17 800.97 Member +1: R11 801.16 Member +5: R19 796.49 Member +2: R13 809.92 Member +6: R21 779.89 Member +3: R15 793.31
General Practitioners and Specialists (including virtual and in-room consultations).	100% of Scheme Tariff* Subject to a day-to-day limit. Subject to PMBs and managed care protocols.
Psychology & Psychiatry Treatment Limited to Psychiatrists, Clinical and Counselling Psychologists.	No Benefit Already provided under Mental Health
Basic Radiology	100% of Negotiated Tariff* Subject to PMBs and managed care protocols. Subject to a Day-to-Day limit.
Advanced/Specialised Radiology: (MRI/CAT scan/ Angiogram). Joint benefit for In and Out of Hospital.	100% of Negotiated Tariff* Combined limit of one scan per beneficiary per annum. Subject to the overall family limit per annum. The family limit per annum is R26 224.07 A 10% co-payment is 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.
Pathology	100% of Negotiated Tariff* Subject to PMBs and managed care protocols. Subject to the Day-to-Day limit.
Medicine and Materials Benefit	100% of Reference Price* Subject to PMB, Formularies and clinical protocols. Overall day to day limit applies.
Acute Medicines Subject to day-to-day limits	Overall Acute Medicine limit: Member: R2 487.24 Member +4: R5 813.48 Member +1: R4 483.87 Member +5: R6 133.21 Member +2: R4 988.81 Member +6: R6 639.26 Member +3: R5 654.72
Contraceptives (including Mirena device)	Limit R3 672.43 per family per year. Subject to the day-to-day limit, Managed Care Protocols and Formulary*.
Pharmacy Advised Treatment (PAT)/ Over the Counter Medication	Limited to R2 564.42 per family per year. Maximum R190.05 per script. Subject to the overall Acute Medicine benefit. Includes consultation with a Pharmacist. Restricted to Schedule 0, 1 and 2 medicines and listed Vitamins.
Chronic Medicines	100% of Reference Price* Subject to clinical protocol, medicine formulary*, pre-authorisation and the use of Pharmacy Preferred Provider Networks.
PMB Chronic Disease List Medicines	100% of Reference Price* Unlimited Subject to registration on the Chronic Medicine programme. Subject to renewal of prescription every six months.
Other Chronic (Non-CDL) Medicine	No benefit

BENEFIT		EXPLANATION
 OPTICAL BENEFITS		Benefit applicable to members who use the Scheme's DSP Optometrists only. One claim per beneficiary every 24 months
Eye Tests		100% of DSP Tariff*
Contact lenses		100% of DSP Tariff*. Contact lenses cannot be claimed with spectacle lenses and frames. Limited to R1 782.90
Spectacle Lenses		One claim per beneficiary every 24 months. Single vision Lens: R259.69 per lens Or Bi-Focal Lens: R563.60 per lens Or Multi-Focal Lens: R563.60 per lens
Frames		100% of DSP Tariff* A frame cannot be claimed alone or with contact lenses. Limited to R808.50
 DENTAL BENEFITS		Benefit applicable to members who utilise the Scheme's DSP network only. Paid from risk.
Conservative Dentistry (Dentist and Dental Therapist)		100% of Scheme Tariff
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		Yes Limited to beneficiaries from age 5 up to the age of 13 years)
Conscious sedation:		Inhalation sedation: 100% Scheme rate; subject to managed care protocols. Limited to beneficiaries below the age of 16 years.
Dental X-rays		Intra-oral: subject to managed care protocols. Extra-oral: one (1) scan per beneficiary in a two (2) year period
Advanced Dentistry. Paid from Risk (e.g. Crowns & Bridgework, Dentures, Orthodontics, etc.) removal of impacted wisdom teeth and non-surgical Periodontics.		100% of Scheme Tariff* Benefit excludes partial metal frame dentures, Crowns and bridges, Implants and Orthodontics. Subject to preauthorisation and managed care protocols
Orthodontics Preauthorisation is required. Limited to beneficiaries up to 21years of age.		100% of Scheme Tariff* Subject to preauthorisation and managed care protocols The benefit for fixed comprehensive Orthodontic treatment is limited to individuals aged 9 to 21 years. Subject to registration on the Periodontal Programme. Limited to conservative, non-surgical therapy only (root planning).
Periodontics Subject to registration on the Periodontal Programme Preauthorisation is required.		No benefits
Surgical periodontics		No Benefit
Dental Implants		Limited to conservative, non-surgical therapy only (root planning) (Excluding Surgical periodontics).
Partial Metal Frame Dentures		Limited to conservative, non-surgical therapy only (root planning). It excludes Surgical periodontics.
Acrylic (Plastic) Dentures		100% of Scheme Tariff* One (1) set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a four (4) year period. Members older than 16 years.
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures, and Operations)		100% of Scheme Tariff* Subject to PMBs, preauthorisation and managed care protocols. The benefit of Temporomandibular Joint (TMJ) therapy is limited to non-surgical interventions/ treatments. The claims for oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.

BENEFIT	EXPLANATION
 OTHER SERVICES/ AUXILIARY BENEFITS	
	Part of the Overall Day-to-Day benefits
Allied Services (Homoeopathy, Naturopathy, Chiropractor)	100% of Scheme Tariff* Limit: R1 411.20 per beneficiary per year Subject to preauthorisation, 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*. M: R1 424.43 M+: R2 287.69 Subject to preauthorisation, PMBs and Managed Care Protocols.
Physiotherapy & Biokinetics	100% of Scheme Tariff Subject to PMBs, preauthorisation, Managed Care rules and clinical protocols.
Clinical and Medical Technologist	100% of Scheme Tariff* Subject to PMBs, preauthorisation, Managed Care rules and clinical protocols.
 MEDICAL APPLIANCES	
	Part of the Overall Day-to-Day benefits
Medical Appliances (Callipers, Nebuliser, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, etc.)	100% of Negotiated Tariff* Subject to pre-authorisation and clinical criteria Limits: M: R1 423.33 M+: R2 287.69
Blood Pressure Monitors	Sub-limit R692.37
Hearing Aids: One (1) pair of hearing units (one per ear) per beneficiary very four (4) years from the date of acquisition.	100% of Negotiated Tariff. Limit: R21 047.83 per family per year. Subject to preauthorisation. Subject to registration on the Diseases Management Programme (For beneficiaries registered for Hypertension).
Non-motorised wheelchairs One (1) per family every 4-year cycle.	Family Limit: R2 633.87
Air/Road Ambulance & Emergency Services	100% of Negotiated Tariff* Subject to pre-authorisation and managed care protocols. Authorisation for emergency transportation should be obtained within 72 hours. The Scheme's preferred provider must be contacted should you require an Ambulance. If services are not pre-authorised through the preferred provider, claims will not qualify for payment. Non-emergency air/Road services such as medical repatriation or clinically appropriate interfacility transfers must be pre-authorised.



GOLD ASCEND BENEFIT CONTRIBUTIONS



MAIN MEMBER

R4 468



ADULT

R4 291



CHILD

R1 234

GOLD ASCEND EDO BENEFIT CONTRIBUTIONS



MAIN MEMBER

R4 249



ADULT

R4 077



CHILD

R1 171

DEFINITION OF TERMS

TERM	EXPLANATION	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"	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"
DSP*	"Designated Service Provider"	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"
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"	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"
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"	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.

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