



SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

VALUE PLATINUM & VALUE PLATINUM CORE **PLANS 2026**



Value Platinum offers Total care at every stage!

Visit www.sizwehosmed.co.za or speak to your consultant for detailed product information.
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.



VALUE PLATINUM & VALUE PLATINUM CORE

Designed for families who need dependable, comprehensive, all-around healthcare, the **Value Platinum** and **Value Platinum Core** Options offer top-tier medical benefits you can trust in every season of life.

Value Platinum provides access to any hospital, while the **Value Platinum Core** offers the same benefits but members have access to hospitals **only** within the Scheme network.

Value Platinum offers Total care at every stage!



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 • Only at DSP • Subject to PMBs, pre-authorisation and case management, clinical guidelines and scheme rules. • Emergency admissions must be notified to the Scheme within 48 hours of admission. • A 30% penalty will be imposed for non-emergency late pre-authorisations.
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room)	• 100% of Negotiated Tariff* • All admissions (including PMBs) are subject to pre-authorisation, case management, clinical protocols and scheme rules. • Admissions for elective procedures must be pre-authorised at least 72 hours before the admission date. • A 30% penalty will be imposed for non-emergency late pre-authorisations. Subject to PMBs.
In-hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures	• 100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and scheme rules	• 100% of Scheme Tariff*
Laparoscopic procedures: hospitalisation and associated costs.	• 100% of Scheme Tariff* • Subject to PMBs, pre-authorisation and managed care protocols. • No co-payment is applicable when the procedure is performed in a Day Hospital or as a Day Case. • Procedures done in-hospital will attract a 20% co-payment* except diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendectomy and repair of recurrent or bilateral inguinal hernias
Major In-hospital Medical Services and Procedures	• 100% of Negotiated Tariff* • Surgical procedures: up to 300% scheme tariff • Subject to PMB, pre-authorisation, clinical protocols and scheme rules. • Emergency medical services and in-room procedures must be notified to the Scheme within 48 hours of the event.
Back and Neck Surgery	• 100% of Scheme Tariff • Subject to PMB, pre-authorisation, clinical protocols and scheme rules. Subject to adherence to conservative back and neck treatment. • A co-payment of R5,000 applies to all non-PMB back and neck surgeries.
Organ Transplant	• 100% of Negotiated Tariff* • Department of Health Protocols apply. • Unlimited benefits for PMBs. • Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.
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 226.47 per beneficiary per year • Subject to PMBs and pre-authorisation at Day Clinic or as Day Case.
Female Sterilisation/ Tubal Ligation	• 100% of Negotiated Tariff* • Limited to R20 226.47 per beneficiary per year. • Subject to PMBs and pre-authorisation at Day Clinic or as Day Case.
Dental Hospitalisation	• 100% of Negotiated Tariff* • General in-hospital benefit rules apply • Subject to PMBs, pre-authorisation, treatment protocols and the use of DSP. • General anaesthetic benefits are only available for children under the age of seven (7) years for extensive dental treatment, limited to once per beneficiary per year • Removal of symptomatic impacted wisdom teeth is covered only as a Day Case at a day hospital.

BENEFIT	EXPLANATION
Maxillo-facial and Oral Surgery	100% of Scheme Tariff* - Subject to PMBs, pre-authorisation, treatment protocols and scheme rules. - The benefit of Temporomandibular Joint (TMJ) therapy is limited to non-surgical interventions/ treatments. - Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.
Medicine items and Pharmaceutical Products including (consumables used in hospital and theatre)	100% Negotiated Tariff* - Subject to PMB, Medicine Formulary, use of pharmacy network(s)
Medicine to take home after discharge (TTO)	- Limited to 7 days medicine supply - Non PMBs, subject to MSA* benefit limit. - Subject to valid script and formulary*
Oncology	100% of DSP Tariff* - Limit R632 063.25 per beneficiary per year. - Benefits utilisation more than R632 063.25 per beneficiary per year will be subject to a 20% co-payment. - Subject to the use of oncology DSP. - Enhanced oncology DSP* protocols apply. - Subject to PMB, pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.
Non-Cancer Specialised Drugs Benefits (incl. Biologicals)	- Subject to overall oncology limit R632 063.25 - No benefit available once limit reached.
Renal Dialysis (Include peritoneal and haemodialysis)	100% Negotiated Tariff* - Department of Health Protocols apply. - Unlimited benefits for PMBs. - Subject to pre-authorisation, clinical guidelines, medicine formulary*, and registration on the Disease management programme.
Infertility	100% of Scheme Tariff* - Subject to PMBs, pre-authorisation and managed care protocols. - All investigations are covered at a DSP hospital. - Department of Health protocols apply.
Age-Related Macular Degeneration Treatment	100% of Scheme Tariff* - Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol. - Applicable to members 55 years and above.
Blood Transfusions	100% of Scheme Tariff* - Subject to PMBs, pre-authorisation and Scheme formulary* and managed care 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: CT scan, PET scan, MUGA, MRI, etc: Joint benefit In and Out of Hospital.	- Overall, the combined in-hospital and out-of-hospital specialised radiology limit for a family is R39 861.99 per year. R1 736.44 co-payment per scan event except for PMBs. - Pre-authorisation and specialist referral required.
Radio isotope studies	100% of Scheme Tariff* - Pre-authorisation and specialist referral required.
Interventional Radiology Included in the specialised Radiology benefit.	100% of Scheme Tariff* - Subject to pre-authorisation and managed care protocols.
Pathology (In-hospital)	100% of Scheme Tariff* - Subject to PMBs and Managed Care Protocols.
Physiotherapy & Biokinetics (In-hospital)	100% of Scheme Tariff* - Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.
Dietician & Occupational Therapy (In-hospital)	100% of Scheme Tariff* - Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.
Drug & Alcohol Rehabilitation.	100% of Scheme Tariff* - Maximum 3 days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility. - Subject to PMBs, managed care protocols and pre-authorisation. - Benefit limits apply. - Subject to Preferred Provider Network.
Non-PMB psychiatric treatment Admissions are limited to failed outpatient management as per Managed Care protocols. Physiotherapy and Occupational therapy during psychiatric admission are subject to a sublimit	No benefit

BENEFIT	EXPLANATION
Mental Health benefits (including consultation, ward fees, related medicines, therapy sessions with a psychiatrist and psychologist, etc.). 21 days in-hospital or 15 out-of-hospital sessions per beneficiary, which includes psychiatrist consultations and six in-hospital consultations by a clinical psychologist. Benefit limited to a maximum of three (3) days of hospitalisation if admitted by a GP or a specialist physician. Four (4) out-of-hospital visits/ consultations in lieu of hospitalisation are allowed, subject to managed care protocols. Additional hospitalisation is subject to the motivation of the medical practitioner.	• 100% of Scheme Tariff* • Subject to PMB, pre-authorisation, clinical protocols and scheme rules. Subject to Preferred Provider Network. • Subject to available benefits of R51 051.26 per beneficiary per admission at R2 431.01 per day • No benefit
Step-down Facilities	• 100% of Scheme Tariff • Subject to PMBs, pre-authorisation and managed care protocols at registered step-down and nursing facilities. • Subject to the Hospital Benefit Management programme and the Disease Management programme.
Hospice and Private Nursing	• 100% of Negotiated Tariff • Limit: R9 512.37 per family per year • Subject to PMBs pre-authorisation and managed care protocols at registered step-down facilities and nursing facilities. • Subject to case management and registration on the disease management programme.
Frail care	• No benefit.
Home-Based Care In lieu of hospitalisation	• 100% of Negotiated Tariff* • Limit: R6 372.45 per family per year. • Subject to PMBs, pre-authorisation and managed care protocols.
Negative pressure wound therapy	• 100% of Negotiated Tariff* • 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 managed care protocols. • Public sector protocols apply.
Refractive Surgery, including Radial Keratotomy	• Limit: R8 861.90 per family per year • Subject to Preauthorisation, PMB managed care protocols.
Deductibles* for in-hospital procedures	• Not applicable
Day Procedures	• 100% Negotiated Tariff* • Subject to pre-authorisation, managed care protocols and scheme rules. • A 20% co-payment is applicable if a day procedure is performed at an Acute hospital.
Internal and External Prosthesis	• Overall, Surgical and non-surgical prosthesis limit R59 865.75 per family per year. • Subject to PMBs and pre-authorisation. • Subject to the overall prosthesis limit.
Spine: Instrumentation and disc prostheses, including all components and fixation devices for back/spine. Maximum 1 event per beneficiary per year	• Spine – two (2) levels per year done in one procedure.
Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle). Aphakic Lenses (Subject to protocol and PMBs)	• Joints – hip and knee (partial and total), only one prosthesis and only one joint per year. • Limited to R8 861.90
Cardiac stents: Cardiac (pacemakers, internal defibrillators, grafts, valves)	• Cardiac stents: One (1) stent per lesion, maximum three (3) stents per family per year. • Vascular stents – Two (2) stents per family per year. • Limited to PMBs. • Subject to the overall prosthesis limit and PMB protocols.
Internal sphincters and stimulators	• Limited to PMBs. • Subject to the overall prosthesis limit.
Neurostimulators/Internal nerve stimulator for Parkinson's Disease	• Subject to the overall prosthesis limit
Cochlear implants	• Subject to the overall prosthesis limit
Unlisted prosthesis	• Subject to the overall prosthesis benefit limit
External Prosthesis: Artificial Limbs and external prostheses, including artificial eyes.	• Subject to the overall prosthesis benefit limit • PMB protocols apply



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

BENEFIT	EXPLANATION
Overall Annual Limit for Out-of-Hospital benefits	• Subject to Medical Savings Account, Self-Payment Gap and Above Threshold Benefits.
Subject to the use of DSP	
Medical Savings Account (22.5%) (GP, Specialists, Acute medicine, Radiology, Pathology and other out-of-hospital expenses)	• Main Member: R15 266.88 • Adult dependent: R14 334.36 • Child dependent: R4 181.52
Self-Payment Gap (SPG) (Excludes Acute Medication)	• Main Member: R2 462.25 • Adult dependent: R2 085.30 • Child dependent: R537.60
Above Threshold Benefits (ATB) (Excludes Acute Medication)	• Main Member: R6 506.85 • Adult dependent: R3 827.25 • Child dependent: R1 664.25
General Practitioners Includes virtual consultations	• 100% of Scheme Tariff* • Paid from MSA and /above threshold. • Subject to PMBs and managed care protocols.
Specialists (excluding Psychiatrists) Includes virtual consultations	• 100% of Scheme Tariff* • Paid from MSA and /above threshold • Subject to PMBs and managed care protocols.
Psychology & Psychiatry (Psychiatrists, Clinical and Counselling Psychologists)	• Covered under mental health PMB.
Radiology & Pathology	• Subject to MSA*, PMBs and clinical protocols and guidelines.
Basic Radiology Subject to PMBs, clinical protocols and guidelines	• 100% of Scheme Tariff* • Paid from MSA and /Above Threshold Benefit
Advanced/Specialised Radiology and Interventional Radiology	• Combined in and out of hospital benefit, limited to one scan per beneficiary per year subject to the overall family limit of R39 861.99 per annum • R1 653.75 co-payment per scan event except for PMBs. • Subject to PMBs, pre-authorisation and managed care protocols. Subject to an overall combined in and out of hospital limit, paid from risk.
Interventional Radiology: Included in the specialised Radiology benefit.	• 100% of Scheme Tariff* • Paid from MSA and /Above Threshold Benefit • Subject to pre-authorisation and managed care protocols.
Pathology benefits	• 100% of Scheme Tariff* • Above threshold benefit limited to R17 363.85 per family per annum • Paid from MSA and /or Above Threshold Benefit • Subject to PMBs, clinical protocols, and guidelines

BENEFIT

EXPLANATION



MEDICINE AND RELATED ITEMS

Subject to MSA, Reference Pricing and available limits.

Medicine Items and Materials

- 100% of Reference Price*.
- Paid from MSA and /Above Threshold Benefit.
- Subject to PMB, medicine formulary, registration on the Chronic Medicine programme, pre-authorisation and clinical protocols, Formulary and Sizwe Hosmed Pharmacy Network apply.

Acute Medicine & Pharmacy Advised Treatment (PAT)

NO above threshold benefits.

- 100% of Reference Price*
- Paid from MSA.

Contraceptive benefit

- Paid from available savings and/or above threshold benefit.
- Limited to **R3 672.43** per family per year.
- Subject to Managed Care Protocols and formulary.

PMB Chronic Disease List Medicines

- 100% of Reference Price*.
- Paid from Risk.
- Subject to registration on the Chronic Medicine programme and pre-authorisation with the Schemes Pharmacy Benefit Manager, clinical protocol, medicine formulary*, formulary rules and the use of Pharmacy Preferred Provider Networks.
- Where the formulary is not adhered to, a reference price will be applied.
- Subject to renewal of prescription every six months.

Other Chronic (Non-CDL) Medicines

- 100% of Reference Price*
- Paid from Risk.
- **Limit: R17 648.82** per family per year.
- **Limited to R8 751.65** per beneficiary per year.
- Subject to registration on the Chronic Medicine programme, and pre-authorisation treatment protocols, medicine formulary and formulary rules*.
- Subject to renewal of prescription every six months.



OPTOMETRY BENEFITS

Paid from MSA. No co-payments applicable at DSP

Eye Tests

One claim per beneficiary every 24 months.

- 100% of DSP Tariff*.
- Paid from MSA*.

Contact lenses

- 100% of DSP Tariff*.
- Limited to **R2 234.40**.
- Contact lenses cannot be claimed with spectacle lenses and/or frames.
- One claim per beneficiary every 24 months.

Spectacle Lenses

- Single vision Lens: **R259.69** per lens Or
- Bi-Focal Lens : **R536.76** per lens Or
- Multi-Focal Lens: **R1 034.21** per lens.
- One claim per beneficiary every 24 months.

Frames

- 100% of DSP Tariff*
- Frames **R1 233.75**
- A frame cannot be claimed alone or with contact lenses. Frames are claimed with spectacle lenses.
- One claim per beneficiary every 24 months.



DENTAL BENEFITS

Conservative dentistry Paid from MSA. Advanced dentistry paid from Risk.
No co-payments applicable at DSP.

Conservative Dentistry

(Dentist and Dental Therapist)

- 100% of Scheme Tariff
- Paid from MSA*

Conscious sedation: (limited to beneficiaries below the age of 16 years)

- **Inhalation sedation:** 100% of the Sizwe Hosmed rate; subject to managed care protocols

Consultations, Fillings, Extractions

- **Consultations:** two (2) annual check-ups per beneficiary (once in six (6) months)
- Fillings: once per tooth in (9) months

Root Canal treatment is included in conservative dentistry

- **Root canal treatment:** Managed Care Protocols apply. Excludes wisdom teeth (3rd molars) and primary (milk) teeth

Preventative scale and polish

- **Preventative care:** two (2) annual scale and polish treatments per beneficiary (once in 6 months)

Infection control

- Yes

Fissure Sealant

- Limited to beneficiaries younger than 16 years of age

Fluoride treatment

(limited to beneficiaries up to the age of 13 years)

- Fluoride treatment is limited to beneficiaries from age 5 up to the age of 13 years

Dental X-rays

- **Intra-oral:** subject to managed care protocols.
- Panoramic radiographs limited to 1 per beneficiary every 24 months
- **Extra-oral:** one (1) scan per beneficiary in a two (2) year period
- Subject to dental treatment protocols and pre-authorisation for extensive treatment.

BENEFIT	EXPLANATION
Advanced Dentistry (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and non-surgical)	• Crowns and bridges: Pre-authorisation is required. • 1 crown per family per year • Once per tooth in a 5-year period. • Pre-authorisation is required. • A 35% co-payment is applicable. • Benefit for fixed comprehensive treatment is limited to individuals aged 9 to 21 years. • Subject to pre-authorisation and managed care protocols.
Orthodontics	• Subject to registration on the Periodontal Programme • Limited to conservative, non-surgical therapy only (root planning).
Periodontics	• Surgical periodontics: No benefit • Subject to registration on the Periodontal Programme. • Limited to conservative, non-surgical therapy only (root planning).
Dental Implants	• One (1) implant per beneficiary per year during five years. • Limit: R 18 058.95; limited per beneficiary during 5 years. • Only at a DSP. • Subject to preauthorisation and MSA. • Related lab fees and implant crown to be paid from specialised dentistry.
Partial Metal Frame Dentures Members older than 16 years	• Partial chrome cobalt dentures: 2 partial frames (an upper and a lower) per beneficiary during 5 years, limited to one (1) beneficiary per year.
Acrylic (Plastic) Dentures. Members older than 16 years	• Plastic dentures: • One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in 4 years. • Subject to pre-authorisation.
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations)	• 100% of Scheme Tariff • Subject to PMB's, pre-authorisation and managed 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.
 OTHER SERVICES/ AUXILLIARY BENEFITS Part of the Overall Day-to-Day benefits Paid from Risk	
Allied Services (Homoeopathy, Naturopathy, Chiropractor)	• 100% Scheme Tariff*. • Paid from MSA and/or above threshold benefit • Limited to R1 823.54 per beneficiary per year. • Subject to pre-authorisation, PMBs and Managed Care Protocol.
Alternative Services /Therapies (Includes speech therapy, occupational therapy, social worker, dietetics, podiatry, prosthetist, orthotist, audiologist, educational psychologist and registered counsellor).	• 100% of Scheme Tariff*. • Paid from MSA and/or above threshold benefit Limited to: • M: R2 0114.60 • M+: R3 709.91 • Subject to pre-authorisation, PMBs and Managed Care Protocols.
Physiotherapy & Biokinetics	• Paid from MSA and/or above threshold benefit. • Subject to pre-authorisation, PMBs and Managed Care Protocols.
Clinical and Medical Technologist	• 100% Scheme Tariff* • Paid from MSA and/or above threshold benefit. • Subject to pre-authorisation, PMBs and Managed Care Protocol.
Callipers, Nebuliser, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, etc.	• 100% of Negotiated Tariff* • Paid from MSA and/or above threshold benefit. Limited to • M: R2 114.60 • M+: R3 711.02 • Subject to pre-authorisation, clinical criteria and benefit limits
Blood Pressure Monitors	• Sub-limit R692.37
Hearing Aids Paid from Risk One (1) pair of hearing units (one per ear) per beneficiary every three (3) years from the date of acquisition	• 100% of Negotiated Tariff • Annual family limit: R16 845.10

BENEFIT

EXPLANATION



EMERGENCY BENEFITS

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.



VALUE PLATINUM BENEFIT CONTRIBUTIONS



MAIN
MEMBER



ADULT



CHILD

RISK	R5 423,76	R5 092,47	R1 485,54
MSA	R1 272,24	R1 194,53	R348,46
Total	R6 696,00	R6 287,00	R1 834,00
%	19%	19%	19%
Member annual (12 months) MSA BENEFIT for Day-to-Day	R15 266,88	R14 334,36	R4 181,52



VALUE PLATINUM CORE BENEFIT CONTRIBUTIONS



MAIN
MEMBER



ADULT



CHILD

RISK	R5 154,03	R4 936,14	R1 315,44
MSA	R1 208,97	R1 157,86	R308,56
Total	R6 363,00	R6 094,00	R1 624,00
%	19%	19%	19%
Member annual (12 months) MSA BENEFIT for Day-to-Day	R14 507,64	R13 894,32	R3 702,72

DEFINITION OF TERMS

TERM	EXPLANATION
Scheme Tariff*	"The Tariff determined or adopted by the Board in respect of the payment for healthcare services rendered to beneficiaries by service providers who are not subject to a DSP Tariff or a Negotiated Tariff, determined using the 2006 National Health Reference Price List (NHRPL) with the application of a year-on-year inflationary increase"
DSP*	"Designated Service Provider"
DSP Tariff*	"The fee determined in terms of an agreement between the Scheme and a service provider or a group of service providers in respect of the payment for the relevant health services"
Negotiated Tariff*	"A Tariff negotiated and agreed ad hoc for services rendered between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to beneficiaries and which is different from the Scheme Tariff"

TERM	EXPLANATION
Reference Price*	"The maximum reimbursable price for a list of generically similar or therapeutically equivalent products with a cost lower than that of the original medicine"
Medicine Formulary*	"A list of medicines that the Scheme will pay for the treatment of acute and chronic conditions as per the benefit option the member has selected"
Co-payment*	"A specified rand amount a beneficiary will be liable to self-fund for the cost of a specified medical treatment as stipulated in the benefits per option"
Deductible*	"A specific percentage or rand amount of the total hospital account related to a specific procedure as stipulated in the benefits per option that the beneficiary is liable for"
ICON*	"Independent Clinical Oncology Network"
Voluntarily*	"Of one's own free will"



SIZWE HOSMED BAMBINO PROGRAMME

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

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

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

BENEFIT

EXPLANATION

SIZWE HOSMED Bambino Programme

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

Hospital Confinement

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

- 100% of Scheme Tariff*

Delivery

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

- 100% of Scheme Tariff*

Maternity Ultrasound(s)

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

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

Maternity Visit(s)

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

Antenatal Pathology Screening

Limited to:

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

Antenatal Supplements (Vitamins)

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

Immunisation Benefit

- Moved to preventative care benefit, under child health.



PREVENTATIVE CARE BENEFITS

BENEFIT

EXPLANATION

Wellness Screening/ Health Risk Assessments

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

Adult health

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

Women's Health

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

Child Health

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

Men's Health

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

Vaccinations (Other)

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

HIV/AIDS Benefit

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

COVID-19

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



SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

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

WALKIN CENTRES

CAPE TOWN

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

Tel: 021 402 9600

DURBAN

19 Hurst Grove,
Musgrave,
Durban

Tel: 031 304 4829

EMALAHLENI

Corner Plumer St
& Mandela St.,
eMalahleni

Tel: 013 690 3342

GAUTENG

23 West
Street,
Houghton,
Johannesburg

GQEBERHA

70 2nd Avenue,
Gqeberha,
Nelson Mandela Bay

Tel: 041 503 1000

POLOKWANE

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

WELKOM

Corner Buiten & Graaf
Streets,
Welkom

Tel: 057 353 1475/8

Visit: www.sizwehosmed.co.za

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