



SIZWE HOSMED
MEDICAL SCHEME

Your choice for quality care

ESSENTIAL COPPER PLAN 2026



Built for your grind. Backed by care!

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

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



Still Here

Still Caring for You!

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

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



ESSENTIAL COPPER

Smart cover for your lifestyle

Essential Copper is Sizwe Hosmed's entry-level network plan with comprehensive day-to-day and hospital benefits.

Tailored for young, healthy individuals, this cost-effective starter plan offers the right balance of in-hospital and out-of-hospital benefits, including GP visits, without the financial strain. Because even when you feel invincible, your health still matters.

Built for your grind. Backed by care!



IN-HOSPITAL BENEFITS

- Limited benefits for the Prescribed Minimum Benefit conditions only, subject to PMB legislation and regulations. Hospital benefits are only available at the Designated Service Providers.
- All admissions (including PMBs) are subject to pre-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. Voluntary use of a non-DSP* hospital will result in a 30% co-payment.

BENEFIT	EXPLANATION
Overall Annual limit	No overall annual limit
In-hospital PMBs	Unlimited PMBs Subject to DSP facilities, pre-authorisation and case management, clinical guidelines and scheme rules. Emergency admissions must be notified to the Scheme within 48 hours of admission. Voluntary use of a non-DSP* hospital will result in a 30% co-payment A 30% penalty will be imposed for non-emergency late pre-authorisations
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room)	100% of DSP Tariff* Limited to PMBs All admissions (including PMBs) are subject to pre-authorisation, case management, clinical protocols and scheme rules. Admissions for elective procedures must be pre-authorised at least 72 hours before the admission date. A 30% penalty will be imposed for non-emergency late pre-authorisations. Voluntary use of non-DSP* hospital will result in a 30% co-payment
In-hospital General Practitioner (GP) Consultations and In-Room Procedures.	100% Negotiated Tariff* Limited to PMBs Subject to PMB, case management and managed care protocols.
In-hospital Specialist Consultations and In-Room Procedures.	100% Negotiated Tariff* Limited to PMBs Subject to PMB, case management and managed care protocols.
Laparoscopic Hospitalisation and Associated Costs	100% of Scheme Tariff** Limited to PMBs Subject to PMBs, pre-authorisation and managed care protocols. A 20% co-payment where a laparoscopic procedure is voluntarily accessed at an acute hospital instead of a day hospital. No co-payment is applicable for the following laparoscopic procedures: • Diagnostic laparoscopy • Aspiration/excision of ovarian cyst • Lap-appendicectomy • Repair of recurrent or bilateral inguinal hernias
Major In-hospital Medical Services and Procedures	100% of Scheme Tariff* Limited to PMBs 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. Voluntary use of non-DSP* hospital will result in a 30% co-payment.
Back and Neck Surgery	100% of Scheme Tariff* Limited to PMBs Subject to PMBs, pre-authorisation and adherence to the conservative back and neck treatment protocol.

BENEFIT	EXPLANATION
Organ Transplant	100% Scheme Tariff*. Limited to PMBs. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines and registration on the Disease Management Programme. Department of Health Protocols apply.
Stereotactic Radiosurgery	No Benefit.
Male Sterilisation/ Vasectomy	100% Scheme Tariff*. Limited to PMBs. Subject to PMBs and preauthorisation at Day Clinic or as a Day Case.
Female Sterilisation/ Tubal Ligation	100% Scheme Tariff*. Limited to PMBs. Subject to pre-authorisation at Day Clinic or as Day Case, and subject to PMBs.
Dental Hospitalisation	100% Scheme Tariff*. Limited to PMBs. Subject to PMBs pre-authorisation and treatment protocols. General anaesthetic benefits are available for children under the age of seven (7) years for extensive dental treatment. Limited to once per beneficiary per year. Removal of symptomatic impacted wisdom teeth is covered only as a Day Case.
Maxillo-facial and Oral Surgery	No Benefit.
Medicines items and Pharmaceutical Products used whilst in-hospital	100% Scheme Tariff*. Limited to PMBs. Includes medicines and consumables used in-hospital and theatre.
Medicine to take home after discharge (TTO)	Paid from hospital benefits. Subject to a formulary* and a legitimate script. Limited to 7 days of medicine supply.
Oncology	100% Scheme Tariff*. Limited to PMBs. Subject to the use of oncology DSP. Standard oncology DSP* protocols apply. Subject to PMB, preauthorisation, 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% Scheme Tariff*. Limited to PMBs. Unlimited benefits for PMBs. Subject to pre-authorisation, treatment guidelines, medicine formulary* and registration on the Disease management programme. Subject to the use of a DSP.
Infertility Subject to PMBs, pre-authorisation and managed care protocols.	100% Scheme Tariff*. Limited to PMBs.
Age-Related Macular Degeneration Treatment	100% Scheme Tariff* Limited PMBs. Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocols. Applicable to members 55 years and above.
Blood Transfusions	100% Scheme Tariff*. Limited to PMBs. Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol.

BENEFIT	EXPLANATION
Basic Radiology and Pathology in-hospital	100% Scheme Tariff*. Limited to PMBs. 100% Scheme Tariff*. Limited to 2 scans per beneficiary per year Limited to PMBs. Subject to PMBs, pre-authorisation and managed care protocols.
Advanced/Specialised Radiology:	100% Scheme Tariff*. Limited to PMBs. 100% Scheme Tariff*. Joint benefit for In and Out of Hospital. Subject to preauthorisation and specialist referral.
Physiotherapy & Biokinetics	100% Scheme Tariff*. Limited to PMBs. Subject to PMBs, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period. Subject to Scheme Managed Care protocols.
Dietician & Occupational Therapy	100% Scheme Tariff*. Limited to PMBs. Subject to PMBs, the treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period. Subject to Scheme Managed Care protocols.
Mental Health benefits	100% Scheme Tariff* Limited to PMBs. Benefits include consultation, ward fees, medicines, therapy sessions with a psychiatrist and psychologist, etc. Subject to PMB, preauthorisation, clinical protocols and scheme rules. Subject to preferred provider networks (PPN). 21 days in-hospital or 15 out-of-hospital sessions per beneficiary, which includes psychiatrist consultations and six in-hospital consultations by a clinical psychologist. Maximum 3 days for Psychologist/psychiatrist combined therapy sessions during the same admission; thereafter, pre-authorisation is required with a treatment plan.
Non-PMB Psychiatrist treatment	No benefit.
Drug & Alcohol Rehabilitation	100% Scheme Tariff*. Limited to R15 625.73 per family per year. Subject to PMBs, managed care protocols and pre-authorisation. Benefit limits apply. Subject to preferred provider networks (PPN).
Step-down Facilities	100% Scheme Tariff* Limited to PMBs Subject to PMBs, pre-authorisation and protocols.
Home-Based Care In lieu of hospitalisation.	100% of Negotiated Tariff*. Limited to PMBs. Subject to PMBs, pre-authorisation and protocols. Limited to 14 days per year. PMBs only.
Deductible* Applied for In-Hospital Procedures	Not applicable.
Internal and External Prosthesis	100% of Negotiated Tariff*. Limited to PMBs. Overall prosthesis limit: R24 839.33 per family per year. Limited to PMBs. Subject to PMBs, and pre-authorisation is subject to the overall prosthesis limit.
Spine:	Benefits include instrumentation and disc prostheses, including all components and fixation devices for back/spine. Maximum of one event per beneficiary per year.

BENEFIT	EXPLANATION
Joints:	Benefits include prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle). Subject to managed care protocols.
Aphakic Lenses	Limited to PMBs.
Cardiac stents	Benefits include Cardiac Valves, Aortic stent grafts, peripheral arterial stent grafts, Single/dual pacemaker, cardiac resynchronisation devices (CRT), Implantable Cardioverter Defibrillators (ICD) with Pacing Capabilities (CRT-D), etc. Subject to overall prosthesis limit and PMB protocols. 1 per lesion. A maximum of 3 lesions. Public sector protocols for STEMI apply. No benefit for unstable angina or NSTEMI unless there is evidence of failed conservative medical treatment.
Internal sphincters and stimulators	Subject to overall prosthesis benefit. Limited to PMBs.
Neurostimulators/Internal nerve stimulator for Parkinson's Disease	Limited to PMBs.
Cochlear implants	No Benefits.
Unlisted prosthesis, Artificial Limbs, and external prostheses, including artificial eyes	Maximum R11 796.75 subject to the overall prosthesis limit
Day Hospital Procedures	100% Scheme Tariff* Procedures must be done at a Designated Service Provider (DSP*) hospital network. Subject to pre-authorisation, PMB and managed care protocols. 20% co-payment applicable as per Day Hospital Rule *to the listed conditions herein. Subject to PMB conditions only: 1. Biopsy 2. Breast Biopsy 3. Cataract 4. Colonoscopy 5. Cone Biopsy/ Colposcopy 6. Cystoscopy 7. ERCP 8. Excision of Extensive Skin lesions /Repair/Skin Graft 9. Gastrosocopy or Colonoscopy or Oesophagoscope 10. Haemorrhoidectomy 11. Hysteroscopy, D&C, Minor Gynaecological Procedures 12. Myringotomy / Grommets 13. Repair of Wounds 14. Termination of Pregnancy 15. Tonsillectomy and Adenoidectomy 16. Umbilical and Inguinal Hernia



OUT OF HOSPITAL BENEFITS

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

BENEFIT	EXPLANATION
Overall Annual Limit on Out-of-Hospital	Unlimited PMB benefits Subject to DSP Out-of-hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine is limited to PMBs.
General Practitioners	100% of DSP* Tariff* within network Only DSP* GP, subject to PMB Unlimited GP visits from any GP within the DSP* Network A 30% co-payment will apply for voluntary use of GP and Specialist outside the DSP* Network. Members must nominate a GP within the network to coordinate their care.
Specialists	100% of Scheme Tariff* Limited to PMB conditions only Limited to 3 Visits per family per year, only on referral from DSP* GP. Subject to pre-authorisation and referral from DSP* GP.
Psychology & Psychiatry Treatment	100% of Scheme Tariff* Limited to PMBs only Subject to PMBs and referral from GP or Specialist. Failure to do so will result in no payment. Subject to confirmed diagnosis, treatment plan and managed care protocols.
Diagnostic Investigations	100% of Negotiated Tariff* Limited to PMBs. Subject to PMBs and protocols.
Basic Radiology	Limited to R2 082.72 per beneficiary per year Referral by Network Provider.
Advanced Radiology: (MRI/PET/CT scans) Joint benefit In and Out of Hospital	100% Scheme Tariff* Limited to 2 scans per beneficiary per year. Limited to PMBs Subject to referral by Network Provider only ; subject to pre-authorisation.
Pathology	Limited to R1 984.50 per beneficiary per year Network Provider Only. Limited to PMB conditions only
Acute Medicines	100% of Reference Price* Subject to Medicine formulary* and Protocols, Including Materials. Subject to DSP GP dispensing.
Acute Medication obtained from DSP* GP	Unlimited
Acute Medication Obtained from Pharmacy:	Subject to Medicine formulary* and Protocols, Including Materials. R 1 948.12 per beneficiary limited to R 5 432.02 per family per year. Benefits cover over-the-counter medication and consultation with a Pharmacist.
Pharmacy Advised Treatment (PAT)	Restricted to Schedule 0, 1 and 2 medicines. Subject to acute benefit limit. 100% of Reference Price* Limited to R820.26 per family per year Maximum R127.89 per script
Contraceptives	Limited to R91.51 per beneficiary per month subject to R972.41 limit per family per year.
Homeopathic Medication	No benefits.

BENEFIT	EXPLANATION
PMB Chronic Disease List Medicines	Subject to pre-authorisation by Designated Service Provider, Treatment Protocols, Medicine formulary* and Registration of the Chronic Medicine by the DSP* GP. Subject to renewal of prescription every six months. 100% of Reference Price* Unlimited
Other Chronic (Non-CDL) Medicines	No Benefit.
 OPTICAL BENEFITS	
	Available to members who utilise the Scheme's DSP Optometrists ONLY. Subject to optical protocol. One claim per beneficiary every 24 months.
Eye Tests	100% of DSP Tariff* One comprehensive consultation per beneficiary every 24 months
Contact lenses	Limited to R829.50 per beneficiary. No benefit for contact lenses if spectacles are purchased
Spectacle Lenses	No benefit for spectacles if contact lenses are purchased. R271.03 per lens – clear single vision Or R571.54 per lens – clear bifocal Or R571.54 per lens – base multifocal
Frames/Lens Enhancements	100% of DSP Tariff* A frame cannot be claimed alone or with contact lenses. R385.35 per beneficiary
 DENTAL BENEFITS	
	Available to members who utilise the Scheme's Dental DSP ONLY. Subject to dental protocols.
Conservative (Basic) Dentistry (Dentist and Dental therapist)	Yes (Paid from Risk)
Paid from Risk	
Conscious sedation: (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.
Consultations, Fillings, Extractions	Yes
Root Canal treatment is included in conservative dentistry	No benefit
Preventative scale and polish	Yes
Infection control	Yes
Fluoride treatment (limited to beneficiaries below the age of 12 years)	Yes
Dental X-rays	X-rays (limited to intra-oral). Quantity limitations apply. Dental protocols apply, and preauthorisation is required for extensive treatment plans.
Specialised (Advanced) Dentistry	Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics. Contracted Network Provider Only. 100% of Scheme Tariff*. Limited to PMBs.
Dental Implants	No benefit
Partial Metal Frame Dentures	No benefit
Acrylic (Plastic) Dentures	1 set of Acrylic/plastic dentures per beneficiary every 4 years. Repairs, realigning and repairing of Dentures every 12 months. Limited to PMB. Contracted Network Provider Only. (Limited to beneficiaries above the age of 16 years)
Maxillo-Facial & Oral, including Dental Surgery	100% of Scheme Tariff* Limited to PMBs. Benefits include Consultations, Surgical procedures and Operations. Subject to PMBs, pre-authorisation and protocols.

BENEFIT**EXPLANATION****OTHER SERVICES/ AUXILLIARY BENEFITS**

Allied Services (Homoeopathy, Naturopathy, Chiropractor)	No Benefit
Alternative Services /Therapies	100% of Scheme Tariff* Limited to PMBs Benefits cover Speech therapy, occupational therapy, social worker, dietetics, podiatry, prosthetist, orthotist, audiologist, educational psychologist and registered counsellor. Subject to pre-authorisation, PMBs and Managed Care Protocols
Physiotherapy & Biokinetics	100% of Scheme Tariff* Limited to PMB conditions only and clinical protocols Benefits include Physiotherapy for Cardiac and Respiratory conditions. Subject to the provision of a treatment plan and therapy goals Maximum of 6 sessions per beneficiary, thereafter subject to progress report and evidence of response.
Medical Appliances In and Out of Hospital	100% of Negotiated Tariff* Benefits include Hearing Aids, Wheelchairs, and callipers, among others. Limited to PMB conditions only. Subject to pre-authorisation.
Blood Pressure Monitors	Limited to R2 473.80 per family per year Subject to registration on the Hypertension programme. Blood Pressure Monitor limit: R693.42 per year.
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 Schemes' preferred provider must be contacted should you require an Ambulance. If services are not pre-authorised through the preferred provider, claims will not qualify for payment. Non-emergency air/Road services (such as medical repatriation or clinically appropriate interfacility transfers) must be pre-authorised.

**ESSENTIAL COPPER BENEFIT CONTRIBUTIONS**
MAIN MEMBER
R3 625

ADULT
R3 625

CHILD
1 255
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.

WALKIN CENTRES

CAPE TOWN

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Visit: www.sizwehosmed.co.za

EMERGENCY AMBULANCE

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