



SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care



MEMBER BENEFIT GUIDE **2024**

VALUE PROPOSITION

Financially
sound Scheme

Competitive
child rate
until age of
26. Proof of
registration
required

Plans
structured to
suit your
healthcare
needs

Well
structured
day to day
benefits

SIMPLICITY

Family friendly
contributions

Comprehensive
wellness
and
chronic care

Baby care
for our
new arrivals

National
footprint



Embracing
“Your Choice for Quality Care”

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GENERAL RULES

- Prorated benefits are applicable if you join the Scheme after the 1st of January of a benefit year.
- Benefits in respect of the Prescribed Minimum Benefit (PMB) conditions are subject to regulations enacted under the Medical Schemes Act, 1998 (Act No. 131 of 1998).
- Sizwe Hosmed has appointed healthcare providers (or a group of providers) as network service providers for diagnosis, treatment and care in respect of one or more PMB conditions. The voluntary use of a non-DSP is subject to co-payments.
- 3 Month General Waiting Periods applicable (subject to the rights of interchangeability).
- 12 Month Condition Specific Waiting Periods for pre-existing conditions applicable (subject to the rights of interchangeability).
- Claims received later than the last day of the 4th month from when the service was rendered will not be covered.
- Medical Scheme Cover is limited to services received within the Republic of South Africa.
- Emergency medical cover whilst traveling outside of South Africa is subject to Scheme Rules, protocols and benefits.
 - The member is liable for settlement of the account whilst overseas,
 - Member reimbursements are subject to the submission of a valid claim, with proof of payment,
 - Reimbursed at 100% of scheme tariff in Republic of South African currency,
 - Non-emergency medical cover whilst travelling outside of South Africa is NOT covered. Members are advised to purchase travel insurance when travelling outside of the borders of South Africa.
- Sizwe Hosmed applies clinical protocols, including "best practice guidelines" as well as evidence-based medicine principles in its funding decision.
- Organ Transplant protocols are aligned to the Department of Health Protocols. Only organs from donors based in South Africa will be provided for. No Benefits will be provided for beneficiaries not donating to Sizwe Hosmed members. Unlimited benefits for PMBs, subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.

BENEFIT RULES

- Overall Annual Limit:
 - No Overall Annual Limit for in-hospital services, subject to PMB, clinical guidelines and scheme rules
 - Out of Hospital Benefits Overall Annual Limit: Subject to PMB, clinical guidelines and scheme rules. Subject to Medical Savings Account, Self-Payment Gap and Above Threshold Benefits
- Designated (Network) Service Provider:
- Sizwe Hosmed has appointed healthcare providers (or a group of providers) as designated/network service providers for the diagnosis, treatment and care in respect of one or more PMB conditions. Where the Scheme has appointed a network service provider and the member voluntarily chooses to use an out-of-network provider, a co-payment of up to 30% may be applied, subject to PMB.
- Hospital Pre-authorisation: Subject to PMB. All hospital admissions must be pre-authorised. Emergency admissions must be notified to the Scheme within 48 hours of admission to hospital.
- Dental Procedures:
All dental procedures performed in-hospital require pre-authorisation. The dentist's costs for procedures that are normally done in a doctor's rooms, when performed in hospital, shall be reimbursed from the out-of-hospital (OOH) benefit, or specialised dentistry, subject to the availability of funds. The hospital and anaesthetist's costs, if the procedure is pre-authorised, will be reimbursed from the in-hospital benefit.
- Day Procedures
All day procedures are subject to PMB, preauthorisation, managed care protocols and scheme rules. A 20% co-payment is applicable if a day procedure is performed at an Acute hospital. The co-payment does not apply if a day procedure is performed at a day hospital or day facility.

DEFINITIONS:

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*	"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"
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" "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"
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"





**“Your Choice for
Quality Care”**

THE SIZWE HOSMED PLAN STRUCTURES

Comprehensive Plans



- Medical Savings Account (MSA) Self Payment Gap (SPG) and Above Threshold Benefit (ATB)
- Unlimited Hospital Cover
- Additional non PMB conditions covered



- Medical Savings Account (MSA) Self Payment Gap (SPG) and Above Threshold Benefit (ATB)
- Unlimited Hospital Cover
- Additional non PMB conditions covered



Comprehensive Traditional Plans



- Rich Day-to-Day cover
- Unlimited Hospital Cover
- Additional non PMB conditions covered



Traditional Plans



Value



Value Core

- Sufficient cover for families
- Unlimited Hospital Cover
- Network Hospitals Cover for Value Core
- Unlimited GP visits within the DSP network for Value Core
- Additional non PMB conditions covered



Gold Ascend



Gold Ascend EDO

- Affordable cover for families
- Unlimited Hospital Cover
- Network Hospitals Cover for Gold Ascend EDO
- GP consultations within DSP network for Gold Ascend EDO
- * Day-to-Day Rand limit based on family size

New Generation Plan (Savings)



Access Saver 25%

- MSA for your Day-to-Day cover
- Unlimited Hospital Cover
- Optical benefit covered from risk
- Basic Dentistry covered from risk
- Additional GP consultations covered from risk

Hospital Plan



Access Core

- A blend of Silver Hospital Plan and Access 15
- Unlimited PMB hospital cover within DSP network

Income Banded Plan



Essential Copper

- Unlimited PMB Hospital Cover within DSP network
- Unlimited GP cover within a designated service provider network
- Non PMB benefit out of hospital, for Radiology, Pathology and Acute Medicine (27.5% benefit increase)



CONTRIBUTIONS EFFECTIVE 01 JANUARY 2024

	ESSENTIAL COPPER	ESSENTIAL COPPER	ESSENTIAL COPPER	ACCESS SAVER 25%	ACCESS CORE	GOLD ASCEND	GOLD ASCEND EDO
Monthly Income	R0 -R8 500	R8 501- R13 000	R13 001+	R0+	R0+	R0+	R0+
Member 	R1 870	R2 240	R2 839	R3 092	R2 418	R3 418	R3 250
Adult 	R1 870	R2 240	R2 839	R2 669	R2 085	R3 282	R3 119
Child* 	R650	R829	R846	R619	R486	R944	R895

* Member pays for the first three children only



CONTRIBUTIONS EFFECTIVE 01 JANUARY 2024

	VALUE	VALUE CORE	PLATINUM ENHANCED	PLATINUM ENHANCED EDO	PLUS	TITANIUM EXECUTIVE
Monthly Income	R0+	R0+	R0+	R0+	R0+	R0+
Member 	R4 401	R4 051	R4 747	R4 511	R7 227	R8 415
Adult 	R4 226	R3 887	R4 457	R4 320	R6 893	R7 446
Child* 	R1 175	R1 079	R1 298	R1 150	R1 577	R1 719

* Member pays for the first three children only



SALGA 40% CONTRIBUTIONS EFFECTIVE 01 JANUARY 2024

		ESSENTIAL COPPER	ESSENTIAL COPPER	ESSENTIAL COPPER	ACCESS SAVER 25%	ACCESS CORE	GOLD ASCEND	GOLD ASCEND EDO
Monthly Income		R0 -R8 500	R8 501- R13 000	R13 001+	R0+	R0+	R0+	R0+
Member		R748	R896	R1 136	R1 237	R967	R1 367	R1 300
Adult		R748	R896	R1 136	R1 068	R834	R1 313	R1 248
Child*		R260	R332	R338	R247	R194	R378	R358

* Member pays for the first three children only



SALGA 40% CONTRIBUTIONS EFFECTIVE 01 JANUARY 2024

		VALUE	VALUECORE EDO	PLATINUM ENHANCED	PLATINUM ENHANCED EDO	PLUS	TITANIUM EXECUTIVE
		R0+	R0+	R0+	R0+	R0+	R0+
Monthly Income							
Member		R1 760	R1 620	R1 899	R1 804	R2 891	R3 366
Adult		R1 690	R1 555	R1 783	R1 728	R2 757	R2 978
Child*		R470	R432	R519	R460	R631	R688

* Member pays for the first three children only



PRODUCT OFFERING FOR 2024



Essential Copper



Access Core



Access Saver 25%



**Gold Ascend and
Gold Ascend EDO**

Scheme benefit for 27 PMB Chronic conditions, Optical, Basic Dentistry, Maternity and Wellness & Preventative Care

In Hospital Benefit No Overall Annual Limit	In Hospital Benefit No Overall Annual Limit	In Hospital Benefit No Overall Annual Limit	In Hospital Benefit No Overall Annual Limit
In-hospital PMBs 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.	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.	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.	In-hospital PMBs All hospital admissions (including PMBs) are subject to pre-authorisation and case management protocols. In case of emergency admissions, the Scheme must be notified within 48 hours of admission.
Out of Hospital Benefits No Overall Annual Limit	Out of Hospital Benefits 100% Scheme tariff Limited to PMB	Out of Hospital Benefits	Out of Hospital Benefits
Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are limited to PMBs Unlimited PMB benefits, Subject to DSP	GP & Specialists (includes virtual consultations) Consultations at a network GP Subject to clinical guidelines and managed care protocols, medicine formularies	Annual Limit on Out of Hospital Benefits include Acute Medicines, GP & Specialists consultations, Pathology, Radiology and Chronic Medicine, Alternative Services, Remedial & Other Therapies, Psychology & Psychiatric treatment. Subject to Managed care protocols, sub-limits and MSA. Scheme risk provides benefits for basic optometry, dentistry, wellness and maternity.	Day-to-Day Benefits Consultations Includes GP, Specialist (excluding Psychiatrists), Physiotherapy, Radiology, Pathology and Acute Medication Subject to PMBs and managed care protocols. GP and Specialist consultations Includes virtual consultations. Benefits available at a Network GP or Specialist 30% co-payment is applicable where there has been voluntary use of a non-DSP provider
		Medical Savings Account (MSA) Out of Hospital benefits including GP & Specialists consultations, Pathology, Radiology and Non PMB Chronic Medicine are collectively paid from MSA. 25% Contribution Annual Member Savings Account: Member = R9 277 Adult = R8 007 Child = R1 855	Day-to-Day Benefits M - R7 228 M+1 - R10 704 M+2 - R12 526 M+3 - R14 325 M+4 - R16 146 M+5 - R17 956 M+6 - R19 755
Statutory Prescribed Minimum Benefits (PMBs) Unlimited			
Emergency medical cover whilst traveling outside of South Africa is subject to Scheme Rules, protocols and benefits. Subject to completion of documentation prior to leaving RSA. Member is liable for settlement of the account whilst overseas, - Member reimbursements are subject to the submission of a valid claim, with proof of payment. Reimbursed at 100% of scheme tariff in Republic of South African currency. Non-emergency medical cover whilst travelling outside of South Africa is NOT covered. Members are advised to purchase travel insurance when travelling outside of the borders of South Africa.			

PRODUCT OFFERING FOR 2024



Scheme benefit for 27 PMB Chronic conditions, Optical, Basic Dentistry, Maternity and Wellness & Preventative Care

In Hospital Benefit No Overall Annual Limit NOTE: Members on the CORE Option - Network Hospital DSP applies. 30% co-payment applies to voluntary use of non DSP providers	In Hospital Benefit No Overall Annual Limit 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	In Hospital Benefit No Overall Annual Limit In-hospital PMBs 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.	In Hospital Benefit No Overall Annual Limit In-hospital PMBs 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.
Out of Hospital Benefits Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively limited to per Family per annum: General Practitioner Consultations: 20 GP Visits per family per annum. Limited to 10 GP visits per beneficiary A 30% co-payment will apply after the 7 th GP visit per beneficiary.	Out of Hospital Benefits MSA (22.5%) GP, Specialists, Acute medicine, Radiology, Pathology and other out of hospital expenses	Out of Hospital Benefits Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum	Out of Hospital Benefits MSA (20.8%) Subject to MSA, Self Payment Gap and Above Threshold Benefit
Out of Hospital Benefits M - R11 356 M+1 - R23 980 M+2 - R26 090 M+3 - R29 722 Benefit for 27 PMB chronic conditions Benefit for an additional 18 Non CDL chronic conditions Chronic Medication Benefit R16 008 per family per annum Limited to R7 938 per beneficiary Non-formulary* products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries	22.5% Contribution Annual Member Savings Account: Platinum Enhanced EDO Member = R12 181 Adult = R11 663 Child = R3 104 Platinum Enhanced Member = R12 816 Adult = R12 033 Child = R3 504 Benefit for 27 PMB chronic conditions Benefit for an additional 26 Non CDL chronic conditions Chronic Medication Benefit Paid from Risk Limit R16 008 per family per annum Limited to R7 938 per beneficiary per annum.	Out of Hospital Benefits M - R14 641 M+1 - R30 848 M+2 - R33 670 M+3 - R37 078 Benefit for 27 PMB chronic conditions Benefit for an additional 25 Non CDL chronic conditions Chronic Medication Benefit 100% of Reference Price* Limit: R16 846 per beneficiary per annum Limited to R32 210 per family per annum	20.8% Contribution Annual Member Savings Account: Member = R21 004 Adult = R18 585 Child = R4 291 Benefit for 27 PMB chronic conditions Benefit for an additional 35 Non CDL chronic conditions Chronic Medication Benefit R16 846 per beneficiary per annum Limited to R32 210 per family per annum
Statutory Prescribed Minimum Benefits (PMBs) Unlimited			
Emergency medical cover whilst traveling outside of South Africa is subject to Scheme Rules, protocols and benefits. Subject to completion of documentation prior to leaving RSA. Member is liable for settlement of the account whilst overseas, - Member reimbursements are subject to the submission of a valid claim, with proof of payment. Reimbursed at 100% of scheme tariff in Republic of South African currency. Non-emergency medical cover whilst travelling outside of South Africa is NOT covered. Members are advised to purchase travel insurance when travelling outside of the borders of South Africa.			




Essential Copper

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	ESSENTIAL - COPPER
In-hospital PMBs 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.	Unlimited
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) 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.	100% of DSP Tariff* Limited to PMBs
In-hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures. Subject to PMB, case management and managed care protocols.	100% Negotiated Tariff* Limited to PMBs
Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorisation and managed care protocols. A 20% co-payment where 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 ovarian cyst • Lap-appendicectomy • Repair of recurrent or bilateral inguinal hernias	100% of Scheme Tariff**
Major In hospital Medical Services and Procedures Subject to PMB, preauthorisation, clinical protocols and scheme rules. Emergency medical services and in-room procedures must be notified to the Scheme within 48 hours of the event.	100% Negotiated Tariff
Back and Neck Surgery Subject to PMBs, pre-authorisation and adherence of the conservative back and neck treatment protocol	100% of Scheme Tariff* Limited to PMBs
Organ Transplant: Unlimited benefits for PMBs. Subject to pre- authorisation, clinical guidelines and registration on the Disease Management Programme. Department of Health Protocols apply.	100% Scheme Tariff* Limited to PMBs
Stereotactic Radio-Surgery Subject to PMBs, pre-authorisation and protocols.	No Benefit
Male Sterilisation/ Vasectomy Subject to PMBs and preauthorisation at Day Clinic or as a Day Case	100% of Negotiated Tariff* Limited to PMBs
Female Sterilisation/ Tubal Ligation Subject to pre-authorisation at Day Clinic or as Day Case, and subject to PMBs.	100% of Negotiated Tariff* Limited to PMBs
Dental Hospitalisation 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 365 days per beneficiary Removal of symptomatic impacted wisdom teeth covered only as Day Case	100% of Scheme Tariff* Limited to PMBs
Maxillo-facial and Oral Surgery	No Benefit
Medicines items and Pharmaceutical Products used whilst in-hospital Medicines and consumables used in hospital and theatre Medicine to take home after discharge (TTO) to be paid from hospital benefit subject to formulary*.	100% Negotiated Tariff* Limited to 7 days medicine supply.

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	ESSENTIAL - COPPER
Oncology 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.	100 % of DSP Tariff* Limited to PMBs
Renal Dialysis (Include peritoneal and haemodialysis) Unlimited benefits for PMBs Subject to pre-authorisation, treatment guidelines, medicine formulary* and registration on the Disease management programme.	100% of Negotiated Tariff* Limited to PMBs
Infertility Subject to PMBs, pre-authorisation and managed care protocols.	Limited to PMB conditions only
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and protocol	100% of Negotiated Tariff Limited to PMB conditions
Blood Transfusions Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Negotiated Tariff Limited to PMBs
Basic Radiology and Pathology in-hospital Subject to PMBs, pre authorisation and managed care protocols Advanced Radiology Joint benefit for In and Out of Hospital Subject to preauthorisation and specialist referral.	100% of Scheme Tariff* Limited to 2 scans per beneficiary per annum. Limited to PMBs
Physiotherapy & Biokinetics Subject to PMBs, treating doctor referral and pre- authorisation by the auxiliary service provider during the admission period Subject to Scheme protocols	100% of Scheme Tariff* Limited to PMBs
Dietician & Occupational Therapy Subject to PMBs, treating doctor referral and pre- authorisation by the auxiliary service provider during the admission period Subject to Scheme protocols	100% of Scheme Tariff* Limited to PMBs
Mental Health benefits (including consultation, ward fees, medicines, therapy session with psychiatrist and psychologist etc.). Subject to PMB, preauthorisation and clinical protocols and scheme rules. 21 days in-hospital or 15 out-of-hospital sessions per beneficiary which includes psychiatrist consultations and 6 in-hospital consultations by clinical psychologist. Maximum 3 days for Psychologist/psychiatrist combined therapy sessions during the same admission; thereafter pre-authorisation required with treatment plan. Non PMB Psychiatrist treatment	100% of Scheme Tariff* No Benefit
Drug & Alcohol Rehabilitation Subject to PMBs, managed care protocols and pre-authorisation. Benefit limits apply	100% of Scheme Tariff* Limited to PMBs Limited to R14 173 per family per annum
Step-down Facilities Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to PMBs
Home Based Care In lieu of hospitalisation Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to 14 days per annum PMBs only



HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	ESSENTIAL - COPPER
Internal and External Prosthesis Subject to PMBs, and pre-authorisation Instrumentation and disc prostheses including all components and fixation devices for back/spine Maximum 1 event per beneficiary per annum Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle): Subject to Pre-authorisation and managed care protocols Aphakic Lenses (Subject to protocol and PMBs) Cardiac stents Subject to overall prosthesis limit and PMB protocols Cardiac Valves, Aortic stent grafts, peripheral arterial stents grafts, Single/dual pacemaker Cardiac resynchronisation devices (CRT), Implantable Cardioverter Defibrillators (ICD) with Pacing Capabilities (CRT-D) Internal sphincters and stimulators Neurostimulators/Internal nerve stimulator for Parkinson's Disease Cochlear implants Unlisted prosthesis Artificial Limbs and external prostheses including artificial eyes	100% of Negotiated Tariff* Overall prosthesis limit: R22 530 per family per annum Limited to PMBs Prosthesis limited to equivalent available in the state. Excludes cement. Limited to PMBs Limited to PMBs Limited to PMBs 1 per lesion- 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. Subject to overall prosthesis benefit Limited to PMBs No Benefit No Benefit Maximum R10 700 subject to overall prosthesis limit
Deductible* Applied for In-Hospital Procedures	Not applicable

DAY HOSPITAL PROCEDURES

BENEFIT	ESSENTIAL - COPPER
Day Hospital Procedures Procedures to be done at Designated Service Provider (DSP*) hospital network Subject to pre-authorisation, PMB and managed care protocols Co-payment applicable as per Day Hospital Rule *to the listed conditions herein.	Subject to Scheme Tariff* 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. Gastroscopy 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

BENEFIT	ESSENTIAL - COPPER
Overall Annual Limit on Out of Hospital	Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are limited to PMBs Unlimited PMB benefits, Subject to DSP
General Practitioners Subject to PMB and protocols Unlimited visits & acute medication from any GP within the DSP* Network	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 GP consultations outside the DSP* Network.
Specialists Subject to pre-authorisation and referral from DSP* GP. Limited to PMB conditions only	100% of Scheme Tariff* Limited to 3 Visits per family per annum only on referral from DSP* GP.
Psychology & Psychiatry Treatment Subject to PMB's 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	100% of Scheme Tariff* Limited to PMBs only
Diagnostic Investigations Subject to PMBs and protocols. Advanced Radiology: Joint benefit In and Out of Hospital Subject to referral by Network Provider only; subject to pre-authorisation.	100% of Negotiated Tariff* Limited to PMBs Pathology: Limited to R1 800 per beneficiary per annum Network Provider Only Limited to PMB conditions only Basic Radiology: Limited to R1 890 per beneficiary per annum Referral by Network Provider MRI/PET/CT scans: Limited to 2 scans per beneficiary per annum Subject to referral by Network Provider only
Acute Medicines Subject to Medicine formulary* and Protocols, Including Materials, subject to DSP GP dispensing.	100% of Reference Price* Acute Medication obtained from DSP* GP Unlimited Acute medication dispensed by the DSP* GP Acute Medication Obtained from Pharmacy: Subject to Medicine formulary* and Protocols, Including Materials. R1 767 per beneficiary limited to R4 927 per family per annum Homeopathic Medication excluded
Pharmacy Advised Treatment (PAT) Over the Counter Medication Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines. PAT subject to acute benefit limit	100% of Reference Price* Limited to R744 per Family per annum Maximum R116 per script
Contraceptive benefit Subject to the contraceptive formulary*	Limited to R83 per beneficiary per month, subject to R882 per family per annum.
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. Provider Network Only Subject to renewal of prescription every six months.	100% of Reference Price* Unlimited
Other Chronic (Non CDL) Medicines	No Benefit



OPTICAL BENEFITS

Contact the Schemes DSP Network for availability and Locality of Network Optometrists

BENEFIT	ESSENTIAL - COPPER
Spectacle Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP Optometrists only Limited to one pair of spectacles per beneficiary every 24 months	100% of DSP Tariff* R239 per lens – clear single vision or R504 per lens – clear bifocal or R504 per lens – base multifocal No Benefit for contact lenses if spectacles purchased
Contact Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP network optometrist only One claim per beneficiary every 24 months Subject to optical protocol	100% of DSP Tariff* R731 per beneficiary every 24 months No Benefit for spectacles if contact lenses purchased. Provider Network Only
Frames/Lens Enhancements: In Network ONLY A frame cannot be claimed alone or with contact lenses. Benefit applicable to members who utilise the Scheme's DSP network optometrist only One claim per beneficiary every 24 months	100% of DSP Tariff* R340 per beneficiary
Eye Tests: In Network Benefit applicable to members who utilise the Scheme's DSP network optometrist only One claim per beneficiary every 24 months	100% of DSP Tariff* One comprehensive consultation per beneficiary every 24 months

DENTAL BENEFITS

BENEFIT	ESSENTIAL - COPPER
Conservative (Basic) Dentistry (Dentist and Dental therapist) Conscious sedation: (limited to beneficiaries below the age of 16 years) Consultations, Fillings, Extractions Root Canal treatment included in conservative dentistry Preventative scale and polish Infection control Fluoride treatment (limited to beneficiaries below the age of 12 years) Dental X-rays	100% of Scheme Tariff* Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation Yes No Benefit Yes Yes Yes X-rays (limited to intra-oral) Dental protocols apply and preauthorisation required for extensive treatment plans Quantity limitations apply Contracted Network Provider Only
Specialised (Advanced) Dentistry (Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics) Dental Implants Partial Metal Frame Dentures Acrylic (Plastic) Dentures Limited to beneficiaries above the age of 16 years	100% of Scheme Tariff* Limited to PMBs No Benefit No Benefit 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
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorisation and protocols.	100% of Scheme Tariff* Limited to PMBs

AUXILIARY BENEFITS – PART OF OVERALL DAY-TO-DAY BENEFITS

BENEFIT	ESSENTIAL - COPPER
Allied Services Subject to preauthorisation, PMBs and Managed Care Protocol Include :Homeopathy, Naturopathy, Chiropractor	No Benefit 100% of Scheme Tariff*
Alternative Services /Therapies Subject to preauthorisation, PMBs and Managed Care Protocols Include :Speech therapy; occupational therapy; social worker; dietetics; podiatry, prosthetist, orthotist, audiologist, educational psychologist and registered counsellor Physiotherapy & Biokinetics	Limited to PMBs 100% of Scheme Tariff* Limited to PMB conditions only and clinical protocols Cardiac and Respiratory conditions: Subject to provision of treatment plan and therapy goals. Maximum of 6 sessions per beneficiary, thereafter subject to progress report and evidence of response.

MEDICAL APPLIANCES – PART OF OVERALL DAY-TO-DAY BENEFITS

BENEFIT	ESSENTIAL - COPPER
Medical Appliances Hearing Aids, Wheelchairs and callipers, etc. Subject to pre-authorisation. In and Out of Hospital Limited to PMB conditions only Blood Pressure Monitors, Subject to registration on the Hypertension programme	100% of Negotiated Tariff* Limited to R2 244 family per annum Blood Pressure Monitor limit: R629 per annum for hypertension registered beneficiaries
Air/Road Ambulance & Emergency Services 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	100% of Negotiated Tariff*
Non-Emergency Air/Road services (such as medical repatriation or clinically appropriate interfacility transfers) must be pre- authorised	



SIZWE HOSMED BAMBINO PROGRAMME

SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. The Scheme offers a free maternity bag with baby goodies to pregnant women registered on the Bambino Programme.

BENEFIT	ESSENTIAL - COPPER
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme. 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 Delivery 100% of the cost for the delivery by a general practitioner, medical specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required. Maternity Ultrasound(s): Maternity Visit(s): Antenatal Pathology Screening: Antenatal Supplements (Vitamins) Immunisation Benefit	100% of Scheme Tariff* 100% of DSP Tariff*only at a DSP hospital network 100% of Negotiated Tariff* Limited to 2 x 2D scans per pregnancy for in and out of hospital Additional 10 antenatal visits at either a midwife, DSP GP or DSP specialist per pregnancy, 6 either with a GP, Midwife and 4 with a Specialist Obstetrician. 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 Vitamins Limit: R270 per pregnancy paid from Risk Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age

PREVENTATIVE CARE BENEFITS

BENEFIT	ESSENTIAL - COPPER
Wellness Benefit 	100% of Scheme Tariff*. Paid from Risk Wellness consultation limit: R1 870 1 free heart screening for babies under 2 years old 1 free hearing and vision screening for babies under 2 years old 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum 1 Free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum 1 Free Cholesterol Test over 20 Years per beneficiary per Annum 1 Free Mammogram for Females over 40 Years per beneficiary per Annum 1 Free PSA for Males over 40 Years per beneficiary per Annum 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum 1 free lung cancer screening above 55 years per annum 1 free skin cancer screening per beneficiary per annum above 55 years 1 Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age (1)Diabetic Eye Care Examination 1 Diabetic Foot Examination - Free Covid-19 Vaccination per beneficiary per annum 1 Free Flu Vaccine per beneficiary per Annum 1 Free HPV vaccination per beneficiary between 9 and 12 years of age 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/AIDS Benefit 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	100% of Scheme Tariff*
COVID-19 Subject to PMBs and managed care protocols	100% of Scheme Tariff*




Access Saver 25%

Access Core

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	ACCESS SAVER 25%	ACCESS CORE
Overall Annual Limit In-Hospital benefits	No Overall Annual Limit	No Overall Annual Limit
In-hospital PMBs 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.	Unlimited	Unlimited
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) 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.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
In-hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and scheme rules.	100% of Scheme Tariff	100% Scheme Tariff
Laparoscopic procedures: hospitalisation and associated costs Subject to PMBs, pre-authorisation and managed care protocols. No co-payment applicable when procedure performed in a Day Hospital or as a Day Case. Co Payments apply.	100% of Scheme Tariff Procedures done in-hospital will attract a 20% co-payment with exception of diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap- appendicectomy and repair of recurrent or bilateral inguinal hernias	100% of Scheme Tariff* Procedures done in-hospital instead of Day Clinic will attract a 20% co-payment* with exception of diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias
Major In-hospital Medical Services and Procedures Subject to PMB, preauthorisation, clinical protocols and scheme rules. Emergency medical services and in-room procedures must be notified to the Scheme within 48 hours of the event.	100% of Negotiated Tariff*	100% Negotiated Tariff
Back and Neck Surgery Subject to PMB, preauthorisation, clinical protocols and scheme rules. Subject to adherence to conservative treatment.	100% of Scheme Tariff* Limited to PMBs	100% of Scheme Tariff
Organ Transplant Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to preauthorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of Scheme Tariff*	100% Scheme Tariff* Limited to R242 433 per family per annum
Stereotactic Radio-Surgery Subject to PMBs, preauthorisation, managed care protocols and scheme rules	No Benefit	100% of Scheme Tariff
Male Sterilisation/ Vasectomy Subject to PMBs and preauthorisation at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limited to R18 345 per beneficiary per annum	100% of Negotiated Tariff*
Female Sterilisation/ Tubal Ligation Subject to PMBs and preauthorisation at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limited to R18 345 per beneficiary per annum	100% of Negotiated Tariff*

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	ACCESS SAVER 25%	ACCESS CORE
Dental Hospitalisation Subject to PMBs pre-authorisation, treatment protocols and the use of DSP. - General in-hospital benefit rules apply - 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 annum - Removal of symptomatic impacted wisdom teeth covered only as Day Case at a day hospital	100% of Scheme Tariff* Limited to PMBs	100% of Scheme Tariff* Limited to PMBs
Maxillo-facial and Oral Surgery Subject to PMBs, pre-authorisation and treatment protocols	No Benefit	100% of Negotiated Tariff Limited to PMBs
Medicine items and Pharmaceutical Products including (consumables used in hospital and theatre) Subject to PMB, Medicine Formulary, use of pharmacy network(s)	100% Negotiated Tariff*	100% Negotiated Tariff*
Medicine to take home after discharge, (TTO) Subject to valid script and formulary*. Paid from hospital benefit	Limited to 7 days medicine supply. Non PMBs, subject to MSA	Limited to 7 days medicine supply.
Oncology 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.	100% of DSP Tariff* Unlimited for PMB Benefits utilisation in excess of R269 451 per beneficiary per annum will be subject to 20% co-payment for non PMBs	100 % of DSP Tariff* Limited to PMBs
Renal Dialysis: (Includes peritoneal and haemodialysis) Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme	100% of Negotiated Tariff*	100% of Negotiated Tariff* Limited to PMBs
Infertility Subject to PMBs, Pre-authorisation and Managed care protocols.	100% of Negotiated Tariff	100% of Scheme Tariff* Limited to PMB
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and managed care protocol	100% of Negotiated Tariff	100% of Scheme Tariff*
Blood Transfusions Subject to PMBs, pre-authorisation and managed care protocol	100% of Scheme Tariff	100% of Scheme Tariff*
Radiology (In-hospital) Subject to PMBs, preauthorisation, Managed Care protocols and scheme rules.	100% of Scheme Tariff	100% of Scheme Tariff*
Basic Radiology Advanced /Specialised Radiology (CT scan, PET scan, MUGA, MRI etc): Joint benefit In and Out of Hospital, Preauthorisation and specialist referral required.	100% of Scheme Tariff	100% of Scheme Tariff Combined in-hospital and Out of hospital limit of R32 173 per family per annum
Interventional Radiology	MRI, PET Scan, CAT limited to 2 scans per beneficiary per annum. 10% Co-payment for non PMB scan	Payable from the overall hospital
Pathology Subject to PMBs and Managed Care Protocols	100% of Scheme Tariff*	100% of Scheme Tariff*
Physiotherapy & Biokinetics Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.	100% of Scheme Tariff Limited to PMBs	100% of Scheme Tariff*
Dietician & Occupational Therapy Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period	100% of Scheme Tariff Limited to PMBs	100% of Scheme Tariff*

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	ACCESS SAVER 25%	ACCESS CORE
Mental Health benefits (including consultation, ward fees, medicines, therapy session with psychiatrist and psychologist etc.). Subject to PMB, preauthorisation and clinical protocols and scheme rules Up to 21 days in-hospital per beneficiary per annum, OR up to 15 days out of hospital consultations for mental conditions as specified in Annexure A of the Regulation. Limited to a maximum of three day's hospitalisation if admitted by a GP or a specialist physician Non PMB psychiatric treatment	100% of Scheme Tariff* No Benefit	100% of Scheme Tariff* No Benefit
Drug and Alcohol Rehabilitation Subject to PMBs, managed care protocols and preauthorisation. Benefit limits apply	100% of Scheme Tariff* Limited to R14 172 per family per annum	100% of Scheme Tariff* Maximum of 3 days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.
Step Down facilities including Rehabilitation Facilities Subject to PMBs, pre-authorisation and protocols Includes all services rendered at registered step- down facilities,	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum	100% of Negotiated Tariff*
Hospice and Private Nursing Subject to PMBs pre-authorisation and managed care protocols at registered step down facilities, nursing facilities. Subject to case management and registration on the disease management programme Frail care	100% of Negotiated Tariff* Limited to PMBs Non PMBs subject to MSA Not covered	Limited to PMBs
Home Based Care In lieu of hospitalisation Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum	100% of Negotiated Tariff* Limited to 14 days per annum
Negative pressure wound therapy Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff* Limited to PMBs	100% of Negotiated Tariff*
Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and managed care protocols. Public sector protocols apply	100% of Negotiated Tariff* Limited to PMBs	100% of Negotiated Tariff* Public sector protocols apply
Deductible* Applied for In-Hospital Procedures	• Skin disorders • Arthroscopy • Bunionectomy • Removal of varicose veins • Refractive eye surgery, Aphakic lens • Infertility treatment • Non-cancerous breast conditions	Not applicable

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	ACCESS SAVER 25%	ACCESS CORE
Day Procedures Co-payments Procedures to be done at Designated Service Provider (DSP*) hospital network Subject to pre-authorisation Co-payment applicable as per Day Hospital Rule *to the listed conditions herein.		100% Negotiated Tariff* Co-Payment applicable to defined conditions below. Subject to PMB conditions only: 1. Umbilical and Inguinal hernia repair 2. Colonoscopy 3. Cystoscopy Gastroscopy and Oesophagoscopy 4. Hysteroscopy 5. Grommets 6. Termination of pregnancy 7. Breast biopsy 8. Cataracts 9. Circumcision 10. ERCP 11. Hemorrhoidectomy 12. Vasectomy 13. Tubal Ligation 14. Excision of extensive skin lesions or repair of wounds and skin grafts 15. Dental procedures 16. Repair nail bed & Removal of toenails 17. Minor orthopedic procedures such as tennis elbow, Dupuytren's contracture, trigger finger, ganglion, carpal tunnel syndrome 18. Minor Gynecological procedures – cone biopsy, colposcopy, D&C 19. Mirena device for abnormal uterine bleeding
Internal and External Prosthesis Subject to PMBs, prosthesis benefits and pre- authorisation Instrumentation and disc prostheses including all components and fixation devices for back/spine Maximum 1 event per beneficiary per annum Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle) Subject to Pre-authorisation and managed care protocols Aphakic Lenses (Subject to protocol and PMBs) Cardiac stents Subject to overall prosthesis limit and PMB protocols Internal sphincters and stimulators Neurostimulators/Internal nerve stimulator for Parkinson's Disease Cochlear implants Artificial Limbs and external prostheses including artificial eye Internal sphincters and stimulators Neurostimulators/Internal nerve stimulator for Parkinson's Disease	100% Negotiated Tariff* Overall prosthesis limit R35 418 limited to PMBs Limited to PMBs Subject to overall limit, limited to PMBs R5 909 per lens Limited to PMBs 1 per lesion- 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. Subject to overall prosthesis limit Limited to PMBs No Benefit Maximum R13 367 , subject to overall limit	100% of Negotiated Tariff* Limited to PMBs



OUT OF HOSPITAL BENEFITS

BENEFIT	ACCESS SAVER 25%	ACCESS CORE
Annual Limit on Out of Hospital Benefits include Acute Medicines, GP & Specialists consultations, Pathology, Radiology and Chronic Medicine, Alternative Services, Remedial & Other Therapies, Psychology & Psychiatric treatment. Subject to Managed care protocols, sub-limits and MSA.	Medical Savings Account (MSA) Member = R9 277 Adult = R8 007 Child = R1 855	N/A
General Practitioners Consultations (Includes virtual consultations) Subject to clinical guidelines and managed care protocols, medicine formularies	100% of Scheme Tariff paid from MSA* Once MSA depleted, 1 additional visit per beneficiary, limited to 4 per family per annum	100% Scheme tariff Limited to PMB within designated GP network
Specialist Consultations Subject to clinical guidelines and managed care protocols, medicine formularies (Includes virtual consultations)	100% of Scheme Tariff Paid from MSA* Once MSA* depleted: 1 Additional specialist Visit per Family once MSA* is depleted with any one of the following specialists: • Paediatricians • Gynaecologists	100% Scheme tariff Limited to PMB All specialist consultations require a network GP referral
Psychology & Psychiatry Treatment Subject to PMB's 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	100% of Negotiated Tariff Limited to PMB conditions. Non PMBs paid from MSA	Limited to PMB
Diagnostic Investigations Radiology and Pathology benefits. Subject to PMBs and clinical protocols. Combined Pathology and Basic Radiology: Only PMB benefits payable once combined limit exhausted.	100% of Scheme Tariff* Paid from MSA* Combined benefits limited to R4 107 per beneficiary per annum, subject to the below sub-limits for Pathology and Radiology. Only PMB benefits payable once combined limit exhausted. Pathology: Limited to R3 186 per beneficiary per annum Basic Radiology: Limited to R2 486 per beneficiary per annum	100% of Scheme Tariff*
Specialised Radiology: MRI/PET/CT scans: Co-payments apply for non PMBs Joint benefit In and Out of Hospital, Preauthorisation and specialist referral required.	Limited to 2 scans per beneficiary per annum. 10% co-payment is applicable for all non-PMBs - MRI/CT scans	Subject to a combined in-hospital and out of hospital limit of R32 173 per family per annum

OUT OF HOSPITAL BENEFITS

BENEFIT	ACCESS SAVER 25%	ACCESS CORE
Acute Medicines Subject to Medicine formulary* and Protocols, Including Materials.	100% of Reference Price* Paid from MSA* Acute Medication obtained from Pharmacy: Subject to funds available in MSA	Limited to CDL
Contraceptives Subject to Managed Care Protocols and formulary Mirena device Paid from MSA	100% of Reference Price* Paid from MSA* Subject to the contraceptive formulary Sub-limit: R2 205 per beneficiary every 5 years	No Benefit
Pharmacy Advised Treatment (PAT) Subject to medicine items and materials benefit limit consultation with pharmacist restricted to schedules O, 1 and 2 medicines.	100% of Reference Price* Paid from available MSA	No Benefit
PMB Chronic Disease List Medicines PMB's subject to registration and pre- authorisation with the Schemes preferred provider. Chronic Medication to be Obtained from Preferred Provider Network. Subject to pre-authorisation, treatment protocols, Medicine formulary* and Registration of the Chronic Medicine by GP. Subject to renewal of prescription every six months.	100% of Reference Price* Unlimited Paid from Risk	100% of Reference Price* Unlimited Paid from Risk
Other Chronic (Non CDL) Medicines	No Benefit	No Benefit
Medicines		100% of Scheme Tariff* Limited to CDL
Ambulance and Emergency Services 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	100% Negotiated Tariff*	100% Negotiated Tariff*



OPTICAL BENEFITS

BENEFIT	ACCESS SAVER 25%
Spectacle Lenses: (In Network ONLY) Benefit applicable to members who utilise the Scheme's DSP Optometrists only Limited to one pair of spectacles per beneficiary every 24 months	100% of DSP Tariff* R238 per lens – clear single vision or R504 per lens – clear bifocal or R504 per lens – base multifocal No Benefit for contact lenses if spectacles purchased
Contact Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP network optometrist only. One claim per beneficiary every 24 months Subject to optical protocol	100% of DSP Tariff* Paid from Risk R1 128 per beneficiary every 24 months. No Benefit for spectacles if contact lenses purchased.
Frames/Lens Enhancements: In Network ONLY A frame cannot be claimed alone or with contact lenses. One claim per beneficiary per cycle	100% of DSP Tariff* Paid from Risk R621 per Frame
Eye Tests: In Network Benefit applicable to members who utilise the Scheme's DSP network optometrist only	100% of DSP Tariff* Paid from Risk One comprehensive consultation per beneficiary every 24 months

DENTAL BENEFITS - BENEFIT APPLICABLE TO MEMBERS WHO UTILISE THE SCHEME'S DSP NETWORK ONLY

BENEFIT	ACCESS SAVER 25%
Conservative Dentistry (Dentist and Dental therapist) Conscious sedation: (limited to beneficiaries below the age of 16 years) Consultations, Fillings, Extractions Root Canal treatment included in conservative dentistry Preventative scale and polish Infection control Fluoride treatment (limited to beneficiaries below the age of 13 years) Dental X-rays	100% of Scheme Tariff* Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation Yes (Paid from Risk) No Benefit Yes Yes Yes X-rays (limited to intra-oral) Dental protocols apply and pre- authorisation required for extensive treatment plans Quantity limitations apply Contracted Network Provider Only
Advanced Dentistry (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics) Orthodontics Limited to beneficiaries from 21 years of age Dental Implants Partial Metal Frame Dentures Acrylic (Plastic) Dentures (Limited to beneficiaries above the age of 16 years) Limited to PMBs	Non-PMBs Paid from MSA* All clinically valid specialised dental treatment covered from MSA* No Benefit No Benefit 1 set of Acrylic (plastic) denture per beneficiary every 4 years. Repairs, realigning and repairing of dentures every 12 months.
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorisation and protocols.	100% of Scheme Tariff* Limited to PMBs
Allied Services (Homeopathy, Naturopathy, Chiropractor) Subject to PMBs and Protocols	100% of Scheme Tariff* Paid from MSA Homeopathic Medication Excluded
Alternative Therapies Subject to preauthorisation, PMBs and managed care Protocols (Include :Speech therapy; occupational therapy; social worker; dietetics; podiatry, prosthetist, orthotist, audiologist, educational psychologist and registered counsellor Physiotherapy & Biokinetics	100% of Scheme Tariff* Collectively limited to R2 866 per family per annum 100% of Scheme Tariff* Subject to PMB conditions and clinical protocols Non-PMBs paid from MSA* Cardiac and Respiratory conditions: Subject to provision of treatment plan and therapy goals. Maximum of 6 sessions per beneficiary, thereafter subject to progress report and evidence of response

MEDICAL APPLIANCES – PART OF OVERALL DAY-TO-DAY BENEFITS

BENEFIT	ACCESS SAVER 25%
Medical Appliances <i>(Callipers, Nebulizer, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, any other clinically appropriate unspecified appliance items)</i> In & Out of Hospital – PMBs only Subject to pre-authorisation. Blood Pressure Monitors Subject to registration on the Hypertension programme	100% of Negotiated Tariff* In & Out of Hospital – PMBs only Limited to R7 130 per family per annum Paid from Risk subject to sub limit Subject to a Sub-limit R628 for registered beneficiaries

SIZWE HOSMED BAMBINO PROGRAMME

SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. The Scheme offers a free maternity bag with baby goodies to pregnant women registered on the Bambino Programme.

BENEFIT	ACCESS SAVER 25%	ACCESS CORE
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme 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 Delivery 100% of the cost for the delivery by a general practitioner, medical specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required. Maternity Ultrasounds(s): Maternity Visit(s): Antenatal Pathology Screening: Antenatal Supplements (Vitamins) Immunisation benefit	100% of Scheme Tariff* 100% of Scheme Tariff* 100% Negotiated Tariff* Two (2) 2D scans per pregnancy Additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 either with a GP, Midwife and 4 with a Specialist Obstetrician. 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 Vitamins Limit: R270 per pregnancy paid from Risk Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age	100% of Scheme Tariff* 100% of Scheme Tariff* 100% Negotiated Tariff* Two (2) 2D scans Additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 either with a GP, Midwife and 4 with a Specialist Obstetrician. 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 Vitamins Limit: R270 per pregnancy paid from Risk Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age

PREVENTATIVE CARE BENEFITS

BENEFIT	ACCESS SAVER 25%	ACCESS CORE
Wellness Benefit Paid from Risk Rapid Screening tests One screening test per beneficiary per year Vaccinations - Flu Vaccine - Pneumococcal Vaccine per beneficiary above 65 years - HPV Vaccine per beneficiary between 9 and 12 years of age - COVID 19 Vaccine Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age	100% of Scheme Tariff* Wellness consultation limit: R1 870 1 free heart screening for babies under 2 years old 1 free hearing and vision screening for babies under 2 years old 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum 1 Free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum 1 Free Cholesterol Test over 20 Years per beneficiary per Annum 1 Free Mammogram for Females over 40 Years per beneficiary per Annum 1 Free PSA for Males over 40 Years per beneficiary per Annum 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum 1 free lung cancer screening above 55 years per annum 1 free skin cancer screening per beneficiary per annum above 55 years 1 Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age 1 Diabetic Eye Care Examination 1 Diabetic Foot Examination - Free Covid-19 Vaccination per beneficiary per annum 1 Free Flu Vaccine per beneficiary per Annum 1 Free HPV vaccination per beneficiary between 9 and 12 years of age 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum	100% of Scheme Tariff* Wellness consultations R1 870 per family per annum 1 free heart screening for babies under 2 years old 1 free hearing and vision screening for babies under 2 years old 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum 1 Free Blood Pressure test per beneficiary per Annum over 15 years 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum 1 Free Cholesterol Test over 20 Years per beneficiary per Annum 1 Free Mammogram for Females over 40 Years per beneficiary per Annum 1 Free PSA for Males over 40 Years per beneficiary per Annum 1 Free Colon Cancer Blood Test over 50 years per beneficiary per annum 1 free lung cancer screening above 55 years per annum 1 free skin cancer screening per beneficiary per annum above 55 years 1 Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age (1)Diabetic Eye Care Examination (1) Diabetic Foot Examination - Free Covid-19 Vaccination per beneficiary per annum 1 Free Flu Vaccine per beneficiary per Annum 1 Free HPV vaccination per beneficiary between 9 and 12 years of age 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/AIDS Benefit 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	100% of Scheme Tariff*	100% Negotiated Tariff*
COVID-19 Subject to PMBs and managed care protocols	100% of Scheme Tariff*	100% Scheme Tariff*


Gold Ascend

Gold Ascend EDO

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
In-hospital PMBs 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	Unlimited	Unlimited
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) All admissions (including PMBs) are subject to preauthorisation, case management, clinical protocols and scheme rules. A 30% penalty will be imposed for non-emergency late pre-authorisations.	100% of Negotiated Tariff*	Voluntary use of non DSP*hospital will result in a 30% co-payment, subject to PMB
In-hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures Subject to PMB, clinical protocols and scheme rules. All procedures must be preauthorised	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and scheme rules.	100% of Scheme Tariff	100% of Scheme tariff
Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorisation and managed care protocols. No co-payment applicable when procedure performed in a Day Hospital or as a Day Case	Covered in terms of PMBs at DSP facilities	100% of Scheme Tariff**
Major In-hospital Medical Services and Procedures Subject to PMB, preauthorisation, clinical protocols and scheme rules. Emergency medical services and in-room procedures must be notified to the Scheme within 48 hours of the event A 20% co-payment where 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 ovarian cyst • Lap-appendectomy • Repair of recurrent or bilateral inguinal hernias	100% of Negotiated Tariff*	100% of Scheme Tariff**
Back and Neck Surgery Subject to PMB, preauthorisation, clinical or managed care protocols and scheme rules. Subject to adherence to conservative treatment	100% of Scheme Tariff*	100% of Negotiated Tariff**
Organ Transplant: Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to preauthorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme	100% of Scheme Tariff*	100% of Negotiated Tariff**
Stereotactic Radio-Surgery Subject to PMBs, preauthorisation, managed care protocols and scheme rules	100% of Scheme Tariff Primary Central Nervous System tumours only	100% of Scheme Tariff* Primary Central Nervous System tumours only
Male Sterilisation/ Vasectomy Subject to pre-authorisation and PMBs at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limited to R18 346 per beneficiary per annum	100% of Negotiated Tariff Limited to R18 346 per beneficiary per annum
Female Sterilisation/ Tubal Ligation. Subject to pre-authorisation at Day Clinic or as Day Case, and subject to PMBs.	100% of Negotiated Tariff* Limited to R18 346 per beneficiary per annum	100% of Negotiated Tariff Limited to R18 346 per beneficiary per annum

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Dental Hospitalisation Subject to PMBs pre-authorisation, treatment protocols and the use of DSP. General in-hospital benefit rules apply Advanced dentistry benefit In-Hospital is limited to extensive conservative treatment for children under the age of 7 years involving 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 annum Removal of symptomatic impacted wisdom teeth covered only as Day Case at a day hospital	100% of Scheme Tariff**	100% of Negotiated Tariff**
Maxillo-facial and Oral Surgery Subject to PMBs, pre-authorisation and treatment protocols Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/treatments.	100% of Scheme Tariff*	100% Of Scheme Tariff**
Medicine items and Pharmaceutical Products including (consumables used in hospital and theatre) Subject to PMB, Medicine Formulary, use of pharmacy network(s) Medicine to take home after discharge, (TTO) Subject to valid script and formulary*. Subject to benefit limit for Non PMBs	100% Negotiated Tariff* Limited to 7 days medicine supply for non- PMBs.	100% Negotiated Tariff* Limited to 7 days medicine supply, subject to benefit limit for Non PMBs
Oncology Subject to the use of oncology DSP. Standard oncology protocols apply Subject to PMB, preauthorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of Scheme Tariff*	100% of Scheme Tariff*
Subject to PMB, preauthorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	Limit R229 320 per beneficiary per annum Benefits utilisation in excess of R229 320 beneficiary per annum will be subject to 20% co- payment	Limit R229 320 per beneficiary per annum 20% co-payment applies above R229 320 beneficiary per annum
Non-Cancer Specialised Drugs Benefits (including Biologicals) Subject to PMBs pre-authorisation, managed care and treatment guidelines	No Benefit	No Benefit
Renal Dialysis <i>(Includes peritoneal and haemodialysis)</i> Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary*and registration on the Disease management programme	Benefit is restricted to requirements set out in PMBs at a DSP	Benefit is restricted to requirements set out in PMBs at a Preferred Provider Network or DSP
Infertility Subject to PMBs, pre-authorisation and Protocols All investigations for an infertility condition will be covered in a DSP hospital Department of Health protocols apply	100% of Scheme Tariff PMB protocols apply at a DSP	100% of Scheme Tariff PMB protocols apply at a DSP
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and protocol	100% of Negotiated Tariff	100% of Negotiated Tariff
Blood Transfusions Subject to PMBs, pre-authorisation and Scheme formulary* and protocol	100% of Scheme Tariff	100% of Scheme Tariff*



HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Basic Radiology in-hospital Subject to PMBs, preauthorisation, Managed Care protocols and scheme rules. Advanced/Specialised Radiology: (MRI/CAT scan/ Angiogram) Joint benefit In and Out of Hospital Subject to preauthorisation, managed care protocols and specialist referral. Interventional Radiology With in-hospital limit, subject to preauthorisation and clinical protocols	100% of Scheme Tariff Combined in and out of hospital limit of R23 787 per family per annum	100% of Scheme Tariff* Combined in and out of hospital limit of R23 787 per family per annum
Pathology (In-hospital) Subject to PMBs and Managed Care Protocols Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Scheme Tariff*	100% of Scheme Tariff*
Physiotherapy & Biokinetics Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period. Subject to Scheme protocols	100% of Scheme Tariff*	100% of Scheme Tariff*
Dietician & Occupational Therapy (In-hospital) Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period. Subject to Scheme protocols	100% of Scheme Tariff*	100% of Scheme Tariff*
Mental Health benefits (including consultation, ward fees, related medicines, therapy session with psychiatrist and psychologist, etc) Subject to PMB, preauthorisation and clinical protocols and scheme rules 21 days in-hospital or 15 out-of-hospital sessions per beneficiary per annum (includes psychiatrist consultations and 6 in-hospital consultations by clinical psychologist) Four (4) out of hospitals visits/consultations in lieu of hospitalisation are allowed subject to managed care protocols. Additional hospitalisation subject to motivation by the treating provider Limited to a maximum of three day's hospitalisation if admitted by a GP or a specialist physician Non-PMB psychiatric treatment Admissions are limited to failed out-patient management as per Managed Care Protocols Physiotherapy and Occupational therapy during psychiatric admission subject to sublimit.	100% of Scheme Tariff* Daily Limit: R1 874 , Maximum Limit R39 359 per beneficiary per annum Sub-limits (non PMB) Physiotherapy R2 000 per annum Occupational Therapy R1 400 per annum	100% of Scheme Tariff* Daily Limit: R1 874 , Maximum Limit R39 359 per beneficiary per annum Sub-limits (non PMB) Physiotherapy R2 000 per annum Occupational Therapy R1 400 per annum
Drug & Alcohol Rehabilitation Subject to PMBs, managed care protocols and pre-authorisation. Benefit limits apply	100% of Scheme Tariff* Maximum of 3 days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.	Maximum 3 days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Step down facility including Rehabilitation Facilities Subject to PMBs, pre-authorisation and protocols. Includes all services rendered at registered step-down facilities and under home care in lieu of hospitalisation Subject to PMBs, pre-authorisation and managed care protocols. Subject to Hospital Benefit Management Programme and the Disease Management Programme. Includes all services rendered at registered step-down facilities	100% of Scheme Tariff*	100% of Scheme Tariff
Home Based Care In lieu of hospitalisation Subject to PMBs, pre-authorisation and managed care protocols.	100% of Scheme Tariff* Limit: R5780 per family per year Frail care is not a covered benefit.	100% of Scheme Tariff* Limit: R5 780 per family per year Frail care is not a covered benefit.
Hospice and Private Nursing Subject to PMB's, pre-authorisation and Protocols for all services rendered at registered stepdown facilities, nursing facilities Subject to the Hospital Benefit Management Programme and the Disease Management Programme.	100% of Negotiated Tariff*	100% of Negotiated Tariff
Negative pressure wound therapy Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff* Limited to PMBs	100% of Negotiated Tariff* Limited to PMBs
Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and protocols. Public sector protocols apply	100% of Negotiated Tariff* Limited to PMBs	100% of Negotiated Tariff* Limited to PMBs
Prosthesis (Internal and External) Subject to PMBs, pre-authorisation and managed care protocols. Instrumentation and disc prostheses including all components and fixation devices for back/spine Maximum 1 event per beneficiary per annum Internal Prosthesis: Subject to benefit limit unless PMB External Prosthesis: Subject to benefit limit unless PMB	100% of Negotiated Tariff Overall prosthesis limit: R32 595 per family per annum within hospital limit Internal Prosthesis: Subject to benefit limit unless PMB Pacemakers; Defibrillators Spinal fusion – only one spine level per beneficiary; Should more than one spinal level be required, approval will be granted subject to managed care protocols. Cardiac stents – 3 unless PMB Vascular stents 2 stents per family per annum; Grafts; Joints – hip and knee (partial and total) only one joint Per beneficiary per annum; Other clinically appropriate unspecified prosthetic items Artificial limb; Breast, Ocular; Taylor Spatial frame; External fixator; Mesh. Other clinically appropriate unspecified prosthetic items	100% of Negotiated Tariff Overall prosthesis limit: R32 595 per family per annum within hospital limit Internal Prosthesis: Subject to benefit limit unless PMB Pacemakers; Defibrillators Spinal fusion – only one spine level per beneficiary; Should more than one spinal level be required, approval will be granted subject to managed care protocols. Cardiac stents – 3 unless PMB Vascular stents 2 stents per family per annum; Grafts; Joints – hip and knee (partial and total) only one joint Per beneficiary per annum; Other clinically appropriate unspecified prosthetic items Artificial limb; Breast, Ocular; Taylor Spatial frame; External fixator; Mesh. Other clinically appropriate unspecified prosthetic items
Deductible* Applied for In-Hospital Procedures	Not applicable	Not applicable
Day Procedures Subject to preauthorisation, managed care protocols and scheme rules. No co-payment where a day procedure is done at a day facility.	20 % co-payment if listed day procedures are performed at an Acute hospital .	20% co-payment if a day procedure is performed at an Acute hospital



OUT OF HOSPITAL BENEFITS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Day-to-Day Consultations (Includes GP, Specialist (excluding Psychiatrists), and outpatient facilities Physiotherapy, Radiology, Pathology and Acute Medication Subject to PMBs and managed care protocols. GP and Specialist consultations Includes virtual consultations. Benefits available at a Network GP or Specialist 30% co-payment is applicable where there has been voluntary use of a non-DSP provider	Member: R7 228 Member +1: R10 704 Member +2: R12 526 Member +3: R14 325 Member +4: R16 146 Member +5: R17 956 Member +6+: R19 755	Day-to-Day Limits Member: R7 228 Member +1: R10 704 Member +2: R12 526 Member +3: R14 325 Member +4: R16 146 Member +5: R17 956 Member +6+: R19 755
Psychology & Psychiatry Treatment <i>Limited to Psychiatrists, Clinical and Counselling Psychologists for mental health disorders.</i> Subject to PMB's and referral from GP or Specialist, failure to do so will result in non- payment of claims Subject to confirmed diagnosis, treatment plan and managed care protocols	100% of Scheme Tariff* Limit: R6 590 per family per annum	100% of Scheme Tariff* Limit: R6 590 per family per annum
Diagnostic Investigations Basic Radiology Subject to PMBs and managed care protocols Subject to Day-to-Day limit Advanced/Specialised Radiology Includes interventional radiology, MRI, CAT scan, Angiogram etc Subject to preauthorisation, specialist referral and managed care protocols	100% of Negotiated Tariff*. Subject to Day-to-Day limit Combined limit (in and out of hospital) R23 786 per family per annum	100% of Negotiated Tariff Subject to Day-to-Day limit Combined limit (in and out of hospital) R23 786 per family per annum
Pathology Benefit Subject to PMBs and managed care protocols. Subject to Day-to-Day limit	100% of Negotiated Tariff*	100% of Negotiated Tariff

MEDICINE ITEMS AND MATERIALS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Acute Medicines and Pharmacy Advised Treatment (PAT) Subject to Day-to-Day limit	Member: R2 256 Member +1: R4 067 Member +2: R4 525 Member +3: R5 129 Member +4: R5 273 Member +5: R5 563 Member +6: R6 022	Member: R2 256 Member + 1: R4 067 Member + 2: R4 525 Member + 3: R5 129 Member + 4: R5 273 Member + 5: R5 563 Member + 6: R6 022
Contraceptives Subject to Managed Care Protocols and formulary*	Limit R3 331 per family per annum	Limit R3 331 per family per annum
PMB Chronic Disease List Medicines Subject to registration on the Chronic Medicine programme and pre- authorisation with the Schemes Pharmacy Benefit Manager, clinical protocol, medicine formulary*, and the use of Pharmacy Preferred Provider Pharmacy Networks. Subject to renewal of prescription every six months.	100% of Reference Price* Unlimited	100% of Reference Price* Unlimited
Other Chronic (Non CDL) Medicine	No Benefit	No Benefit

OPTICAL BENEFITS

Contact the Schemes DSP Network provider for availability and locality of Network Optometrists

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Spectacle Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP Optometrists only	100% of DSP Rate Limit: One pair of spectacles per beneficiary every 24 months	100% of DSP Rate Limit: One pair of spectacles per beneficiary every 24 months
Contact Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP network optometrist only Subject to optical protocol	Contact Lens: R1 572 One claim per beneficiary every 24 months	Contact Lens: R1 572 One claim per beneficiary every 24 months
Frames/Lens Enhancements: In Network ONLY A frame cannot be claimed alone or with contact lenses. Benefit applicable to members who utilise the Scheme's DSP network optometrist only	Frames: R713 Single vision Lens: R229 per lens Bi-Focal Lens: R497 per lens Multi Focal Lens: R497 per lens One claim per beneficiary every 24 months	Frames: R713 Single vision Lens: R229 per lens Bi-Focal Lens: R497 per lens Multi Focal Lens: R497 per lens One claim per beneficiary every 24 months
Eye Tests: In Network Benefit applicable to members who utilise the Scheme's DSP network optometrist only One claim per beneficiary every 24 months	One (1) test per beneficiary per 24 months	One (1) test per beneficiary per 24 months



DENTAL BENEFIT

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Conservative Dentistry (Dentist and Dental therapist) Conscious sedation: (limited to beneficiaries below the age of 16 years) Consultations, Fillings, Extractions Root Canal treatment included in conservative dentistry Subject to managed care protocols Preventative scale and polish Infection Control Fissure Sealant Fluoride treatment (limited to beneficiaries up to the age of 13 years) Scale and polish	100% of Scheme Tariff IV conscious sedation in rooms Yes Two (2) annual check-ups per beneficiary (once in six (6) months) Fillings: once per tooth in 9 months Excludes wisdom teeth (3rd molars) and primary (milk) teeth Yes Limited to beneficiaries younger than 16 years of age Limited to beneficiaries from age 5 up to the age of 13 years Two (2) annual scale and polish treatments per beneficiary (once in 6 months)	100% of Scheme Tariff IV conscious sedation in rooms Yes Two (2) annual check-ups per beneficiary (once in six (6) months) Fillings: once per tooth in 9 months Excludes wisdom teeth (3rd molars) and primary (milk) teeth Yes Fissure sealants is limited to beneficiaries younger than 16 years of age Limited to beneficiaries from age 5 up to the age of 13 years
Dental X-rays Subject to dental treatment protocols and pre-authorisation for extensive treatment	100% Scheme Tariff Intra-oral: subject to managed care protocols. Extra-oral: one (1) scan per beneficiary in a two (2) year period	Two (2) annual scale and polish treatments per beneficiary (once in 6 months) 100% Scheme Tariff Intra-oral: subject to managed care protocols. Extra-oral: one (1) scan per beneficiary in a two (2) year period
Advanced Dentistry (e.g., Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Subject to pre-authorisation and managed care protocols) Periodontics: Orthodontics Limited to beneficiaries up to 21 years of age	100% of Scheme Tariff* (Excluding Partial metal frame dentures, Crowns and bridges, Implants, Orthodontics). No Benefits 100% of Scheme Tariff ; subject to registration on the Periodontal Programme. Limited to conservative, non-surgical therapy only (root planning) (Excluding Surgical periodontics)	100% of Scheme Tariff* subject to pre-authorisation and managed care protocols (Excluding Partial metal frame dentures, Crowns and bridges, Implants, Orthodontics). No Benefits 100% of Scheme Tariff ; subject to registration on the Periodontal Programme. Limited to conservative, non-surgical therapy only (root planning) (Excluding Surgical periodontics)
Dental Implants Periodontics Partial Metal Frame Dentures (Limited to beneficiaries above the age of 16 years)		
Acrylic (Plastic) Dentures (Limited to beneficiaries above the age of 16 years)	One (1) set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a four (4) year period	One (1) set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a four (4) year period

DENTAL BENEFIT

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Maxillo-Facial & Oral, including Dental Surgery <i>(Consultations, Surgical procedures and Operations)</i> Subject to PMB's, pre-authorisation and managed care protocols. Benefit for Temporo-mandibular Joint (TMJ) therapy is limited to non-surgical intervention/ 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.	100% of Scheme Tariff*	100% of Scheme Tariff**

AUXILLIARY BENEFIT

Allied Services Subject to preauthorisation, PMBs and Managed Care Protocol Include Homeopathy, Naturopathy, Chiropractor Alternative Services /Therapies Subject to preauthorisation, PMBs and Managed Care Protocols Include :Speech therapy; occupational therapy; social worker; dietetics; podiatry, prosthetist, orthotist, audiologist, educational psychologist and registered counsellor	100% of Scheme Tariff Limit: R1 280 per beneficiary per annum 100% of Scheme Tariff* M: R1 292 M+: R2 075	100% of Scheme Tariff Limit: R1 280 per beneficiary per annum 100% of Scheme Tariff* M: R1 292 M+: R2 075
Clinical and Medical Technologist Subject to PMBs, pre-authorisation, managed care rules and clinical protocols.	100% of Scheme Tariff*	100% Scheme Tariff*
Medical Appliances E.g., Hearing Aids, Wheelchairs, callipers, Nebulizer, Glucometer, Insulin Pump, Morphine pump, C-PAP machine etc. Subject to pre- authorisation and clinical criteria Hearing Aids: Subject to pre-authorisation Non-motorised wheelchairs	100% of Negotiated Tariff* Limits: M: R1 291 M+: R 2 074 100% of Negotiated Tariff Limit: R19 091 per family per annum One (1) pair of hearing unit (one per ear) per beneficiary every four (4) years from date of acquisition. One (1) per family every 4-year cycle Family Limit: R2 389	100% of Negotiated Tariff* Limits: M: R1 291 M+: R2 074 Limit: R19 091 per family per annum One (1) pair of hearing unit (one per ear) per beneficiary every four (4) years from date of acquisition One per family every 4-year cycle Family Limit: R2 389
Air/Road Ambulance & Emergency Services 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	100% of Negotiated Tariff*	100% of Negotiated Tariff*



BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme . 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 Delivery: Delivery: 100% of the cost for the delivery by a general practitioner, medical specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required. Maternity Ultrasounds(s): Scans paid at 2D rates as per negotiated rates with the provider Maternity Visit(s): Antenatal Pathology Screening:	100% of Scheme Tariff* 100% of Scheme Tariff* 100% of Scheme Tariff* 2 x 2D scan per pregnancy Additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 either with a GP, Midwife and 4 with a Specialist Obstetrician. 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 Vitamins Limit: R270 per pregnancy paid from Risk	100% of Scheme Tariff* 100% of Scheme Tariff* 100% of Scheme Tariff* 2 x 2D scan per pregnancy Additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 either with a GP, Midwife and 4 with a Specialist Obstetrician. 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 Vitamins Limit: R270 per pregnancy paid from Risk
Immunisation	Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age	Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age

PREVENTATIVE CARE BENEFITS

BENEFIT	GOLD ASCEND	GOLD ASCEND EDO
Wellness Benefits 	100% of Scheme Tariff*. Paid from Risk Wellness consultation limit: R1 870 1 free heart screening for babies under 2 years old 1 free hearing and vision screening for babies under 2 years old 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum 1 Free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum 1 Free Cholesterol Test over 20 Years per beneficiary per Annum 1 Free Mammogram for Females over 40 Years per beneficiary per Annum 1 Free PSA for Males over 40 Years per beneficiary per Annum 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum 1 free lung cancer screening above 55 years per annum 1 free skin cancer screening per beneficiary per annum above 55 years 1 Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age 1 Diabetic Eye Care Examination 1 Diabetic Foot Examination - Free Covid-19 Vaccination per beneficiary per annum 1 Free Flu Vaccine per beneficiary per Annum 1 Free HPV vaccination per beneficiary between 9 and 12 years of age 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum	100% of Scheme Tariff*. Paid from Risk Wellness consultation limit: R1 870 1 free heart screening for babies under 2 years old 1 free hearing and vision screening for babies under 2 years old 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum 1 Free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum 1 Free Cholesterol Test over 20 Years per beneficiary per Annum 1 Free Mammogram for Females over 40 Years per beneficiary per Annum 1 Free PSA for Males over 40 Years per beneficiary per Annum 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum 1 free lung cancer screening above 55 years per annum 1 free skin cancer screening per beneficiary per annum above 55 years 1 Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age (1)Diabetic Eye Care Examination 1 Diabetic Foot Examination - Free Covid-19 Vaccination per beneficiary per annum 1 Free Flu Vaccine per beneficiary per Annum 1 Free HPV vaccination per beneficiary between 9 and 12 years of age 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/AIDS Benefits 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	100% of Scheme Tariff	100% of Scheme Tariff
COVID-19 Subject to PMBs and managed care protocols	100% of Scheme Tariff*	100% of Scheme Tariff




Value

Value Core

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	VALUE	VALUE EDO
In-hospital PMBs 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	Unlimited	Unlimited
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) All admissions (including PMBs) are subject to preauthorisation, case management, clinical protocols and scheme rules. A 30% penalty will be imposed for non-emergency late pre-authorisations.	100% of Negotiated Tariff*	100% of DSP Tariff* Voluntary use of non-DSP* hospital will result in a 30% co-payment
In-hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures Subject to PMB, clinical protocols and scheme rules. All procedures must be preauthorised	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and scheme rules.	100% of Scheme Tariff	100% of Scheme Tariff*
Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorisation and managed care protocols. A 20% co-payment where 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 ovarian cyst, -Lap-appendectomy, -Repair of recurrent or bilateral inguinal hernias	100% of Scheme Tariff**	100% of Scheme Tariff** Co-payment 20% where a laparoscopic procedure is performed in an acute hospital instead of a day hospital.
Major In-hospital Medical Services and Procedures Subject to PMB, preauthorisation, clinical protocols and scheme rules. Emergency medical services and in- room procedures must be notified to the Scheme within 48 hours of the event	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Back and Neck Surgery Subject to PMB, preauthorisation, clinical protocols and scheme rules. Subject to adherence to conservative treatment.	100% of Scheme Tariff*	100% of Negotiated Tariff*
Organ Transplant Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to preauthorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme	100% of Scheme Tariff*	100% of Scheme Tariff*
Stereotactic Radio-Surgery Subject to PMBs, preauthorisation, managed care protocols and scheme rules	100% of Scheme Tariff* Primary Central Nervous System tumours only	100% of Negotiated Tariff* Primary Central Nervous System tumours only
Male Sterilisation/ Vasectomy Subject to pre-authorisation and PMBs at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limit: R18 346 per beneficiary per annum	100% of Negotiated Tariff* Limit: R18 346 per beneficiary per annum
Female Sterilisation/ Tubal Ligation Subject to PMBs and preauthorisation at Day Clinic or as Day Case.	100% of Negotiated Tariff* Limit: R18 346 per beneficiary per annum	100% of Negotiated Tariff* Limit: R18 346 per beneficiary per annum

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	VALUE	VALUE EDO
Dental Hospitalisation Subject to PMBs pre-authorisation, treatment protocols and the use of DSP. General in-hospital benefit rules apply Advanced dentistry benefit In-Hospital is limited to extensive conservative treatment for children under the age of 7 years involving 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 annum Removal of symptomatic impacted wisdom teeth covered only as Day Case at a day hospital	100% of Scheme Tariff	100% of Negotiated Tariff*
Maxillo-facial and Oral Surgery Subject to PMBs, pre-authorisation, treatment protocols and scheme rules. Limited to symptomatic wisdom teeth and surgical exposure. All other procedures subject to PMB only. Removal of symptomatic impacted wisdom teeth only as a Day Case	100% of Scheme Tariff	100% of Negotiated Tariff*
Medicine items and Pharmaceutical Products including (consumables used in hospital and theatre) Subject to PMB, Medicine Formulary, use of pharmacy network(s)	100% Negotiated Tariff*	100% Negotiated Tariff*.
Medicine to take home after discharge, (TTO) Subject to valid script and formulary*. Subject to benefit limit for Non PMBs	Limited to 7 days medicine supply for non-PMBs.	Limited to 7 days medicine supply. Subject to benefit limits for non-PMBs.
Oncology Subject to PMB, preauthorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme. Subject to the use of oncology DSP. Enhanced oncology DSP* protocols apply	100% of DSP Tariff* Unlimited Oncology treatment for PMBs Benefit utilisation in excess of R575 330 will be subject to 20% co-payment for non-PMBs	100% of DSP Tariff* Unlimited Oncology treatment for PMB Benefit utilisation in excess of R575 330 will be subject to 20% co-payment for non-PMBs
Non-Cancer Specialised Drugs Benefits (including Biologicals)	No Benefit	No Benefit
Renal Dialysis <i>(Includes peritoneal and haemodialysis)</i> Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Infertility Subject to PMBs, pre-authorisation and protocols	100% of Scheme Tariff*	100% of Scheme Tariff*
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Scheme Tariff*	100% of Negotiated Tariff*
Blood Transfusions Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Scheme Tariff*	100% of Scheme Tariff*



HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	VALUE	VALUE EDO
Radiology Benefit Subject to PMBs, preauthorisation, Managed Care protocols and scheme rules.	100% of Scheme Tariff*	100% of Scheme Tariff*
Basic Radiology Advanced /Specialised Radiology (CT scan, PET scan, MUGA, MRI etc): Joint benefit In and Out of Hospital, Preauthorisation and specialist referral required.	100% of Scheme Tariff Limited to 2 scans per beneficiary per annum Non-PMB MRI and CT scans: 10% co-payment applicable	Limited to 2 scans per beneficiary per annum Non-PMB MRI and CT scans: 10% co-payment applicable
Radio isotope studies: Preauthorisation and specialist referral required.	100% of Scheme Tariff*	
Pathology (In-hospital) Subject to PMBs and Managed Care Protocols	100% of Scheme Tariff*	100% of Scheme Tariff*
Physiotherapy & Biokinetics Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.	100% of Scheme Tariff*	100% of Scheme Tariff*
Dietician & Occupational Therapy (In-hospital) Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period	100% of Scheme Tariff*	100% of Negotiated Tariff*
Drug & Alcohol Rehabilitation Subject to PMBs, managed care protocols and pre-authorisation. Benefit limits apply	100% of Scheme Tariff* Limit: R22 187 per family per annum	100% of Scheme Tariff* Limit: R22 187 per family per annum
Mental Health Benefits (including consultation, ward fees, medicines, therapy session with psychiatrist and psychologist etc.). Subject to PMB, preauthorisation and clinical protocols and scheme rules. 21 days in-hospital or 15 out-of-hospital sessions per beneficiary which includes psychiatrist consultations and 6 in-hospital consultations by clinical psychologist. Maximum 3 days for Psychologist/psychiatrist combined therapy sessions during the same admission; thereafter pre-authorisation required with treatment plan. Admissions by GPs or specialist physicians limited to a maximum of three days Non-PMB psychiatric treatment: limited to failed out-patient management as per Managed Care Protocols Physiotherapy and Occupational therapy during psychiatric admission subject to sublimit	100% of Scheme Tariff* 14 days per family subject to a limit of R23 516 Sub-limits (non PMB) Physiotherapy: R2 000 per beneficiary per annum Occupational Therapy: R1 400 per beneficiary per annum	100% of Scheme Tariff* 14 days per family subject to a limit of R23 516 Sub-limits (non PMB) Physiotherapy: R2 000 per beneficiary per annum Occupational Therapy: R1 400 per beneficiary per annum
Step down facility including Rehabilitation Facilities Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum
Home Based Care In lieu of hospitalisation Subject to PMBs, pre-authorisation and protocols.	Limited to 14 days per beneficiary per annum	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum
Hospice and Private Nursing Subject to PMB's, pre-authorisation and managed care protocols	100% of Negotiated Tariff* Subject to combined limit of a maximum period of 14 days per annum-except for PMB's	100% of Negotiated Tariff* Subject to combined limit of a maximum period of 14 days per annum-except for PMBs
Negative pressure wound therapy Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff* Limited to R30 737 per family per annum	100% of Negotiated Tariff* Limited to R30 737 per family per annum

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	VALUE	VALUE EDO
Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to R48 774 per family per annum	100% of Negotiated Tariff* Limited to R48 774 per family per annum
Internal and External Prosthesis Subject to PMBs, pre-authorisation and protocols. Instrumentation and disc prostheses including all components and fixation devices for back/spine Maximum 1 event per beneficiary per annum Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle): One event per annum, excludes cement Aphakic lenses Subject to protocol and PMB Cardiac stents: Subject to overall prosthesis limit Cardiac Valves, Aortic stent grafts, peripheral arterial stents grafts, Single/dual pacemaker Cardiac resynchronisation devices (CRT), Implantable Cardioverter Defibrillators (ICD) with Pacing Capabilities (CRT-D) Internal sphincters and stimulators Subject to overall prosthesis limits Neurostimulators/Internal nerve stimulator for Parkinson's Disease Cochlear implants Unlisted prosthesis, Artificial Limbs and external prostheses including artificial eyes. Subject to overall prosthesis limits	100% of Negotiated Tariff* Overall prosthesis limit: R55 026 per family per annum Sub-limits: R26 773 per level, subject to overall limit. Limited to a maximum of 2 levels unless PMB. R48 637 per annum, subject to the overall limit. R6 774 per lens 1 per lesion - maximum 3 lesions Bare metal stents: R17 612 per stent Drug eluting stents: R24 806 per stent 100% Negotiated Tariff Limited to PMBs 100% Negotiated Tariff Limited to PMBs Subject to overall prosthesis limits No Benefit No Benefit Maximum R16 041	100% of Negotiated Tariff* Overall prosthesis limit: R55 026 per family per annum Sub-limits: R26 773 per level, subject to overall limit. Limited to a maximum of 2 levels unless PMB. R48 637 per annum, subject to the overall limit. R 6 774 per Lens. 1 per lesion, maximum 3 lesions. Bare metal stents: R17 612 per stent Drug eluting stents: R24 806 per stent Subject to overall prosthesis limits Limited to PMBs Subject to overall prosthesis limits No Benefit Maximum R16 041 Subject to overall limit
Deductible* Applied for In-Hospital Procedures	- Joint Replacement - Umbilical Hernia Repair - Hysterectomy - Functional Nasal Surgery - Elective caesarean section	- Joint Replacement - Umbilical Hernia Repair - Hysterectomy - Functional Nasal Surgery - Elective caesarean section
Day Procedures Subject to preauthorisation, managed care protocols and scheme rules.	20% co-payment if listed Day procedures is performed at an Acute facility (57/58 hospital)	20% co-payment if listed Day procedures are done at an Acute facility (57/58 hospital)

OUT OF HOSPITAL BENEFITS

BENEFIT	VALUE	VALUE EDO
Overall Out of Hospital Benefit Limits Subject to benefit limits as stipulated Includes Acute Medicines Alternative Services Remedial & Other Therapies Biokinetics & Physiotherapy Psychology & Psychiatry Treatment	Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine Collective limit per family per annum M = R11 356 M+1 = R23 980 M+2 = R26 090 M+3 = R29 722	Collective limit per family per annum M = R11 356 M+1 = R23 980 M+2 = R26 090 M+3 = R29 722
General Practitioners and outpatient facilities Subject to PMBs and managed care protocols. Includes virtual consultations Benefits applicable at a Network GP Contact the Schemes DSP Network provider for availability and locality of Network GP	100% of Scheme Tariff* 20 GP visits per family per annum. Limited to 10 GP visits per beneficiary per annum. 30% co-payment after the 7th GP visit per beneficiary per annum.	100% of DSP* Tariff* Unlimited GP visits & acute medication from any GP within the DSP* Network A 30% co-payment will apply for GP consultations outside the DSP* Network Pre-Authorisation from 10th visit required
Specialists (excluding Psychiatrists) (includes virtual consultations) Subject to PMBs and managed care protocols. Includes virtual consultations Contact the Schemes DSP Network provider for availability and locality of Network Specialist Network GP referral required Where a GP referral is not sought, claims will not be paid, except for Paediatricians and Gynaecologists	Specialist Consultations/Visits per annum: Member = 3 Visits Member +1 = 5 Visits Member +2 = 7 Visits	Specialist Consultations/Visits per annum: Member = 3 Visits Member +1 = 5 Visits Member +2 = 7 Visits Only one specialist visit per beneficiary per annum (except for paediatricians/gynaecologist) is covered without a GP referral, such a visit will be paid at GP rates.
Psychology & Psychiatry Treatment Limited to Psychiatrists, Clinical and Counselling Psychologists for mental health disorders. Subject to PMB's and referral from GP or Specialist, failure to do so will result in non-payment of claims Subject to confirmed diagnosis, treatment plan and managed care protocols	100% of Scheme Tariff* R8 506 per family per annum Limited to R3 385 per beneficiary per annum	100% of Negotiated Tariff* R8 506 per family per annum Limited to R3 385 per beneficiary per annum
Diagnostic Investigations: Radiology and Pathology benefits Subject to PMBs and clinical protocols. Combined Pathology and Basic Radiology Advanced/Specialised Radiology: (Combined In and Out of hospital benefit) Subject to specialist referral and pre-authorisation.	100% of Scheme Tariff* R4 107 per beneficiary per annum, subject to sub-limits Sub-limits: Pathology: R3 187 per beneficiary per annum Basic Radiology: R2 486 per beneficiary per annum 2 scans per beneficiary per annum 10% co-payment is applicable for non-PMBs - MRI/CT scans	100% of Scheme Tariff R4 107 per beneficiary per annum, subject to sub-limits Sub-limits: Pathology: R3 187 per beneficiary per annum Basic Radiology: R2 486 per beneficiary per annum 2 scans per beneficiary per annum 10% co-payment is applicable for non-PMBs - MRI/CT scans

MEDICINE ITEMS AND MATERIALS

BENEFIT	VALUE	VALUE EDO
Acute Medicines Subject to PMB, clinical protocols, Medicine formulary* and Network Pharmacy utilisation	100% of Reference Price* R10 948 per family per annum, limited to R6 240 per beneficiary per annum 20% co-pay will apply for benefit utilisation above R6 697 per family	100% of Reference Price* R10 948 per family per annum, limited to R6 240 per beneficiary per annum 20% co-payment will apply for benefit utilisation above R6 697 per family
Contraceptives Subject to Managed Care Protocols and formulary* Mirena device Subject to clinical protocol and formulary	100% of Reference Price* Limited to R1 604 per family per annum. Mirena device sub limit: R2 205 per beneficiary, once every five years No Benefit	100% of Reference Price* Limited to R1 604 per family per annum. Mirena device sub limit: R2 205 per beneficiary, once every five years No Benefit
Pharmacy Advised Treatment (PAT) (Over the Counter Medication): subject to acute benefit limit Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines.	100% of Reference Price* Limited to R2 326 per family per annum Maximum 181 per script	100% of Reference Price* Limited to R2 326 per family per annum Maximum 181 per script
PMB Chronic Disease List Medicines Subject to preauthorisation clinical protocol, medicine formulary*. Subject to registration on the Chronic Medicine programme, the use of Pharmacy Preferred Provider Networks and renewal of prescription every six months.	100% of Reference Price* Unlimited Non-formulary* products will incur a 30% co-payment* when obtained voluntarily* by beneficiaries.	100% of Reference Price* Unlimited Non-formulary* products will incur a 30% co-payment* where these are obtained voluntarily* by beneficiaries.
Other Chronic (Non CDL) Medicine Subject to preauthorisation clinical protocol, medicine formulary*. Subject to registration on the Chronic Medicine programme, the use of Pharmacy Preferred Provider Networks and renewal of prescription every six months. Subject to registration on the Chronic Medicine programme, and pre-authorisation with the Schemes Pharmacy Benefit Manager. Subject to, clinical protocol, medicine formulary*, and the use of Pharmacy Preferred Provider Networks. Subject to renewal of prescription every six months	100% of Reference Price* R16 008 per family per annum Limited to R7 938 per beneficiary per annum Non-formulary* products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries.	100% of Reference Price* R16 008 per family per annum Limited to R7 938 per beneficiary per annum Non-formulary* products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries



OPTICAL BENEFITS

Voluntary use of Optometrists outside of the Network will result in non-payment of benefits. Members can contact the Scheme's Optometry Service Provider to check availability and locality of Network Optometrists

BENEFIT	VALUE	VALUE EDO
Spectacle Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP Optometrists only Limited to one pair of spectacles per beneficiary every 24 months	100% of DSP Tariff* R239 per lens – clear single vision or R504 per lens – clear bifocal or R504 per lens-base multifocal No Benefit for contact lenses if spectacles purchased	100% of DSP Tariff* R239 per lens – clear single vision or R504 per lens – clear bifocal or R504 per lens – base multifocal No Benefit for contact lenses if spectacles purchased
Contact Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP network optometrist only Subject to optical protocols Limited to One claim per beneficiary every 24 months Subject to optical protocol	100% of DSP Tariff* R2 053 per beneficiary every 24 months No Benefit for spectacles if contact lenses purchased	100% of DSP Tariff* R2 053 per beneficiary every 24 months No Benefit for spectacles if contact lenses purchased.
Frames/Lens Enhancements: In Network ONLY A frame cannot be claimed alone or with contact lenses. Benefit applicable to members who utilise the Scheme's DSP network optometrist only Limited to One claim per beneficiary every 24 months	100% of DSP Tariff* R902 per beneficiary	100% of DSP Tariff* R902 per beneficiary
Eye Tests: In Network Benefit applicable to members who utilise the Scheme's DSP network optometrist only Limited to One claim per beneficiary every 24 months	100% of DSP Tariff*	100% of DSP Tariff*

DENTAL BENEFIT

BENEFIT	VALUE	VALUE EDO
Conservative Dentistry (Dentist and Dental therapist) Conscious sedation: (limited to beneficiaries below the age of 16 years) Consultations, Fillings, Extractions. Root Canal treatment included in conservative dentistry Subject to managed care protocols Preventative scale and polish Infection Control Fissure Sealant Fluoride treatment (limited to beneficiaries up to the age of 13 years) Dental X-rays Panoramic X rays subject to treatment protocols and pre-authorisation for extensive treatment	100% of Scheme Tariff* Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation Yes Two (2) Root canal treatment RCT per family per annum Yes Yes Limited to beneficiaries from ages 5 and 13 years X-rays intra-oral covered Panoramic Radiographs limited to 1 per beneficiary every 24 months	100% of Scheme Tariff* Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation Yes Two (2) Root canal treatment RCT per family per annum Yes Yes Limited to beneficiaries from ages 5 and 13 years X-rays intra-oral covered Panoramic Radiographs limited to 1 per beneficiary every 24 months
Advanced Dentistry (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics): Orthodontics Limited to beneficiaries up to 21 years of age Dental Implants Partial Metal Frame Dentures (Limited to beneficiaries above the age of 16 years) Acrylic (Plastic) Dentures (Limited to beneficiaries above the age of 16 years)	100% of Scheme Tariff* R7 303 per family per annum. Limited to R5 115 per beneficiary Two (2) implants per family per annum over a 5-year period with a limit of R 17 199 limited to one per beneficiary per annum One (1) set per beneficiary every 5 years. Subject to advanced dentistry limit. One (1) per beneficiary every 4 years. Subject to advanced dentistry limit	100% of Scheme Tariff* R7 303 per family per annum. R5 115 per beneficiary limited to Two (2) implants per family per annum over a 5-year period with a limit of R17 199 limited to one per beneficiary per annum One (1) set per beneficiary every 5 years. Subject to advanced dentistry limit. One (1) per beneficiary every 4 years. Subject to advanced dentistry limit
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorisation and managed care protocols. Benefit is payable from hospitalisation abnormalities and oncology related procedures only	100% of Scheme Tariff*	100% of Scheme Tariff*



AUXILLIARY BENEFIT

BENEFIT	VALUE	VALUE EDO
Part of Overall Day-to-Day benefits Subject to preauthorisation, PMBs and Managed Care Protocol Allied Services: (Include :Homeopathy, Naturopathy, Chiropractor) Alternative Services /Therapies: Subject to preauthorisation, PMBs and Managed Care Protocols Speech therapy; occupational therapy; social worker; dietetics; podiatry, prosthetist, orthotist, audiologist, educational psychologist and registered counsellor Physiotherapy & Biokinetics	100% of Scheme Tariff* Collectively limited to R4 311 per family per annum; medicine dispensed limited to Acute Medication Limit Collectively limited to R4 157 per family per annum R 3 231 per family per annum; limited to R1 962 per beneficiary per annum	100% of Scheme Tariff* Collectively limited to R4 311 per family per annum; medicine dispensed limited to Acute Medication Limit Collectively limited to R4 157 per family per annum R3 231 per family per annum; limited to R1 962 per beneficiary per annum

MEDICAL APPLIANCES

BENEFIT	VALUE	VALUE EDO
Medical Appliances (Part of Overall Day-to-Day benefits) Include Callipers, Nebulizer, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, Blood Pressure machine etc Subject to PMB, pre- authorisation, managed care protocols and clinical criteria. All appliances are payable once per annum subject to limits, unless stipulated otherwise. C-PAP machines, subject to fulfilment of clinical criteria and procurement protocols, subject to benefit limits.	100% of Negotiated Tariff* Limited to R16 063 per family per annum	100% of Negotiated Tariff* Limited to R16 063 per family per annum Sub-limits
Stoma Care: Subject to pre-authorisation	Stoma Care – Subject to a sub limit of R8 290 per family per annum	Stoma Care – Subject to a sub limit of R8 290 per family per annum
Blood Pressure Monitors (For beneficiaries registered for Hypertension)	Subject to a sub-limit R629 for beneficiaries registered for Hypertension	Subject to a sub-limit R629 for beneficiaries registered for Hypertension
Non-motorised wheelchairs Subject to pre-authorisation	Wheelchairs – one claim per Beneficiary every 36 months subject	Wheelchairs – one claim per Beneficiary every 36 months subject
Hearing aids Subject to pre-authorisation	Hearing aids – one claim per beneficiary every 24 months	Hearing aids – one claim per beneficiary every 24 months
Air/Road Ambulance & Emergency Services Authorisation for emergency transportation should be obtained within 72 hours The Schemes preferred provider must be contacted should you require an Ambulance – failure to adhere to this could result in you being held liable for costs incurred. If services are not pre-authorized through the preferred provider, claims will not qualify for payment	100% of Scheme Tariff	100% of DSP Tariff**

SIZWE HOSMED BAMBINO PROGRAMME

SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. The Scheme offers a free maternity bag with baby goodies to pregnant women registered on the Bambino Programme.

BENEFIT	VALUE	VALUE EDO
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme.	100% of Scheme Tariff*	100% of Scheme Tariff*
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*	100% of Scheme Tariff*
Delivery: 100% of the cost for the delivery by a general practitioner, medical specialist or midwife and materials supplied Home Delivery by Registered Midwife: pre-authorisation required	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Maternity Ultrasounds(s): Higher dimension ultrasound will be paid up to the value of a 2D scan.	2X 2D scan per pregnancy	2X 2D scan per pregnancy
Maternity Visit(s):	Additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 either with a GP, Midwife and 4 with a Specialist Obstetrician.	Additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 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	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 Vitamins:	Vitamins Limit: R270 per pregnancy paid from Risk	Vitamins Limit: R270 per pregnancy paid from Risk
Immunisation Benefit:	Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age	Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age



PREVENTATIVE CARE BENEFITS

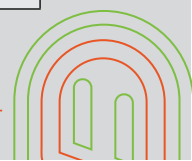
BENEFIT	VALUE	VALUE EDO
Wellness Benefits	100% of Scheme Tariff* Paid from Risk Wellness consultation limit: R1 870 per family per annum 1 Free heart screening for babies under 2 years 1 Free hearing and eye screening for babies under 2 years old 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum 1 Free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum 1 Free Cholesterol Test over 20 Years per beneficiary per Annum 1 Free Mammogram for Females over 40 Years per beneficiary per Annum 1 Free PSA for Males over 40 Years per beneficiary per Annum 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum 1 Free lung cancer screening above 55 years per annum 1 Free skin cancer screening per beneficiary per annum above 55 years 1 Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age 1 Diabetic Eye Care Examination 1 Diabetic Foot Examination - Free Covid-19 Vaccination per beneficiary per annum 1 Free Flu Vaccine per beneficiary per Annum 1 Free HPV vaccination per beneficiary between 9 and 12 years of age 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum	100% of Scheme Tariff* Paid from Risk Wellness consultation limit: R1 870 1 free heart screening for babies under 2 years old 1 free hearing and vision screening for babies under 2 years old 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum 1 Free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum 1 Free Cholesterol Test over 20 Years per beneficiary per Annum 1 Free Mammogram for Females over 40 Years per beneficiary per Annum 1 Free PSA for Males over 40 Years per beneficiary per Annum 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum 1 free lung cancer screening above 55 years per annum 1 free skin cancer screening per beneficiary per annum above 55 years 1 Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age 1 Diabetic Eye Care Examination 1 Diabetic Foot Examination - Free Covid-19 Vaccination per beneficiary per annum 1 Free Flu Vaccine per beneficiary per Annum 1 Free HPV vaccination per beneficiary between 9 and 12 years of age 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/AIDS Benefits 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 as per CDL	100% of Scheme Tariff*	100% of Scheme Tariff*
COVID-19 Subject to PMBs and managed care protocols	100% of Scheme Tariff*	100% of Scheme Tariff*


Platinum Enhanced

Platinum Enhanced EDO

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
In-hospital PMBs 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	Unlimited	Unlimited
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) All admissions (including PMBs) are subject to preauthorisation, case management, clinical protocols and scheme rules. A 30% penalty will be imposed for non-emergency late pre-authorisations.	100% of Negotiated Tariff*	100% of Negotiated Tariff*
In-hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures Subject to PMB, clinical protocols and scheme rules. All procedures must be preauthorised	100% of Negotiated Tariff*	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and scheme rules.	100% of Scheme Tariff	100% of Scheme Tariff
Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorisation and managed care protocols. No co-payment applicable when procedure performed in a Day Hospital or as a Day Case	100% Negotiated Tariff Covered in terms of PMB at DSP facilities	Covered in terms of PMBs at DSP facilities
Major In-hospital Medical Services and Procedures Subject to PMB, preauthorisation, clinical protocols and scheme rules. Emergency medical services and in- room procedures must be notified to the Scheme within 48 hours of the event	100% of Negotiated Tariff*	100% of Negotiated Tariff**
Back and Neck Surgery Subject to PMB, preauthorisation, clinical protocols and scheme rules. Subject to adherence to conservative treatment.	100% of Negotiated Tariff*	100% of Negotiated Tariff**
Organ Transplant: Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme	100% of Negotiated Tariff	100% of Negotiated Tariff**
Stereotactic Radio-Surgery Subject to PMBs, preauthorisation, managed care protocols and scheme rules	100% of Scheme Tariff Primary Central Nervous System tumours only	100% of Scheme Tariff* Primary Central Nervous System tumours only
Male Sterilisation/ Vasectomy Subject to pre-authorisation and PMBs at Day Clinic or as Day Case.	100% of Negotiated Tariff Limited to R18 346 per beneficiary per annum	100% of Negotiated Tariff Limited to R18 346 per beneficiary per annum
Female Sterilisation/ Tubal Ligation Subject to PMBs and preauthorisation at Day Clinic or as Day Case.	100% of Negotiated Tariff Limited to R18 346 per beneficiary per annum	100% of Negotiated Tariff Limited to R18 346 per beneficiary per annum
Dental Hospitalisation Subject to PMBs pre-authorisation, treatment protocols and the use of DSP. General in-hospital benefit rules apply Advanced dentistry benefit In-Hospital is limited to extensive conservative treatment for children under the age of 7 years involving 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 annum Removal of symptomatic impacted wisdom teeth covered only as Day Case at a day hospital	100% of Negotiated Tariff	100% of Negotiated Tariff*
Maxillo-facial and Oral Surgery Subject to PMBs, pre-authorisation, treatment protocols and scheme rules. Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/treatments.	100% of Scheme Tariff*	100% of Scheme Tariff**



HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Medicine items and Pharmaceutical Products including (consumables used in hospital and theatre) Subject to PMB, Medicine Formulary, use of pharmacy network(s) Medicine to take home after discharge, (TTO) Subject to valid script and formulary*. Subject to benefit limit for Non PMBs	100% Negotiated Tariff* Limited to 7 days medicine supply, subject to benefit limit for Non PMBs	100% Negotiated Tariff* Limited to 7 days medicine supply, subject to benefit limit for Non PMBs
Oncology 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.	100% of DSP Tariff* Limit R573 300 per beneficiary per annum Benefits utilisation in excess of R573 300 per beneficiary per annum will be subject to 20% co-payment	100% of DSP Tariff* Limit R573 300 per beneficiary per annum Benefits utilisation in excess of R573 300 per beneficiary per annum will be subject to 20% co-payment
Non-Cancer Specialised Drugs Benefits (including Biologicals) Subject to PMBs pre-authorisation, managed care and treatment guidelines.	No Benefit	No Benefit
Renal Dialysis <i>(Incudes peritoneal and haemodialysis)</i> Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme	Benefit is restricted to requirements set out in PMBs at a Preferred Provider or DSP.	Benefit is restricted to requirements set out in PMBs at a Preferred Provider or DSP.
Infertility Subject to PMBs, pre-authorisation and managed care protocols. All investigations covered at a DSP hospital. Department of Health protocols apply	100% of Scheme Tariff	PMB protocols apply at a DSP
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Scheme Tariff*	100% of Scheme Tariff*
Blood Transfusions Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Scheme Tariff*	100% of Scheme Tariff*
Radiology Benefit Subject to PMBs, preauthorisation, Managed Care protocols and scheme rules. Basic Radiology Advanced /Specialised Radiology (CT scan, PET scan, MUGA, MRI etc): Joint benefit In and Out of Hospital, Preauthorisation and specialist referral required. Radio isotope studies: Preauthorisation and specialist referral required.	100% of Scheme Tariff Overall combined in and out of hospital limit of R36 156 per family per annum	100% of Scheme Tariff MRI/CAT scan or angiogram: Overall combined in and out of hospital limit R36 156 per family per annum
Pathology (In-hospital) Subject to PMBs and Managed Care Protocols	100% of Scheme Tariff*	100% of Scheme Tariff*
Physiotherapy & Biokinetics (In-Hospital) Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.	100% of Scheme Tariff*	100% of Scheme Tariff*
Dietician & Occupational Therapy (In-hospital) Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period	100% of Scheme Tariff*	100% of Scheme Tariff*
Drug & Alcohol Rehabilitation Subject to PMBs, managed care protocols and pre-authorisation. Benefit limits apply	100% of Scheme Tariff* Maximum 3 days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.	100% of Scheme Tariff* Maximum 3 days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility.

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Mental Health benefits (consultation, ward fees, related medicines, therapy session with psychiatrist and psychologist etc.). Subject to PMB, pre-authorisation, clinical protocols and scheme rules 21 days in-hospital or 15 out-of-hospital sessions per beneficiary which includes psychiatrist consultations and 6 in-hospital consultations by clinical psychologist Benefit limited to a maximum of three (3) days hospitalisation if admitted by a GP or a specialist physician Four out of hospitals visits/ consultations in lieu of hospitalisation are allowed subject to managed care protocols. Additional hospitalisation subject to motivation by the medical practitioner	100% of Scheme Tariff*	100% of Scheme Tariff*
Non-PMB psychiatric treatment Admissions are limited to failed out-patient management as per Managed Care Protocols Physiotherapy and Occupational therapy during psychiatric admission subject to sublimit	Limited to R2 205 per day to a maximum value of R46 305 per beneficiary per annum Sub-limits (non-PMB)	Limited to R2 205 per day to a maximum value of R46 305 per beneficiary per annum Sub-limits (non-PMB) Physiotherapy: R2 000 per annum Occupational Therapy: R1 400 per annum
Step down facility including Rehabilitation Facilities Subject to PMBs, pre-authorisation and managed care protocols. Includes all services rendered at registered step-down facilities, Subject to the Hospital Benefit Management Programme and the Disease Management Programme.	100% of Scheme Tariff	100% of Scheme Tariff*
Home Based Care In lieu of hospitalisation Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff* Limit: R5 780 per family per year	100% of Scheme Tariff** Limit R5 780 per family per annum Frail care: not covered
Hospice and Private Nursing Subject to PMBs pre-authorisation and managed care protocols at registered step-down facilities, nursing facilities. Subject to case management and registration on the disease management programme. Frail care	100% of Negotiated Tariff Limit: R8 628 per family per annum Frail care is not covered	100% of Negotiated Tariff Combined limit R8 628 per family per annum
Negative pressure wound therapy Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff*	100% of Negotiated Tariff
Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and managed care protocols. Limited to PMBs Public sector protocols apply	100% of Negotiated Tariff* Limited to PMBs	100% of Negotiated Tariff*
Refractive Surgery Including Radial Keratotomy Subject to pre-authorisation, PMB and managed care protocols	Limit: R8 038 per family per annum	Limit: R8 038 per family per annum



HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Prosthesis (Internal and External) Subject to PMBs, and pre-authorisation Instrumentation and disc prostheses including all components and fixation devices for back/spine Maximum 1 event per beneficiary per annum Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle): Aphakic lens Cardiac stents Subject to overall prosthesis limit and PMB protocols Internal sphincters and stimulators Neurostimulators/Internal nerve stimulator for Parkinson's Disease Cochlear implants Unlisted prosthesis Artificial Limbs and external prostheses including artificial eyes	Overall Surgical and non- surgical prosthesis limit R54 330 per family per annum Spine – two (2) levels per year done in one procedure. Joints – hip and knee (partial and total), only one prosthesis and only one joint per annum. Subject to overall prosthesis benefit limit and PMB protocols Cardiac (Pacemaker, internal defibrillators, grafts, valves) subject to overall prosthesis benefit limit and PMB. Vascular stents – two stents per family per annum Cardiac stents – three stents per family per annum. External Prosthesis Subject to benefit limit. PMB protocols apply Subject to overall prosthesis benefit limit and PMB protocols	Overall Surgical and non- surgical prosthesis limit R54 330 per family per annum Spine – two (2) levels per year done in one procedure. Joints – hip and knee (partial and total), only one prosthesis and only one joint per annum. Subject to overall prosthesis benefit limit and PMB protocols Cardiac (Pacemaker, internal defibrillators, grafts, valves) subject to overall prosthesis benefit limit and PMB. Vascular stents – two stents per family per annum Cardiac stents – three stents per family per annum. External Prosthesis Subject to benefit limit. PMB protocols apply Subject to overall prosthesis benefit limit and PMB protocols
Deductible* Applied for In-Hospital Procedures	Not applicable	Not applicable
Day Procedures Subject to preauthorisation, managed care protocols and scheme rules. No co-payment where a day procedure is done at a day facility	20% co-payment if a day procedure is performed at an Acute hospital. (57/58 hospital).	20% co-payment if a day procedure is performed at an Acute hospital. (57/58 hospital).

OUT OF HOSPITAL BENEFITS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Medical Savings Account (22.5%) (GP, Specialists, Acute medicine, Radiology, Pathology and other out of hospital expenses)	Main Member: R12 816 Adult Dependant: R12 033 Child Dependant: R3 504	Main Member: R12 181 Adult Dependant: R11 663 Child Dependant: R3 104
Self-Payment Gap (Excludes Acute Medication)	Main Member: R2 075 Adult Dependant: R1 759 Child Dependant: R453	Main Member: R2 075 Adult Dependant: R1 759 Child Dependant: R453
Above Threshold Benefits (Excludes Acute Medication)	Main Member: R6 097 Adult Dependant: R3 586 Child Dependant: R1 558	Main Member: R6 097 Adult Dependant: R3 586 Child Dependant: R1 558
General Practitioners Subject to PMBs and managed care protocols. Includes virtual consultations	100% of Scheme Tariff Paid from available savings and or above threshold benefits	100% of DSP Tariff Paid from available savings and or above threshold benefits 30% co-payment where voluntary use of a non-DSP
Specialists (excluding Psychiatrists) Subject to PMBs and managed care protocols. Includes virtual consultations	100% of Scheme Tariff Paid from available savings and or above threshold benefits	100% of DSP Tariff Paid from available savings and or above threshold benefits 30% co-payment where voluntary use of a non-DSP applicable and non-referral by a network GP.
Psychology & Psychiatry Treatment (Psychiatrists, Clinical and Counselling Psychologists) for mental health disorders. Subject to PMB's 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	100% of Scheme Tariff* - Paid from Risk Limit: R10 501 per family per annum	100% of Scheme Tariff Paid from available savings and or above threshold benefits Limit R10 501 per family per annum
Pathology & Basic Radiology Subject to PMBs and managed care protocols. Includes blood and histology tests and other pathology tests	100% of Scheme Tariff Paid from available savings and or above threshold benefit	100% of Scheme Tariff*
Diagnostic Investigations Basic Radiology and Pathology benefits. Subject to PMBs and managed care protocols.		100% of Scheme Tariff* Paid from available savings and/or above threshold benefit
Advanced/Specialised Radiology (includes interventional radiology, (MRI / CAT scan or angiogram, PET,MUGA etc) Subject to pre-authorisation, specialist referral and managed care protocols. Paid from combined in and out of hospital benefit limit	Combined limit of in and out of hospital R36 156 per family per annum	Combined limit of in and out of hospital R36 156 per family per annum



MEDICINE ITEMS AND MATERIALS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Acute Medicine & Pharmacy Advised Treatment (PAT)	100% Scheme Tariff*. Paid from available savings. No above threshold benefits	100% Scheme Tariff** Paid from available savings. No above threshold benefits
Contraceptives Subject to Managed Care Protocols and formulary	Paid from available savings and/or above threshold benefit Limit of R3 331 per family per annum.	Paid from available savings and/or above threshold benefit Limit: R3 331 per family per annum
PMB Chronic Disease List Medicines Subject to registration on the Chronic Medicine programme and pre-authorisation with the Schemes Pharmacy Benefit Manager, clinical protocol, medicine formulary*, 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.	100% of Reference Price* Unlimited	100% of Reference Price*. Unlimited
Other Chronic (Non CDL) Medicines Subject to registration and pre-authorisation with the Schemes preferred provider. Chronic Medication to be obtained from Preferred Provider Network. Subject to renewal of prescription every six months. Subject to PMB's 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 Contact the Schemes DSP Network provider for availability and locality of Network Optometrists. Paid from Risk	Paid from Risk Limit: R16 008 per family per annum Limited to R7 938 per beneficiary per annum.	Paid from Risk Limit R16 008 per family per annum Limited to R7 938 per beneficiary per annum.

OPTICAL BENEFITS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Spectacle Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP Optometrists only Limited to one pair of spectacles per beneficiary every 24 months	100% of DSP Limited to one pair of spectacles per beneficiary every 24 months	100% of DSP
Contact Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP network optometrist only Subject to optical protocol	100% of DSP Tariff*. Limited to R1 971 per beneficiary per 24 months One claim per beneficiary every 24 months	100% of DSP Tariff* Limited to R1 971 per beneficiary per 24 months One claim per beneficiary every 24 months
Frames/Lens Enhancements: In Network ONLY A frame cannot be claimed alone or with contact lenses. Benefit applicable to members who utilise the Scheme's DSP network optometrist only	100% of DSP Tariff*. Frames R1 087 per beneficiary. Single vision Lens: R229 per lens Bi-Focal Lens: R497 per lens Multi Focal Lens: R912 per lens One claim per beneficiary every 24 months	100% of DSP Tariff*. Frames R1 087 per beneficiary. Single vision Lens: R229 per lens Bi-Focal Lens: R497 per lens Multi Focal Lens: R912 per lens One claim per beneficiary every 24 months
Eye Tests: In Network Benefit applicable to members who utilise the Scheme's DSP network optometrist only	One (1) test(claim) per beneficiary per 24 months	One (1) test per beneficiary per 24 months One claim per beneficiary every 24 months

DENTAL BENEFITS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Conservative Dentistry (Dentist and Dental therapist)	100% of Scheme Tariff	100% of Scheme Tariff
Conscious sedation: (limited to beneficiaries below the age of 16 years)	Inhalation sedation: 100% of the Sizwe Hosmed rate; subject to managed care protocols	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	Consultations: two (2) annual check-ups per beneficiary (once in six (6) months) Fillings: once per tooth in 9 (nine) months.
Root Canal treatment included in conservative dentistry	Root canal treatment: Managed Care Protocols apply. Excludes wisdom teeth (3rd molars) and primary (milk) teeth	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)	Preventative care: two (2) annual scale and polish treatments per beneficiary (once in 6 months)
Infection Control	Yes	Yes
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 Intra-oral: subject to managed care protocols.	Fluoride treatment is limited to beneficiaries from age 5 and 13 years of age Intra-oral: subject to managed care protocols.
Dental X-rays	Panoramic radiographs limited to 1 per beneficiary every 24 months Subject to dental treatment protocols and pre-authorisation for extensive treatment Extra-oral: one (1) scan per beneficiary in a two (2) year period	Extra-oral: one (1) scan per beneficiary in a two (2) year period



DENTAL BENEFITS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Advanced Dentistry. Paid from Risk (e.g. Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics)	100% of Scheme Tariff* subject to pre-authorisation and managed care protocols Crowns and bridges: Pre-authorisation is required. 1 crown per family per year Once per tooth in a 5-year period.	100% of Scheme Tariff Crowns and bridges: 1 crown per family per year Once per tooth in a 5-year period.
Orthodontics:	Pre-authorisation is required. A 35% co-payment is applicable. Benefit for fixed comprehensive treatment is limited to individuals from age 9 up to the age of 21 years	Pre-authorisation is required. A 35% co-payment is applicable. Benefit for fixed comprehensive treatment is limited to individuals from age 9 up to the age of 21 years of age.
Periodontics:	Subject to registration on the Periodontal Programme Limited to conservative, non-surgical therapy only (root planning) Surgical periodontics: No Benefit	Subject to registration on the Periodontal Programme Limited to conservative, non-surgical therapy only (root planning) Surgical periodontics: No Benefit
Dental Implants	One (1) implant per beneficiary per annum in a five-year period Limit: R16 380 ; limited to one family member per annum	One (1) implant per beneficiary per annum in a five-year period Limit: R16 380 ; limited to one family member per annum
Partial Metal Frame Dentures Members older than 16 years	Partial chrome cobalt dentures: 2 partial frames (an upper and a lower) per beneficiary in a 5-year period, limited to 1 family member per year	Partial chrome cobalt dentures: 2 partial frames (an upper and a lower) per beneficiary in a 5-year period, limited to 1 family member per year
Acrylic (Plastic) Dentures. Members older than 16 years	One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a 4-year period, subject to pre-authorisation	One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a 4-year period, subject to pre-authorisation
Maxillo-Facial & Oral, including Dental Surgery <i>(Consultations, Surgical procedures and Operations)</i> Subject to PMB's, pre-authorisation and managed protocols. Benefit for Temporomandibular Joint (TMJ) therapy is limited to non-surgical intervention/ 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.	100% of Scheme Tariff*	100% of Scheme Tariff*

AUXILLIARY BENEFITS – PART OF THE OVERALL DAY-TO-DAY

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Allied Services Subject to pre-authorisation, PMBs and Managed Care Protocol Include: Homeopathy, Naturopathy, Chiropractor Alternative Services /Therapies 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 Physiotherapy & Biokinetics	100% Scheme Tariff*. Paid from available MSA Limited to R1 654 per beneficiary per annum. 100% of Scheme Tariff*. Paid from available savings and/or above threshold benefit limited to: M: R1 918 M+: R3 365 Paid from available savings and/or above threshold benefit	100% Scheme Tariff*. Paid from available MSA Limited to R1 654 per beneficiary per annum. 100% of Scheme Tariff*. Paid from available savings and/or above threshold benefit limited to: M: R1 918 M+: R3 365 100% Scheme Tariff*. Paid from available savings and/or above threshold benefit
Clinical and Medical Technologist Subject to pre-authorisation, PMBs and Managed Care Protocol	100% Scheme Tariff*. Paid from available savings and/or above threshold benefit	100% Scheme Tariff*. Paid from available savings and/or above threshold benefit

MEDICAL APPLIANCES – PART OF OVERALL DAY-TO-DAY BENEFITS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Medical Appliances Callipers, Nebulizer, Glucometer, Insulin Pump, Morphine pump, C-PAP machine etc.) Subject to pre- authorisation and clinical criteria, subject to benefit limits Benefit limit includes procurement of Nebulizer, Glucometer, Insulin pump, Morphine pump, C-PAP machine) C-Pap machines, subject to fulfilment of clinical criteria and procurement protocols.	100% of Negotiated Tariff*. Paid from available savings and/or above threshold benefit Limited to M: R1 918 M+: R3 366 100% of Negotiated Tariff	100% of Negotiated Tariff*. Paid from available savings and/or above threshold benefit Limits to M: R1 918 M+: R3 366 100% of Negotiated Tariff*
Hearing aids Paid from Risk	One (1) pair of hearing unit (one per ear) per beneficiary every three (3) years from date of acquisition, Annual family limit: R15 279	One (1) pair of hearing unit (one per ear) per beneficiary every three (3) years from date of acquisition Annual family limit: R15 279 100% of Negotiated Tariff*
Non-motorised wheelchairs Paid from Risk	One per family every 4-year cycle. Family Limit: R4 007	One per family every 4-year cycle. Family Limit: R4 007
Air/Road Ambulance & Emergency Services Authorisation for emergency transportation should be obtained within 72 hours The Schemes preferred provider must be contacted should you require an Ambulance – failure to adhere to this could result in you being held liable for costs incurred. If services are not pre-authorised through the preferred provider, claims will not qualify for payment	100% of Negotiated Tariff*	100% of Negotiated Tariff*.



SIZWE HOSMED BAMBINO PROGRAMME

SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. The Scheme offers a free maternity bag with baby goodies to pregnant women registered on the Bambino Programme.

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme .	100% of Scheme Tariff*	100% of Scheme Tariff*
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*	100% of Scheme Tariff*
Delivery: 100% of the cost for the delivery by a general practitioner, medical specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required.	100% of Scheme Tariff*	
Maternity Ultrasounds(s): Higher dimension ultrasound will be paid up to the value of a 2D scan.	2 x 2D scan per pregnancy excluding diagnostic sonar	2 x 2D scan per pregnancy excluding diagnostic sonar
Maternity Visit(s):	Additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 either with a GP, Midwife and 4 with a Specialist Obstetrician.	Additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 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	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: R270 per pregnancy paid from Risk	Vitamins Limit: R270 per pregnancy paid from Risk
Immunisation benefit	Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age	Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age

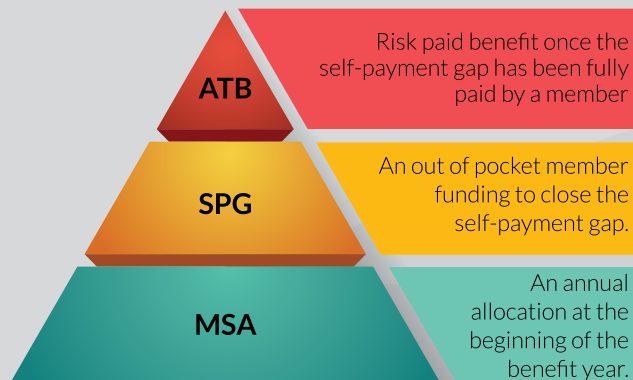
PREVENTATIVE CARE BENEFITS

BENEFIT	PLATINUM ENHANCED	PLATINUM ENHANCED EDO
Wellness Benefits	100% of Scheme Tariff*. Paid from Risk Wellness consultation limit: R1 870 1 Free heart screening for babies under 2 years old 1 Free hearing and vision screening for babies under 2 years old 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum 1 Free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum 1 Free Cholesterol Test over 20 Years per beneficiary per Annum 1 Free Mammogram for Females over 40 Years per beneficiary per Annum 1 Free PSA for Males over 40 Years per beneficiary per Annum 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum 1 Free lung cancer screening above 55 years per annum • 1 Free skin cancer screening per beneficiary per annum above 55 years - Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age 1 Diabetic Eye Care Examination 1 Diabetic Foot Examination - Free Covid-19 Vaccination per beneficiary per annum 1 Free Flu Vaccine per beneficiary per Annum 1 Free HPV vaccination per beneficiary between 9 and 12 years of age 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum	100% of Scheme Tariff*. Paid from Risk Wellness consultation limit: R1 870 1 free heart screening for babies under 2 years old 1 free hearing and vision screening for babies under 2 years old 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum 1 Free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum 1 Free Cholesterol Test over 20 Years per beneficiary per Annum 1 Free Mammogram for Females over 40 Years per beneficiary per Annum 1 Free PSA for Males over 40 Years per beneficiary per Annum 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum 1 free lung cancer screening above 55 years per annum 1 free skin cancer screening per beneficiary per annum above 55 years 1 Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age (1)Diabetic Eye Care Examination 1 Diabetic Foot Examination - Free Covid-19 Vaccination per beneficiary per annum 1 Free Flu Vaccine per beneficiary per Annum 1 Free HPV vaccination per beneficiary between 9 and 12 years of age 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/AIDS Benefits 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 as per CDL	100% of Scheme Tariff*	100% of Scheme Tariff
COVID-19 Subject to PMBs and managed care protocols	100% of Scheme Tariff	100% of Scheme Tariff





ENHANCED OUT OF HOSPITAL BENEFIT (DAY-TO-DAY)



Legend

- MSA – Medical Savings Account
- SPG – Self Payment Gap
- ATB – Above Threshold Benefit

Note: Self Payment Gap and Above Threshold Benefit
(Excludes Acute Medication and PAT)

How it works?



Medical Savings Account	
Main Member – R12 816	
Adult Dependant – R12 033	
Child Dependant – R3 504	

Above Threshold Benefit (Sublimits)

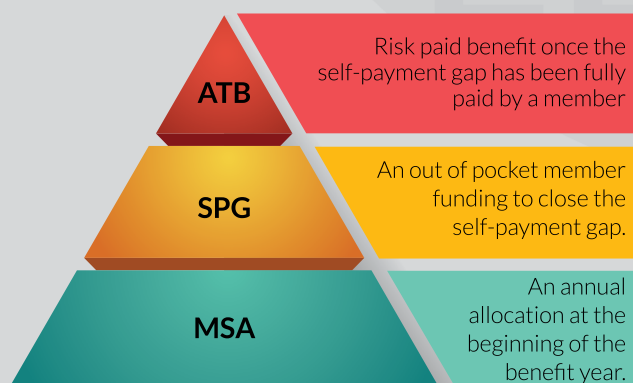
- R6 097 for the main member
- R3 586 for an adult dependant, and
- R1 558 for a child dependant

This includes cover for General Practitioners, Acute Medicines, X-rays, Blood Tests and other related out of hospital benefits

Unused member savings accumulates year to year and is refundable should member resign a savings plan



ENHANCED OUT OF HOSPITAL BENEFIT (DAY-TO-DAY)



Legend

- MSA – Medical Savings Account
- SPG – Self Payment Gap
- ATB – Above Threshold Benefit

Note: Self Payment Gap and Above Threshold Benefit
(Excludes Acute Medication and PAT)

How it works?



Medical Savings Account	
Main Member – R12 181	
Adult Dependant – R11 663	
Child Dependant – R3 104	

Above Threshold Benefit (Sublimits)

- R6 097 for the main member
- R3 586 for an adult dependant, and
- R1 558 for a child dependant

This includes cover for General Practitioners, Acute Medicines, X-rays, Blood Tests and other related out of hospital benefits

Unused member savings accumulates year to year and is refundable should member resign a savings plan



HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	PLUS
Overall Annual Limit for In-Hospital	
In-hospital PMBs 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	Unlimited
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) All admissions (including PMBs) are subject to preauthorisation, case management, clinical protocols and scheme rules. A 30% penalty will be imposed for non-emergency late pre-authorisations.	100% of Negotiated Tariff*
In-hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures Subject to PMB, clinical protocols and scheme rules. All procedures must be preauthorised	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and scheme rules.	100% of Scheme Tariff
Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorisation and managed care protocols. No co-payment applicable when procedure performed in a Day Hospital or as a Day Case Co-payments apply	100% of Scheme Tariff* Procedures done in-hospital will attract a 20% co-payment* with exception of diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendicectomy and repair of recurrent or bilateral inguinal hernias
Major In-hospital Medical Services and Procedures Subject to PMB, preauthorisation, clinical protocols and scheme rules. Emergency medical services and in- room procedures must be notified to the Scheme within 48 hours of the event	100% Negotiated Tariff
Back and Neck Surgery Subject to PMB, preauthorisation, clinical protocols and scheme rules. Subject to adherence to conservative treatment.	100% of Scheme Tariff
Organ Transplant: Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme	100% of Scheme Tariff*
Stereotactic Radio-Surgery Subject to PMBs, preauthorisation, managed care protocols and scheme rules	100% of Scheme Tariff* Primary Central Nervous System tumours only
Male Sterilisation/ Vasectomy Subject to pre-authorisation and PMBs at Day Clinic or as Day Case.	100% of Scheme Tariff* Limited to R18 346 per beneficiary per annum
Female Sterilisation/ Tubal Ligation. Subject to PMBs and preauthorisation at Day Clinic or as Day Case.	100% of Scheme Tariff* Limited to R18 346 per beneficiary per annum
Dental Hospitalisation Subject to PMBs pre-authorisation, treatment protocols and the use of DSP. General in-hospital benefit rules apply Advanced dentistry benefit In-Hospital is limited to extensive conservative treatment for children under the age of 7 years involving 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 annum Removal of symptomatic impacted wisdom teeth covered only as Day Case at a day hospital	100% of Negotiated Tariff*



HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	PLUS
Maxillo-facial and Oral Surgery Subject to PMBs, pre-authorisation, 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	100% of Negotiated Tariff*
Medicine items and Pharmaceutical Products including (consumables used in hospital and theatre) Subject to PMB, Medicine Formulary, use of pharmacy network(s) Medicine to take home after discharge, (TTO) Subject to valid script and formulary*. Paid from hospital benefit	100% Negotiated Tariff* Limited to 7 days medicine supply, subject to benefit limits for non-PMBs
Oncology Subject to the use of oncology DSP. Enhanced oncology DSP* protocols apply. Subject to PMB, preauthorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of DSP Tariff* Enhanced oncology DSP* protocols apply Unlimited Oncology treatment. Benefits in excess of R713 527 will be subject to 20% co-payment for non-PMBs
Non-Cancer Specialised Drugs Benefits (including Biologicals) Subject to PMBs pre-authorisation, managed care and treatment guidelines.	No Benefit
Renal Dialysis <i>(Includes peritoneal and haemodialysis)</i> Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme	100% of Negotiated Tariff*
Infertility Subject to PMBs, pre-authorisation and Protocols All investigations for an infertility condition will be covered in a DSP hospital Department of Health protocols apply	100% of Scheme Tariff
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Negotiated Tariff
Blood Transfusions Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Scheme Tariff
Radiology Benefit Subject to PMBs, preauthorisation, Managed Care protocols and scheme rules. Basic Radiology Advanced /Specialised Radiology (CT scan, PET scan, MUGA, MRI etc): Joint benefit In and Out of Hospital, Preauthorisation and specialist referral required. Radio isotope studies: Preauthorisation and specialist referral required.	100% of Scheme Tariff 100% of Scheme Tariff Limited to 2 scans per beneficiary per annum. 10% co-payment is applicable for non-PMBs, MRI and CT scans. 100% of Scheme Tariff
Pathology (In-hospital) Subject to PMBs and Managed Care Protocols	100% of Negotiated Tariff*
Physiotherapy & Biokinetics (In-hospital) Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.	100% of Scheme Tariff
Dietician & Occupational Therapy (In-hospital) Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period	100% of Scheme Tariff

HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	PLUS
Mental Health benefits (consultation, ward fees, related medicines, therapy session with psychiatrist and psychologist etc.). Subject to PMB, pre-authorisation, clinical protocols and scheme rules 21 days in-hospital or 15 out-of-hospital sessions per beneficiary per annum (includes psychiatrist consultations and 6 in-hospital consultations by clinical psychologist) Four out of hospitals visits/ consultations in lieu of hospitalisation are allowed subject to managed care protocols. Additional hospitalisation subject to motivation by the treating provider Up to 3 days for psychologist for combined therapy sessions with Psychiatrist during the same admission; thereafter pre-authorisation required with treatment plan.	100% of Scheme Tariff*
Non-PMB psychiatric treatment Admissions are limited to failed out-patient management as per Managed Care Protocols Physiotherapy and Occupational therapy during psychiatric admission subject to sublimit Maximum of three (3) days hospitalisation if admitted by a GP or a specialist physician	14 days per family subject to a limit of R26 455 Sub-limits (non PMB) Physiotherapy: R2 000 per annum Occupational Therapy: R1 400 per annum
Drug & Alcohol Rehabilitation Subject to PMBs, managed care protocols and pre-authorisation. Benefit limits apply	100% of Scheme Tariff* Limited to R22 530 per family per annum
Dental Hospitalisation Subject to pre-authorisation, and treatment protocols	100% of Scheme Tariff* General anaesthetic benefits are available for children under the age of seven (7) years for extensive dental treatment, limited to once per 365 days per beneficiary Removal of symptomatic impacted wisdom covered only as Day Case
Organ Transplant: Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme	100% of Scheme Tariff*
Step down facility including Rehabilitation Facilities Subject to PMBs, pre-authorisation and managed care protocols. Includes all services rendered at registered step-down facilities.	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum
Hospice and Private Nursing Subject to PMBs pre-authorisation and managed care protocols at registered step-down facilities, nursing facilities. Subject to case management and registration on the disease management programme. Frail care	100% of Negotiated Tariff* Subject to combined limit of a maximum period of 14 days per annum except for PMBs
Home Based Care In lieu of hospitalisation Subject to PMBs, pre-authorisation and protocols.	100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum
Negative pressure wound therapy Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff* Limited to per R31 140 family per annum
Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff* Limited to R56 663 per family per annum
Deductible* Applied for In-Hospital Procedures	Not applicable
Day Procedures Subject to PMB, preauthorisation, managed care protocols and scheme rules. No co-payment where a day procedure is done at a day hospital or day facility	20 % co- payment if a day procedure is performed at an Acute hospital . (57/58 hospital)



HOSPITALISATION AND ASSOCIATED COSTS

BENEFIT	PLUS
Internal and External Prosthesis Subject to PMBs, and pre-authorisation	100% of Negotiated Tariff* Overall prosthesis limit: R79 115 per family per annum
Instrumentation and disc prostheses including all components and fixation devices for back/spine Maximum 1 event per beneficiary per annum	Sub-Limits: R33 424 per level, subject to overall benefit limit Limited to a maximum of 2 levels unless clinically motivated and approved or within PMB protocols.
Prosthesis for joint replacement (Hip, Knee, Shoulder and Ankle):	R48 637 per annum, subject to overall benefit limit. Limited to one event per annum unless sepsis or trauma, excludes cement.
Aphakic Lenses (Subject to protocol and PMBs)	R6 775 per lens per annum
Cardiac stents Subject to overall prosthesis limit and PMB protocols	1 per lesion-maximum 3 lesions Bare metal stents: R17 613 per stent Drug eluting stents R24 806 per stent
Internal sphincters and stimulators	Limited to PMBs
Neurostimulators/Internal nerve stimulator for Parkinson's Disease	Subject to overall prosthesis limit
Cochlear implants	Subject to overall prosthesis limit
Unlisted prosthesis	Refer appliance benefit Maximum R20 043
Artificial Limbs and external prostheses including artificial eyes	Subject to overall limit

OUT OF HOSPITAL BENEFITS

BENEFIT	PLUS
Overall Out of Hospital Annual Limit	Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum: M = R14 641 M+1 = R30 848 M+2 = R33 670 M+3 = R37 078
General Practitioners Consultations Subject to PMBs and managed care protocols. Includes virtual consultations Includes virtual consultations Co-payments apply from the 11 th visit	100% of Scheme Tariff* 16 GP visits per beneficiary per annum Limited to 26 Visits per family per annum 30% co-payment after 10th GP visit
Specialists Consultations Subject to PMBs and managed care protocols. Includes virtual consultations Includes virtual consultations	100% of Scheme Tariff* Member = 5 Visits Member + 1 = 7 Visits Member + 2 = 9 Visits
Psychology & Psychiatry Treatment Subject to PMB's 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	100% of Scheme Tariff* R5 480 per beneficiary per annum Limited to R10 959 per family per annum
Combined Pathology and Basic Radiology: Subject to PMBs and clinical protocols.	100% of Scheme Tariff* R 6 218 per beneficiary per annum, subject to sub-limits. Sublimit: Pathology: R5 849 per beneficiary per annum Basic Radiology: R4 210 per beneficiary per annum
Advanced/Specialised Radiology <i>(Combined In and Out of hospital). MRI/PET/CT, Angiography, MUGA etc.</i> Subject to PMBs, specialist referral and preauthorisation. Benefit includes interventional radiology	100% of Scheme Tariff* MRI/PET/CT scans: 2 scans per beneficiary per annum 10% co-payment for non-PMB MRI/CT scans

Plus



MEDICINE ITEMS AND MATERIALS

BENEFIT	PLUS
Acute Medicine <i>(includes material and homeopathic medicine)</i> Subject to PMB, clinical protocols, Medicine formulary* and Network Pharmacy utilisation.	100% of Reference Price* Limit: R17 507 per family per annum Limited to R10 347 per beneficiary per annum 20% co-payment applicable above R10 937 per family
Contraceptives Subject to Managed Care Protocols and formulary Mirena device Subject to clinical protocol and formulary	100% of Reference Price* Limited to R1 930 per family per annum. Sublimit: R2 205 per beneficiary every 5 years
Pharmacy Advised Treatment (PAT) Subject to medicine items and materials benefit limit ; Subject to Acute benefit limit Consultation with pharmacist restricted to schedules 0, 1 and 2 medicines.	100% of Reference Price* Limit: R3 507 per family per annum Maximum R252 per script
PMB Chronic Disease List Medicines (CDL) Subject to pre-authorisation with the Schemes Pharmacy Benefit Manager, clinical protocol, medicine formulary*, registration on the Chronic Medicine programme and the use of Pharmacy Preferred Provider Networks. Subject to renewal of prescription every six months	100% of Reference Price* Unlimited. Non-formulary* products will incur a 30% co-payment* when obtained voluntarily
Other Chronic Medicines (Non CDL/non PMB) Subject to registration on the Chronic Medicine programme, pre-authorisation with Pharmacy Benefit Management, medicine formulary*, clinical protocol, medicine formulary*, and the use of Pharmacy Preferred Provider Networks. Subject to renewal of prescription every six months.	100% of Reference Price* Limit: R16 846 per beneficiary per annum Limited to R32 210 per family per annum

Plus

OPTICAL BENEFITS

BENEFIT	PLUS
Spectacle Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP Optometrists only Limited to one pair of spectacles per beneficiary every 24 months Limited to one pair of spectacles per beneficiary every 24 months	100% of DSP Tariff* R239 per lens – clear single vision or R504 per lens – clear bifocal or R874 per lens – base multifocal Fixed tints up to 35% No Benefit for contact lenses if spectacles purchased
Contact Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP network optometrist only. Subject to optical protocol One claim per beneficiary every 24 months	100% of DSP Tariff* R3 306 per beneficiary every 24 months No Benefit for spectacles if contact lenses purchased.
Frames/Lens Enhancements: In Network ONLY A frame cannot be claimed alone or with contact lenses. Benefit applicable to members who utilise the Scheme's DSP network optometrist only One claim per beneficiary every 24 months	100% of DSP* Tariff R1 395 per beneficiary
Eye Tests: In Network Benefit applicable to members who utilise the Scheme's DSP network optometrist only One claim per beneficiary every 24 months	100% of DSP* Tariff One comprehensive consultation per beneficiary every 24 months

DENTAL BENEFITS

BENEFIT	PLUS
Conservative Dentistry (Dentist and Dental therapist) 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 preauthorisation Consultations, Fillings, Extractions. Root Canal treatment included in conservative dentistry Preventative scale and polish Infection Control Fluoride treatment (limited to beneficiaries below the age of 13 years) Conscious sedation for children up to the age of 12 years Dental X-rays: Subject to dental treatment protocols and pre-authorisation for extensive treatment	100% of Scheme Tariff* Yes Yes Two (2) Root canal treatment RCT per family per annum Yes Yes Yes Yes X-rays intra-oral covered. Panoramic radiographs limited to 1 per beneficiary every 24 months
Advanced Dentistry Includes Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics: Orthodontics for beneficiaries up to the age of 21 years Dental Implants Partial Metal Frame Dentures Acrylic (Plastic) Dentures: (Limited to beneficiaries below the age of 16 years)	100% of Scheme Tariff* R7 806 per beneficiary limited to R9 839 per family per annum, Two (2) implants per family per annum over a 5-year period with a limit of R17 199 Limited to one (1) set per beneficiary every 5 years. Subject to advanced dentistry limit. Limited to 1 per beneficiary every 4 years. Subject to availability of benefits
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorisation and protocols. Benefit is payable from hospitalisation in cases of accidents, injury, congenital abnormalities and oncology related procedures only.	100% of Scheme Tariff *

Plus



AUXILLIARY BENEFIT – PART OF THE OVERALL DAY-TO-DAY

BENEFIT	PLUS
Allied Services (Include :Homeopathy, Naturopathy, Chiropractor) 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) Subject to preauthorisation, PMBs and Managed Care Protocols Physiotherapy & Biokinetics Subject to preauthorisation, PMBs and Managed Care Protocol	100% of Scheme Tariff* Collectively limited to R4 680 per family per annum 100% of Scheme Tariff* Collectively limited to R5 926 per family per annum 100% of Scheme Tariff* R3 131 per beneficiary per annum limited to R5 010 per family per annum
Clinical and Medical Technologist Subject to pre-authorisation, PMBs and Managed Care Protocol	100% of Scheme Tariff

MEDICAL APPLIANCES – PART OF OVERALL DAY-TO-DAY BENEFITS

BENEFIT	PLUS
Medical Appliances (Callipers,, Nebulizer, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, any other clinically appropriate unspecified appliance items Subject to pre-authorisation, PMBs and managed care protocols Stoma Care Blood Pressure Monitors (for beneficiaries registered for Hypertension) Non-motorised wheelchairs Subject to pre-authorisation Hearing Aids Subject to pre-authorisation	100% of Negotiated Tariff* Overall Limit: R16 902 per family per annum Subject to a sub limit of R8 693 per family per annum Subject to a sub-limit of R629 One claim per beneficiary every 36 months One claim per beneficiary every 24 months

BENEFIT	PLUS
Air/Road Ambulance & Emergency Transport Services 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	100% of Negotiated Tariff *

SIZWE HOSMED BAMBINO PROGRAMME

SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. The Scheme offers a free maternity bag with baby goodies to pregnant women registered on the Bambino Programme.

BENEFIT	PLUS
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme .	100% of Scheme Tariff*
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 the delivery by a general practitioner, medical specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required.	100% of Negotiated Tariff*
Maternity Ultrasounds(s): Higher dimension ultrasound will be paid up to the value of a 2D scan.	2 x 2D Ultrasounds Scan per pregnancy 1 x 3D Ultrasounds Scan per pregnancy for in and out of hospital
Maternity Visit(s):	Additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 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: R270 per pregnancy paid from Risk
Immunisation benefit	Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age



PREVENTATIVE CARE BENEFIT

BENEFIT	PLUS
Wellness Benefits	100% of Scheme Tariff*. Paid from Risk Wellness consultation limit: R1 870 • 1 free heart screening for babies under 2 years old • 1 free hearing and vision screening for babies under 2 years old • 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum • 1 Free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum • 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum • 1 Free Cholesterol Test over 20 Years per beneficiary per Annum • 1 Free Mammogram for Females over 40 Years per beneficiary per Annum • 1 Free PSA for Males over 40 Years per beneficiary per Annum • 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum • 1 free lung cancer screening above 55 years per annum • 1 free skin cancer screening per beneficiary per annum above 55 years • 1 Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age • 1 Diabetic Eye Care Examination • 1 Diabetic Foot Examination • Free Covid-19 Vaccination per beneficiary per annum • 1 Free Flu Vaccine per beneficiary per Annum • 1 Free HPV vaccination per beneficiary between 9 and 12 years of age • 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/AIDS Benefits Unlimited Benefits subject to registration on the Scheme's HIV AIDS disease management programme, subject to the treatment plan, PMB algorithms, clinical protocols and formularies as per CDL	100% of Scheme Tariff*
COVID-19 Subject to PMBs and managed care protocols	100% of Scheme Tariff*



IN-HOSPITAL BENEFITS AND ASSOCIATED COSTS

BENEFIT	TITANIUM EXECUTIVE
Overall Annual Limit for In-Hospital	
In-hospital PMBs 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	Unlimited
Hospital Admission (Intensive Care, High Care, General Ward, Theatre and Recovery Room) All admissions (including PMBs) are subject to preauthorisation, case management, clinical protocols and scheme rules. A 30% penalty will be imposed for non-emergency late pre-authorisations.	100% of Negotiated Tariff*
In-hospital General Practitioner (GP) and Specialist Consultations and In-Room Procedures Subject to PMB, clinical protocols and scheme rules. All procedures must be preauthorised	100% of Negotiated Tariff*
Anaesthetist Rate Subject to PMB, clinical protocols and scheme rules.	300% of Scheme Tariff
Laparoscopic Hospitalisation and Associated Costs Subject to PMBs, pre-authorisation and managed care protocols. No co-payment applicable when procedure performed in a Day Hospital or as a Day Case	100% of Scheme Tariff*
Major In-hospital Medical Services and Procedures 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	100% of Negotiated Tariff* Surgical procedures: up to 300% scheme tariff
Back and Neck Surgery Subject to PMB, preauthorisation, clinical protocols and scheme rules. Subject to adherence to conservative treatment.	100% of Scheme Tariff
Organ Transplant: Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme	100% of Scheme Tariff*
Stereotactic Radio-Surgery Subject to PMBs, preauthorisation, managed care protocols and scheme rules	100% of Scheme Tariff*
Male Sterilisation/ Vasectomy Subject to pre-authorisation and PMBs at Day Clinic or as Day Case.	100% of Scheme Tariff*
Female Sterilisation/ Tubal Ligation. Subject to PMBs and preauthorisation at Day Clinic or as Day Case.	100% of Scheme Tariff*
Dental Hospitalisation Subject to PMBs pre-authorisation, treatment protocols and the use of DSP. General in-hospital benefit rules apply Advanced dentistry benefit In-Hospital is limited to extensive conservative treatment for children under the age of 7 years involving 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 annum Removal of symptomatic impacted wisdom teeth covered only as Day Case at a day hospital	100% of Negotiated Tariff*
Maxillo-facial and Oral Surgery Subject to PMBs, pre-authorisation, treatment protocols and scheme rules. Benefit for Temporomandibular 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	100% of Negotiated Tariff*



IN-HOSPITAL BENEFITS AND ASSOCIATED COSTS

BENEFIT	TITANIUM EXECUTIVE
Medicine items and Pharmaceutical Products including (consumables used in hospital and theatre) Subject to PMB, Medicine Formulary, use of pharmacy network(s)	100% Negotiated Tariff*
Medicine to take home after discharge, (TTO) Subject to valid script and formulary*. Paid from hospital benefit	Limited to 7 days medicine supply.
Oncology Subject to the use of oncology DSP. Enhanced oncology DSP* protocols apply. Subject to PMB, preauthorisation, clinical guidelines, medicine formulary* and registration on the Disease Management Programme.	100% of DSP Tariff* Unlimited Oncology treatment for PMBs Benefits utilisation in excess of R716 625 per beneficiary per annum will be subject to 20% co-payment for non PMBs
Non-Cancer Specialised Drugs Benefits (including Biologicals) Subject to PMBs pre-authorisation, managed care and treatment guidelines.	Limited to R143 325 per beneficiary per annum.
Renal Dialysis <i>(Includes peritoneal and haemodialysis)</i> Department of Health Protocols apply. Unlimited benefits for PMBs. Subject to pre-authorisation, clinical guidelines, medicine formulary* and registration on the Disease management programme	100% of Negotiated Tariff*
Infertility Subject to PMBs, pre-authorisation and Protocols. All investigations for an infertility condition will be covered in a DSP hospital Department of Health protocols apply	100% of Scheme Tariff
Age Related Macular Degeneration Treatment Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Negotiated Tariff
Blood Transfusions Subject to PMBs, pre-authorisation and Scheme formulary* and managed care protocol	100% of Scheme Tariff
Radiology Benefit Subject to PMBs, preauthorisation, Managed Care protocols and scheme rules.	100% of Scheme Tariff Paid from risk
Basic Radiology	
Advanced /Specialised Radiology (CT scan, PET scan, MUGA, MRI etc): Joint benefit In and Out of Hospital, Preauthorisation and specialist referral required.	MRI / CAT scan or angiogram overall combined in and out of hospital limit of R47 559 per family per annum
Radio isotope studies: Preauthorisation and specialist referral required.	
Pathology (In-hospital) Subject to PMBs and Managed Care Protocols	100% of Negotiated Tariff*
Physiotherapy & Biokinetics (In-Hospital) Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period.	100% of Scheme Tariff*
Dietician & Occupational Therapy (In-hospital) Subject to PMBs, managed care protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period	100% of Scheme Tariff
Mental Health benefits (including consultation, ward fees, medicines, therapy session with psychiatrist and psychologist etc.). Subject to PMB, pre-authorisation and clinical protocols and scheme rules 21 days in-hospital or 15 out-of-hospital sessions per beneficiary per annum, includes psychiatrist consultations and 6 in-hospital consultations by clinical psychologist Four out-of-hospitals visits/ consultations in lieu of hospitalisation are allowed subject to managed care protocols.	100% of Negotiated Tariff* Subject to available benefits of R53 251 per beneficiary per admission at R2 536 per day. Sub-limits (non-PMB) Physiotherapy: R2 000 per annum Occupational Therapy: R1 400 per annum
- Additional hospitalisation subject to motivation by the medical practitioner, - Limited to a maximum of three day's hospitalisation if admitted by a GP or a specialist physician, - Non-PMB psychiatric treatment are limited to failed out-patient management as per Managed Care Protocols, - Physiotherapy and Occupational therapy during psychiatric admission subject to sub limits for non PMBs.	

IN-HOSPITAL BENEFITS AND ASSOCIATED COSTS

BENEFIT	TITANIUM EXECUTIVE
Drug & Alcohol Rehabilitation Subject to PMBs, managed care protocols and pre-authorisation. Benefit limits apply	100% of Scheme Tariff* Maximum of 3 days admission for withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility
Step down facility including Rehabilitation Facilities Subject to PMBs pre-authorisation and managed care protocols at registered step-down facilities, nursing facilities. Subject to case management and registration on the disease management programme. Private nurse Frail care	100% of Negotiated Tariff* Limit R11 561 family per annum Not covered No Benefit
Home Based Care In lieu of hospitalisation Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff* Limit: R11 561 family per annum
Negative pressure wound therapy Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff*
Hyperbaric Oxygen Therapy Subject to PMBs, pre-authorisation and managed care protocols.	100% of Negotiated Tariff*
Day Procedures Subject to PMB, preauthorisation, managed care protocols and scheme rules. No co-payment where a day procedure is done at a day hospital or day facility	20% co-payment when Day Procedure accessed voluntarily from an Acute facility instead of a Day Clinic
Internal and External Prosthesis Subject to PMBs, benefits and pre-authorisation Prosthesis Internal Prosthesis External Prosthesis	100% Negotiated Tariff* Surgical & Non-Surgical: 100% of the cost of prosthesis subject to an annual limit of R71 720 per family per annum within hospital limit as stipulated Joints – hip and knee (partial internal Prosthesis and total) Only one prosthesis and only one joint per beneficiary per cycle Spine – two (2) levels per year done in one procedure Cardiac – Pacemaker, internal defibrillators, grafts, valves Vascular stents – two stents per family per annum Cardiac stents – three stents per family per annum
Refractive Surgery Including Radial Keratotomy Subject to benefit limit and PMB protocols apply	100% of Scheme Rate Limit: R21 938 per family per annum
Deductible* Applied for In-Hospital Procedures	Not applicable



OUT OF HOSPITAL BENEFITS

BENEFIT	TITANIUM EXECUTIVE
Overall Annual Limit for Out of Hospital benefits	Subject to Medical Savings Account, Self-Payment Gap and Above Threshold Benefits.
Medical Savings Account (20.8%) (GP, Specialists, Acute medicine, Radiology, Pathology and other out of hospital expenses)	Main Member: R21 004 Adult Dependant: R18 585 Child Dependant: R4 291
Self-Payment Gap Excludes Pharmacy Advised Treatment	Main Member: R4 785 Adult Dependant: R3 965 Child Dependant: R1 813
Above Threshold Benefits Excludes Pharmacy Advised Treatment	Applicable Limits: Physiotherapy: R16 425 per family per annum Pathology & Radiology combined: R16 425 pfpa Acute medicine: - Main member: R7 665 - Adult dependant: R7 665 - Child dependant: R2 190
General Practitioners (Includes virtual consultations) Subject to PMBs and clinical protocols and guidelines	100% of Scheme Tariff* from MSA/above threshold
Specialists (Excludes psychiatrists) (Includes virtual consultations) Subject to PMBs and clinical protocols and guidelines	100% of Scheme Tariff* from MSA/above threshold
Psychology & Psychiatry Treatment Limited to Psychiatrists, Clinical and Counselling Psychologists for mental health disorders. Subject to PMB, referral from GP or Specialist, confirmed diagnosis, treatment plan and managed care protocols Failure to do so will result in non-payment.	100% of Scheme Tariff*. Limited to R21 058 per family
Diagnostic Investigations Subject to PMBs and clinical protocols and guidelines. Basic Radiology Subject to PMBs, clinical protocols and guidelines Advanced/Specialised Radiology: 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 Subject to pre-authorisation and managed care protocols	100% of Scheme Tariff from available MSA and/or above threshold benefit Above threshold benefit limited to: R16 425 per family per annum 100% of Scheme Tariff* Combined in and out of hospital limit R47 560 per family per annum. R1 575 co-payment per scan event except for PMBs. 100% of Scheme Tariff*
Pathology benefits (blood tests, histology and other pathology tests) Subject to PMBs and clinical protocols and guidelines	Paid from available savings and/or above threshold benefit Above threshold benefit limited to R16 425 per family per annum
Medicine Items and Materials Subject to PMB, medicine formulary, registration on the Chronic Medicine programme, pre-authorisation and clinical protocols Formulary and Sizwe Hosmed Pharmacy Network applies to above threshold benefit	100% of Reference Price*
Acute Medicine Above Threshold Benefit (ATB) limits apply	100% of Reference Price* Paid from available MSA and/or above threshold benefit (ATB) ATB limits Main Member: R7 350 Adult Dependant: R7 350 Child Dependant: R2 100
Contraceptives benefit Subject to Managed Care Protocols and formulary	Limit of R3 330 per family per annum. Paid from available savings and/or above threshold benefit

OUT OF HOSPITAL BENEFITS

BENEFIT	TITANIUM EXECUTIVE
Pharmacy Advised Treatment (PAT) Over the Counter Medication Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines. PAT subject to medicine items and materials benefit limit	100% of Reference Price* Paid from available savings and/or above threshold benefit
PMB Chronic Disease List Medicines Subject to clinical protocol, medicine formulary* registration on the Chronic Medicine programme, pre-authorisation and the use of Pharmacy Preferred Provider Networks. Subject to renewal of prescription every six months	100% of Reference Price* Unlimited. Paid from Risk
Other Chronic (Non CDL) Medicines Subject to registration on the Chronic Medicine programme, and pre-authorisation with the Schemes Pharmacy Benefit Manager. Subject to pre-authorisation, treatment protocols and medicine formulary* Subject to, clinical protocol, medicine formulary*, and the use of Pharmacy Preferred Provider Networks. Subject to renewal of prescription every six months.	100% of Reference Price* Paid from Risk R16 846 per beneficiary per annum Limited to R32 209 per family per annum Non-formulary* products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries

OPTICAL BENEFITS

BENEFIT	TITANIUM EXECUTIVE
Benefit applicable to members who utilise the Scheme's DSP network optometrist only. Paid from Risk Contact Lenses: In Network ONLY Benefit applicable to members who utilise the Scheme's DSP network optometrist only Subject to optical protocol	100% of DSP Tariff* R2 249 per beneficiary every 24 months No Benefit for spectacles if contact lenses purchased One claim per beneficiary every 24 months
Frames/Lens Enhancements: In Network ONLY A frame cannot be claimed alone or with contact lenses. Benefit applicable to members who utilise the Scheme's DSP network optometrist only One claim per beneficiary every 24 months	100% of DSP* Tariff One claim per beneficiary every 24 months R1 379 per beneficiary – Frames R229 per Single vision lens or R497 per Bi-Focal lens or R912 per Multi-Focal lens
Eye Tests: In Network Benefit applicable to members who utilise the Scheme's DSP network optometrist only One claim per beneficiary every 24 months	100% of DSP* Tariff One comprehensive consultation per beneficiary every 24 months One claim per beneficiary every 24 months



DENTAL BENEFITS

BENEFIT	TITANIUM EXECUTIVE
Benefit applicable to members who utilise the Schemes DSP network ONLY. Paid from risk. Conservative Dentistry (Dentist and Dental therapist) Consultations, Fillings, Extractions. Root Canal treatment included in conservative dentistry Preventative scale and polish Infection Control Fluoride treatment (limited to beneficiaries up to the age of 13 years) Conscious sedation for children up to the age of 16 years, Subject to Managed care protocols Dental X-rays: Subject to Managed care protocols	100% of Scheme Tariff* Consultations: two (2) annual check-ups per beneficiary (once in six (6) months) Fillings: once per tooth in 9 months Root canal treatment: Managed Care Protocols apply. Excludes wisdom teeth (3rd molars) and primary (milk) teeth Preventative care: two (2) annual scale and polish treatments per beneficiary (once in 6 months) Yes Fluoride treatment is limited to beneficiaries from age 5 up to 13 years of age Inhalation sedation: 100% of Scheme Tariff X-rays: Intra-oral benefit is subject to managed care protocols.
Advanced Dentistry Crowns & Bridgework, Dentures, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics Paid from Risk, subject to PBM, pre-authorisation and clinical protocols. Non authorisation of advanced dentistry may result in non-payment of claims. Orthodontics Pre-authorisation is required. Periodontics Pre-authorisation is required. Subject to registration on the Periodontal Programme Dental Implants Partial Chrome Cobalt Metal Frame Dentures Members older than 16 years of age. Subject to managed care protocols Acrylic (Plastic) Dentures. Members older than 16 years of age Subject to pre-authorisation and managed care protocols	100% of Scheme Tariff* Crowns and bridges: 3 crowns per family per year, once per tooth in a 5-year period Benefit for fixed comprehensive treatment is limited to individuals from age 9 to younger than 21 years of age. Subject to registration on the Periodontal Programme Limited to conservative, non-surgical therapy only (root planning) Surgical periodontics: No Benefits Dental implants: 2 Implants per beneficiary per annum over a period of 5 years limited to R17 199 Partial chrome cobalt dentures: 2 partial frames (an upper and a lower) per beneficiary in a 5-year period, limited to 2 family member per year Plastic dentures: One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a 4-year period,
Maxillo-Facial & Oral, including Dental Surgery (Consultations, Surgical procedures and Operations) Subject to PMB's, pre-authorisation and protocols. Benefit for Temporo-Mandibular Joint (TMJ) therapy is limited to non-surgical intervention/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	100% of Scheme Tariff *

AUXILLIARY BENEFITS – PART OF THE OVERALL DAY-TO-DAY

BENEFIT	TITANIUM EXECUTIVE
Allied Services (Include :Homeopathy, Naturopathy, Chiropractor) Subject to preauthorisation, PMBs and Managed Care Protocol Alternative Services /Therapies: Subject to pre-authorisation, PMBs and Managed Care Protocols Speech therapy; occupational therapy; social worker; dietetics; podiatry, prosthetist, orthotist, audiologist, educational psychologist and registered counsellor Physiotherapy & Biokinetics Subject to the limit set out in the day-to-day benefits. PMB applicable	100% of Scheme Tariff Limited to R2 546 per beneficiary per annum. 100% of Scheme Tariff Paid from available savings and/or above threshold benefit; subject to the limits below M: R3 524 M+: R 5 937 Paid from available savings and/or above threshold benefit Above threshold benefit limited to R16 425 per family per annum
Clinical and Medical Technologist	100% Scheme Tariff*. Paid from available MSA and/or above threshold benefit
Medical Appliances Callipers, Nebulizer, Glucometer, Insulin Pump, Morphine pump, C-PAP machine, Blood Pressure monitoring machine and any other clinically appropriate appliance etc.) Subject to pre- authorisation and clinical criteria Hearing aids Paid from risk Subject to pre-authorisation, PMB and managed care protocols Non-motorised wheelchairs Paid from risk	100% of Negotiated Tariff*. Paid from available MSA and/or above threshold benefit: Limits M: R3 361 M+: R5 599 100% of Negotiated Tariff One (1) pair of hearing unit (one per ear) per beneficiary every three (3) years from date of acquisition Limit: R45 832 per family per annum One per family every 4-year cycle Family Limit: R5 587
Air/Road Ambulance & Emergency Services The Schemes preferred provider must be contacted should you require an ambulance Authorisation for emergency transportation should be obtained within 72 hours If services are not pre-authorised through the preferred provider, claims will not qualify for payment Non-Emergency Air/Road services such as medical repatriation or clinically appropriate interfacility transfers) must be pre- authorised	100% of Negotiated Tariff*



SIZWE HOSMED BAMBINO PROGRAMME

SIZWE HOSMED cares about its maternity mothers and this programme aims to assist them during their pregnancy by providing advice and benefits. The Scheme offers a free maternity bag with baby goodies to pregnant women registered on the Bambino Programme.

BENEFIT	TITANIUM EXECUTIVE
SIZWE HOSMED Bambino Programme Subject to Registration on SIZWE HOSMED Bambino Programme.	100% of Scheme Tariff*
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 the delivery by a general practitioner, medical specialist or midwife and materials supplied; for home delivery by registered Midwife; pre-authorisation is required.	
Maternity Ultrasounds(s): Higher dimension ultrasound will be paid up to the value of a 2D scan.	2 x 2D scan per pregnancy 1 x 3D scan per pregnancy, excluding diagnostic sonar
Maternity Visit(s):	Additional 10 antenatal visits at either a midwife, GP or specialist per pregnancy, 6 either with a GP, Midwife and 4 with 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: R270 per pregnancy paid from risk
Immunisation benefit	Immunisation as per the Immunisation schedule by the Department of Health up to 12 years of age

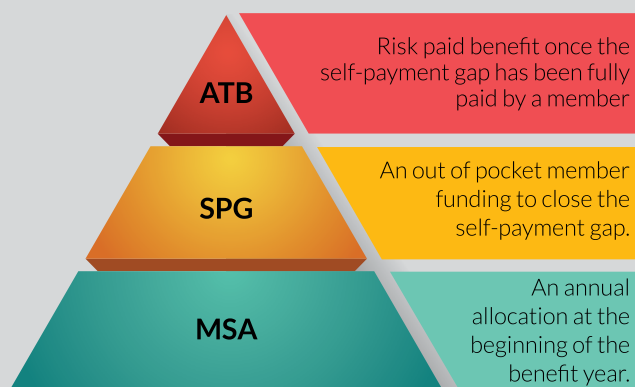
PREVENTATIVE CARE BENEFIT

BENEFIT	TITANIUM EXECUTIVE
Wellness Benefits	100% of Scheme Tariff* Paid from Risk Wellness consultation limit: R1 870 • 1 free heart screening for babies under 2 years old • 1 free hearing and vision screening for babies under 2 years old • 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum • 1 Free Blood Pressure test per beneficiary per Annum over 15 years per beneficiary per annum • 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum • 1 Free Cholesterol Test over 20 Years per beneficiary per Annum • 1 Free Mammogram for Females over 40 Years per beneficiary per Annum • (1) Free PSA for Males over 40 Years per beneficiary per Annum • (1) Free Colon Cancer Blood Test over 50 years per beneficiary per Annum • 1 free lung cancer screening above 55 years per annum • (1) free skin cancer screening per beneficiary per annum above 55 years • 1 Free Bone density per annum: Women from 50 years up to 69 years of age. Males at 65 years of age • 1 Diabetic Eye Care Examination • 1 Diabetic Foot Examination • Free Covid-19 Vaccination per beneficiary per annum • 1 Free Flu Vaccine per beneficiary per Annum • 1 Free HPV vaccination per beneficiary between 9 and 12 years of age • 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum
HIV/AIDS Benefits Unlimited Benefits subject to registration on the Scheme's HIV /AIDS disease management programme Treatment is subject to the treatment care plan, PMB algorithms, clinical protocols and formularies as per CDL	100% of Scheme Tariff*
COVID-19 Subject to PMBs and managed care protocols	100% of Scheme Tariff*





OUT OF HOSPITAL BENEFIT (DAY-TO-DAY)



Legend

- MSA – Medical Savings Account
- SPG – Self Payment Gap
- ATB – Above threshold Benefit

Note: Self Payment Gap and Above Threshold Benefit
(Excludes PAT)

How it works?



Medical Savings Account

Main Member – R21 004



Adult Dependant – R18 585



Child Dependant – R4 291

Above Threshold Benefits: Unlimited, except for following sublimits:

- Physiotherapy - limited to R15 750 per family per annum
- Pathology and radiology – limited to R15 750 per family per annum
- Acute Medicine:
 - R7 350 for main member
 - R7 350 for an adult dependant, and
 - R2 100 for a child dependant

Unused member savings accumulates year to year and is refundable should member resign a savings plan

Annexure C - CHRONIC DISEASE LIST

The CDL list consists of the chronic conditions listed below:	
Addison's Disease	Epilepsy
Asthma	Glaucoma
Bipolar Mood Disorder	Haemophilia
Bronchiectasis	HIV/AIDS
Cardiac Failure	Hyperlipidaemia
Cardiomyopathy	Hypertension
Chronic Renal Disease	Hypothyroidism
Chronic Obstructive Pulmonary Disease	Multiple Sclerosis
Coronary Artery Disease	Parkinson's Disease
Crohn's Disease	Rheumatoid Arthritis
Diabetes Insipidus	Schizophrenia
Diabetes Mellitus Type I	Systemic Lupus Erythematosus
Diabetes Mellitus Type II	Ulcerative Colitis
Dysrhythmias	

OTHER CHRONIC DISEASE LIST (NON-CDL)



Value & Value Core	Access Saver 25%
Attention Deficit Hyperactivity Disorder (ADHD)	
Allergic Rhinitis	
Benign Prostatic Hypertrophy (BPH)	Benign Prostatic Hypertrophy (BPH)
Cushing's Disease	Cushing's Disease
Cystic Fibrosis	
Depression	
Endometriosis	Endometriosis
Gout	
Hyperthyroidism	Hyperthyroidism
Hypoparathyroidism	Hypoparathyroidism
Menopause / Hormone Replacement Therapy (HRT)	Menopause / Hormone Replacement Therapy (HRT)
Myasthenia gravis	Myasthenia gravis
Osteoarthritis	
Osteoporosis	
Paget's Disease	
Pituitary Microadenomas	
Psoriasis	
Stroke (Cerebrovascular accident)	Stroke (Cerebrovascular accident)



OTHER CHRONIC DISEASE LIST (NON-CDL)



Titanium Executive	Platinum Enhanced
Attention Deficit Hyperactivity Disorder (ADHD)	Attention Deficit Hyperactivity Disorder (ADHD)
Allergic Rhinitis	Allergic Rhinitis
Alzheimer's disease	
Anaemia: Vitamin B12 and Iron deficiency	Anaemia: Vitamin B12 and Iron deficiency
Aplastic anaemia	Aplastic anaemia
Ankylosing Spondylitis	
Anti-phospholipid syndrome	Anti-phospholipid syndrome
Benign Prostatic Hypertrophy (BPH)	Benign Prostatic Hypertrophy (BPH)
Chronic Urinary Tract Infection	
Cryoglobulinemia	
Cushing's Disease	Cushing's Disease
Cystic Fibrosis	Cystic Fibrosis
Delusional Disorders	
Depression	Depression
Dermatomyositis	
Endometriosis	Endometriosis
Enuresis	Endocarditis & Iron Deficiency Anaemia
Gastro-oesophageal reflux disease (GORD)	Gastro-oesophageal reflux disease (GORD)
Gout	Gout
Hyperthyroidism	Hyperthyroidism
Hypoparathyroidism	Hypoparathyroidism
Menopause / Hormone Replacement Therapy (HRT)	Menopause / Hormone Replacement Therapy (HRT)
Migraine	
Motor Neuron Disease	Motor Neuron Disease
Myasthenia gravis	Myasthenia gravis
Obsessive Compulsive Disorder	Obsessive Compulsive Disorder
Osteoarthritis	Osteoarthritis
Osteoporosis	Osteoporosis
Paget's Disease	Paget's Disease
Pancreatic Insufficiency	
Peripheral Vascular Disease	
Pituitary Microadenomas	Pituitary Microadenomas
Psoriasis	Psoriasis
Pulmonary Interstitial fibrosis	Pulmonary Interstitial fibrosis
Stroke (Cerebrovascular accident)	Stroke (Cerebrovascular accident)

OTHER CHRONIC DISEASE LIST (NON-CDL)



Plus
Attention Deficit Hyperactivity Disorder (ADHD)
Allergic Rhinitis
Anaemia: Vitamin B12 and Iron deficiency
Aplastic anaemia
Anti-phospholipid syndrome
Benign Prostatic Hypertrophy (BPH)
Cushing's Disease
Cystic Fibrosis
Depression
Endometriosis
Gastro-oesophageal reflux disease (GORD)
Gout
Hyperthyroidism
Hypoparathyroidism
Menopause / Hormone Replacement Therapy (HRT)
Motor Neuron Disease
Myasthenia gravis
Obsessive Compulsive Disorder
Osteoarthritis
Osteoporosis
Paget's Disease
Pituitary Microadenomas
Psoriasis
Pulmonary Interstitial fibrosis
Stroke (Cerebrovascular accident)



ANNEXURE D

SIZWE HOSMED MEDICAL SCHEME (Registration number 1486)

EXCLUSIONS AND LIMITATION OF BENEFITS 2024

PREAMBLE

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the Prescribed Minimum Benefits ("PMBs") as per Regulation 8 of the Act. Furthermore, where a protocol or a formulary drug preferred by the scheme has been ineffective or would cause harm to a beneficiary, the scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Medical Schemes Act.

1. 2024 LIMITATIONS

The following limitations will apply on all benefit options:

- 1.1. The maximum benefits to which a member and his/her dependants shall be entitled in any financial year shall be limited set out in the benefit annexures of the Sizwe Hosmed Medical Scheme ("the Scheme") scheme rules.
- 1.1. All new members admitted during the course of a financial year shall be entitled to the benefits set out in in the benefit annexures with the maximum benefits being adjusted in proportion to the period of membership from the admission date to the last day of such financial year.
- 1.2. In cases of illness of a protracted nature, the Sizwe Hosmed Medical Scheme Board of Trustees ("Board") shall have the right to insist upon a member or a dependant of a member consulting any particular specialist the Board may nominate in consultation with the attending practitioner.
- 1.3. Unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month's supply (or to the nearest unbroken pack) for every such prescription or repeat thereof.
- 1.4. Where the Fund has Designated Service Providers ("DSP") in place, the benefits will be limited in accordance to the rules specified in in the benefit annexures for each of the registered options.
- 1.5. The Scheme may require a second opinion in respect of proposed treatment or medication which may result in a claim for benefits and for that purpose the relevant beneficiary shall consult a dental or medical practitioner nominated by the Scheme and at the cost of the Scheme. The procedure to be followed in obtaining a second opinion is outlined in the relevant Scheme protocol (Protocol Regarding Requests for Second Opinions).
- 1.6. In cases where a specialist is consulted without the recommendation of a general practitioner, the benefit allowed by the Scheme may, at its discretion, be limited to the amount that would have been paid to the general practitioner for the same service.
- 1.7. If the Scheme or its managed healthcare organisation has evidence-based funding guidelines or protocols in respect of covered services and supplies, beneficiaries will only qualify for benefits in respect of those services and supplies with reference to the available funding guidelines and protocols irrespective of clinical guidelines that are not consistent with the scheme protocols and benefits.
- 1.8. The Scheme reserves the right not to pay for any new technology. New technology is defined as any clinical intervention of a novel nature as well as those that the Scheme has not had previous experience with.

Coverage of new technology will be assessed by the Scheme with due consideration given to:

- 1.8.1 medical necessity.
- 1.8.2 clinical evidence of its use in clinical medicine including outcome studies
- 1.8.3 cost-effectiveness
- 1.8.4 affordability
- 1.8.5 value relative to existing services or supplies
- 1.8.6 safety
- 1.9. The Scheme reserves the right to impose and apply exclusions and limits to the benefits that will be paid for medicines/ procedures/interventions which have been accepted into the practice of clinical medicine through a process of health technology assessment/evaluation.
- 1.10. Benefits in respect of the cost of emergency medical treatment, as defined in the Medical Schemes Act, whilst abroad, are covered at the applicable Scheme tariff rates and RSA currency, limited to the benefit entitlement and PMB protocols that would have applied in South Africa.
- 1.11. A 10% co-payment will be applied on the following procedure codes:
 - 1034 – Autogenous nasal bone transplant: Bone removal included.
 - 1035 – Functional endoscopic sinus surgery: Unilateral.
 - 1036 – Functional endoscopic sinus surgery: Bilateral.
 - 1087 – Sub-total reconstruction consisting of any two of the following: Septoplasty, nasal osteotomy, nasal tip reconstruction.
 - 1085 – Total reconstruction of the nose: including reconstruction of nasal septum (septoplasty), nasal pyramid (osteotomy), and nasal tip.

- 1.12. Mirena device Funding is according to scheme protocol:
 - It is not covered if used for contraception. Cover for abnormal uterine bleeding.
 - When inserted in doctors rooms, no co-payment applies
 - When Insertion is in theatre – co-payment R 1000.00, even if done in conjunction with another procedure.
 - Mirena device is paid from acute medicine benefit or MSA subject to PMB on preauthorisation
- 1.13. Optical Benefits are payable as per managed care protocols at a DSP
- 1.14. Dental benefits are payable as per managed care protocols at a DSP
- 1.15. Back and Neck surgery is subject to completion of conservative treatment.
- 1.16. Da Vinci Robotic Prostatectomy is funded only for PMBs, subject to managed care protocols and preauthorisation. Only for Titanium Executive qualifying beneficiaries, it will be funded to the PMB level of care.

2. 2024 GENERAL EXCLUSIONS

General exclusions mentioned in this paragraph are not affected by any specific exclusion. Unless otherwise decided by the Board of Trustees of the Scheme (and with the express exception of medicines or treatment approved and authorised in terms of any relevant managed healthcare programme), the Scheme shall not be liable in respect of expenses incurred in connection with any of the expenses below:

- 2.1. All costs that exceed the annual or biennial maximum allowed for the category as set out in Annexure A, for the benefits to which the member is entitled in terms of the rules,
- 2.2. Such costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules, unless otherwise agreed by the Board;
- 2.3. All costs for operations, medicines, treatments, and procedures for cosmetic purposes or for personal reasons, and not directly caused by or related to illness, accident, or disease,
- 2.4. All costs for surgical treatment of keloids, unless such keloids are a result of a complication from a PMB condition resulting in functional impairment,
- 2.5. If, in the opinion of the medical advisor, the healthcare service in respect of which a claim is made for any aspect of the management of a medical condition; is not clinically appropriate and/or necessary, not at an appropriate level of care, or not rendered at an affordable cost,
- 2.6. All costs for treatment, if there is no or insufficient evidence of efficacy and safety of such treatment,
- 2.7. Medicines not included in a prescription from a medical practitioner or other healthcare professional who is legally entitled to prescribe such medicines (except for schedule O, 1, and 2 medicines supplied by a registered pharmacist)
- 2.8. Medicine not approved by the South African Health Products Regulatory Authority (SAHPRA), or other statutory body empowered to approve/register medications
- 2.9. Healthcare services obtained during general and/or condition specific waiting period, imposed upon joining the Scheme
- 2.10. All claims where ICD-10 codes are missing, invalid or incomplete will be rejected
- 2.11. Where the provider of service refuses to provide adequate clinical motivation or supporting evidence of diagnosis the scheme reserves the right to decline funding
- 2.12. Booking fees and birthing fees charged by providers for non-medical reasons
- 2.13. Fees or levies imposed by healthcare practitioners as part of their administration costs
- 2.14. Costs of diagnostic tests done in hospital which are not related to the reason for admission or for which admission is not clinically appropriate.
- 2.15. Appliances, devices, and procedures not scientifically proven,
- 2.16. All costs for services rendered by:
 - 2.16.1 -persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or
 - 2.16.2 -any institution, nursing home or similar institution, except a state or provincial hospital, not registered in terms of any law. Abdominoplasties (including the repair of divarication of the abdominal muscles),
 - 2.16.3 All services rendered outside the Republic of South Africa for which a benefit would have been payable, if such service had been rendered within the Republic of South Africa.
- 2.17. Any services provided by Medical Scientist, including:
 - 2.17.1 Psychometrists and Registered Counsellors
 - 2.17.2 Industrial and Research Psychologist
- 2.18. Accommodation and services provided in a geriatric hospital, old age home, frail care facility or the like (unless specifically provided for in the benefit annexures),
- 2.19. Art therapist, aromatherapist, massage therapist, reflexologist, Chinese medicine practitioners, acupuncturist. Anabolic steroids, immunostimulants (except for immunoglobulins and growth hormones, which are subject to pre- authorisation by the relevant managed healthcare programme),



- 2.20. Charges for appointments cancelled or which a member or dependant or a member fails to keep.
- 2.21. The payment of interest on arrear accounts
- 2.22. Arch supports including shoe inserts,
- 2.23. Aromatherapy,
- 2.24. Autopsies,
- 2.25. Ayurvedic medicine
- 2.26. Any nasal surgery done by a plastic surgeon unless it is related to a pathological condition or PMB diagnosis,
- 2.27. Back rests and chair seats,
- 2.28. Household bandages and dressings (except medicated dressings subject to authorisation by the relevant managed healthcare programme),
- 2.29. Beds and mattresses,
- 2.30. Blepharoplasties; unless there is documented evidence of visual impairment where the eyelid has covered or has encroached upon the pupil. Where this applies, benefits are limited to the affected eye only,
- 2.31. Breast reconstruction unless it is classified as a PMB (unless necessitated by pre-authorised surgical mastectomy, traumatic mastectomy or congenital unilateral absence of a breast which is subject to Scheme protocol),
- 2.32. Breast reductions and breast augmentations,
- 2.33. Breast surgery for gynaecomastia, unless PMB,
- 2.34. Coloured or cosmetic effect contact lenses, plus contact lens accessories and solutions,
- 2.35. Injuries arising from speed contests and speed trials unless it is classified as a PMB;
- 2.36. Surgical treatment of infertility unless it is classified as a PMB;
- 2.37. Treatment for obesity,
- 2.38. Holidays for recuperative purposes,
- 2.39. Travelling expenses
 - 2.39.1 Travelling expenses incurred by a member
 - 2.39.2 Traveling expenses claimed by medical or dental practitioners will be provided for, in line with Rule P of the NHRPL
- 2.40. The following types of medicines, procedures and appliances are also excluded:
 - 2.40.1 Anabolic steroids;
 - 2.40.2 Anti-diarrhoeal micro-organism;
 - 2.40.3 Anti-malarial for prophylactic use;
 - 2.40.4 Aphrodisiacs;
 - 2.40.5 Cosmetic preparations; medicated or otherwise;
 - 2.40.6 Electric toothbrushes.
 - 2.40.7 Diagnostic monitors and appliances,
 - 2.40.8 Essential fatty acid preparations and combinations;
 - 2.40.9 Household remedies or preparations of the type generally promoted to the public to increase consumption.
 - 2.40.10 Medicines used specifically to promote fertility unless classified as a PMB.
 - 2.40.11 Medicines used specifically to treat alcoholism and addiction, subject to PMBs.
 - 2.40.12 Minerals (single and combined).
 - 2.40.13 Musculoskeletal topical agents.
 - 2.40.14 Nutritional supplements, including baby foods, and formulas unless it is specially authorised as part of a scheme approved treatment protocol.
 - 2.40.15 Preparations used specifically to treat and or prevent obesity.
 - 2.40.16 Preparations to treat smoking dependency.
 - 2.40.17 Sanitary products (nappies, sanitary pads etc.);
 - 2.40.18 Items appearing on the Scheme's non-covered items list for hospitals;
 - 2.40.19 Section 21 products.
 - 2.40.20 Soaps, shampoos, and other applications (medical or non-medicated).
 - 2.40.21 Cosmetic preparations, emollients, moisturisers, medicated or otherwise, soaps, scrubs and other cleansers, sun-screen and sun tanning preparations, medicated shampoos, and conditioners, not including coal tar products and the treatment of lice infestation, scabies, and other microbial infections (subject to PMB regulations).
 - 2.40.22 Surgical appliances and devices for use out of hospital
 - 1.1.1 Tonics, evening primrose oil, fish liver oils, nutritional supplements, multivitamin preparations, and minerals (except prenatal vitamins) as approved by the Scheme's pharmacy benefit management programme.
 - 2.40.23 Topical preparations excluding topical steroid and acne preparations.
 - 2.40.24 Topical acne facial wash preparations;
 - 2.40.25 Topical sun screening, sun tanning and after sun agents,
 - 2.40.26 Treatment not proven safe and effective, such as natural remedies, herbs, and treatment prescribed by non-licensed practitioners etc.,
 - 2.40.27 Treatment prescribed for indicated use (off label),
 - 2.40.28 Travel Vaccines, oral and parenteral,
 - 2.40.29 Vitamins, multivitamins, and combinations,
 - 2.40.30 Voluntary withdrawn products and treatment that might be harmful or unsafe,
 - 2.40.31 Acupuncture and Chinese Medicine including Naturopath and Osteopathy,
- 2.41. Electrognathography and other such electronic analyses
- 2.42. Ozone therapy.
- 2.43. Diagnostic kits, agents, and appliances – unless otherwise stated – except for diabetic accessories (subject to PMB regulations and Scheme protocols).
- 2.44. Treatment of depression using sleep therapy.
- 2.45. Treatment for erectile dysfunction and loss of libido.
- 2.46. Patented food and nutritional supplements – including baby food and special milk preparations – unless prescribed for malabsorptive disorders and if registered on the relevant managed healthcare programme, or for mother to child transmission (PMTCT) prophylaxis and if registered on the relevant disease management programme.
- 2.47. Gender re-assignment treatment.
- 2.48. Genioplasties
- 2.49. Headaches: oral appliances and the ligation of temporal artery and its branches for the treatment of headaches.
- 2.50. Hirsutism
- 2.51. Humidifiers, without clinical indication
- 2.52. Medical and surgical treatment, which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, benefit annexures, Paragraph 9, Code 902M (as amended):

- 2.52.1 Assisted Reproductive Technology (ART).
- 2.52.2 In-vitro fertilization (IVF).
- 2.52.3 Gamete Intrafallopian tube transfer (GIFT).
- 2.52.4 Zygote Intrafallopian tube transfer (ZIFT).
- 2.52.5 Intracytoplasmic sperm injection (ICSI).
- 2.53. Vasovasostomy (reversal of vasectomy), and Salpingostomy for reversal of tubal ligation.
- 2.54. Ionizers and air purifiers.
- 2.55. Iridology.
- 2.56. Surrogate pregnancy; including all services,
- 2.57. Laxatives, subject to Scheme protocols.
- 2.58. Medical, surgical, and orthopaedic appliances, devices, and products, including oxygen hire or purchase and attachments, subject to PMB regulations and Scheme protocols.
- 2.59. Medication in respect of substance abuse treatment unless specifically authorised by the relevant managed healthcare programme, subject to PMB regulations.
- 2.60. Homeopathic medication unless specified in the benefit annexures
- 2.61. MRI and other scans ordered by a general practitioner,
- 2.62. Optical devices excluded by the relevant DSP protocols.
- 2.63. Orthopaedic shoes and boots, subject to Scheme protocols.
- 2.64. Osteopathy
- 2.65. Otoplasties
- 2.66. Pain relieving machines, e.g., TENS, APS.
- 2.67. Medicines, household remedies and propriety preparations and preparations not otherwise classified,
- 2.68. Positron Emission Tomography (PET) scans where applicable; subject to oncology protocols and oncology registration.
- 2.69. Reflexology
- 2.70. Revision of scars; except following burns and for functional impairment.
- 2.71. Stethoscopes.
- 2.72. Sunglasses
- 2.73. Consultation and treatment by registered counsellors, subject to prescribed minimum benefits.
- 2.74. Uvulo-palatal pharyngoplasty (UPPP and LAUP).
- 2.75. Veterinary products
- 2.76. Pharmacy service fees
- 2.77. Fentonplasty
- 2.78. Insulin pumps (except for children seven (7) years or younger with frequent documented events of hypo and/or hyperglycaemia),
- 2.79. Green laser prostatectomy
- 2.80. Allergy screening panels and/or desensitization,
- 2.81. Laparoscopic esophagogastric fundoplasty (e.g., Nissen, Toupet procedures), except hernia repair and other PMB levels of care.
- 2.82. Organ and haemopoietic stem cell (bone marrow) donations; and immunosuppressive medication to any person other than to a Sizwe Hosmed beneficiary.
- 2.83. Refractive Surgery
- 2.84. The following exclusions apply for emergency medical services:
- 2.85. Social transfers, Patient pick up to and from home to dialysis treatment; and acute admissions to step-down facilities.

3. **2024 DENTAL EXCLUSIONS**

Unless otherwise decided by the Board, and subject to DSP protocols, the Scheme shall not be liable in respect of expenses incurred in connection with any of the following:

- 3.1. Preventative care (Oral hygiene)
- 3.2. Caries susceptibility and microbiological tests,
- 3.3. Preventative care instruction
- 3.4. Preventative care evaluation
- 3.5. Professionally applied fluoride for beneficiaries 13 years and older
- 3.6. Tooth whitening
- 3.7. Cost of prescribed toothpastes, mouthwashes (e.g., Corsodyl) and ointments
- 3.8. Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion, and fluorosis
- 3.9. Resin bonding for restorations charged as a separate procedure to the restoration.
- 3.10. Polishing of restorations
- 3.11. Gold foil restorations
- 3.12. The use of gold in dentures or the cost of gold as an alternative to non-precious metal in crowns, inlays and bridges, and metal frame on full dentures
- 3.13. Dental procedures or devices which are not regarded by the relevant managed healthcare programme as clinically essential or clinically desirable, and costs for
- 3.14. Anaesthetics in respect of dental services:
 - 3.14.1 general anaesthesia for dental work except in the case of patients under the age of 7 years and symptomatic bony impaction of third molars and exposures that form part of an Orthodontic treatment plan,
 - 3.14.2 conscious sedation is limited to children below 12 years,
- 3.15. Orthodontic treatment over the age of 21 years; orthodontic plans that continue past the beneficiaries 21st birthday will only be paid up to their 21st birthday, the remainder of the treatment plan will be rejected, and member may be liable,
- 3.16. Periodontal surgery for cosmetic reasons,
- 3.17. Use of high impact acrylic and precious metal in dentures or the cost of precious, metal as an alternative to semi-precious or non-precious metal in dental prosthesis.
- 3.18. Genioplasty and dental osteotomy.
- 3.19. Oral hygiene instructions.
- 3.20. Fluoride application for beneficiaries above the age of 12 years.
- 3.21. Dental implants, components and surgery associated with dental implants, unless stipulated in benefit option.
- 3.22. Multiple admissions for extensive (three (3) or more teeth requiring treatment) conservative dental treatment in children seven (7) years and younger (one (1) admission every 24 months allowed).
- 3.23. Soft base to new dentures.
- 3.24. Diagnostic dentures.
- 3.25. Provisional crowns.
- 3.26. Root Canal Therapy and Extractions



- 3.26.1 Root canal therapy on primary (milk) teeth
- 3.26.2 Direct and indirect pulp capping procedures
- 3.26.3 Root canal therapy on wisdom teeth (third molars).
- 3.27. Plastic Dentures/Snoring appliances/Mouth-guards
- 3.28. Diagnostic dentures and the associated laboratory costs
- 3.29. Snoring appliances and the associated laboratory costs
- 3.30. Provisional dentures and associated laboratory costs.
- 3.31. The clinical fee of dental repairs, denture tooth replacements and the addition of a soft base to new dentures (The laboratory fee will be covered at the Scheme Dental Tariff where managed care protocols apply.)
- 3.32. The laboratory cost associated with mouth guards (The laboratory fee will be covered at the Scheme Dental Tariff where managed care protocols apply.)
- 3.33. High impact acrylic
- 3.34. Cost of gold, precious metal, semi-precious metal and platinum foil
- 3.35. Laboratory delivery fees
- 3.36. Partial Chrome Cobalt (Metal) Frame Dentures
 - 3.36.1 Metal base to full dentures, including the laboratory cost.
 - 3.36.2 High impact acrylic
 - 3.36.3 Cost of gold, precious metal, semi-precious metal and platinum foil
 - 3.36.4 Laboratory delivery fees
- 3.37. Crown and Bridge
 - 1.1.1 Crowns on third molars
 - 3.37.1 Crown and bridge procedures for cosmetic reasons and the associated laboratory costs
 - 3.37.2 Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs
 - 3.37.3 Occlusal rehabilitations and the associated laboratory costs
 - 3.37.4 Provisional crowns and the associated laboratory costs
 - 3.37.5 Porcelain veneers and inlays/on lays and the associated laboratory costs
 - 3.37.6 Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs.
 - 3.37.7 Cost of gold, precious metal, semi-precious metal and platinum foil
 - 3.37.8 Laboratory delivery fees
- 3.38. Implants
 - 3.38.1 Implants on wisdom teeth (3rd molars).
 - 3.38.2 Laboratory delivery fees.
- 3.39. Orthodontics
 - 3.39.1 Orthodontic treatment for cosmetic reasons and associated laboratory costs
 - 3.39.2 Orthognathic (jaw correction) surgery, other orthodontic related surgery and any related hospital cost including associated laboratory costs.
 - 3.39.3 Individuals 21 years and older
 - 3.39.4 Orthodontic re-treatment and the associated laboratory costs
 - 3.39.5 Cost of invisible retainer material
 - 3.39.6 Laboratory delivery fees
- 3.40. Periodontics
 - 1.1.2 Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemi-section of a tooth.
 - 1.1.3 Perio-chip placement
- 3.41. Additional Dental Exclusions
 - 3.41.1 Electrognathographic recordings, pantographic recordings and other such electronic analyses
 - 3.41.2 Nutritional and tobacco counselling
 - 3.41.3 Caries susceptibility and microbiological tests
 - 3.41.4 Fissure sealants on patients 16 years and older
 - 3.41.5 Pulp tests
 - 3.41.6 Cost of Mineral Trioxide
 - 3.41.7 Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
 - 3.41.8 Appointment not kept
 - 3.41.9 Special report
 - 3.41.10 Dental testimony including dento-legal fees
 - 3.41.11 Treatment plan completed (currently code 8120)
 - 3.41.12 Enamel micro-abrasion
 - 3.41.13 Behaviour management
 - 3.41.14 Intramuscular or subcutaneous injection
 - 3.41.15 Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- 3.42. Maxillo-Facial Surgery and Oral Pathology
 - 3.42.1 Orthognathic (jaw correction) surgery and any related hospital costs and associated laboratory costs
 - 3.42.2 Bone and other tissue regeneration procedures
 - 3.42.3 Cost of bone regeneration material
 - 3.42.4 The auto-transplantation of teeth
 - 3.42.5 Sinus lift procedures
 - 3.42.6 The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8943 and 8945).
- 3.43. Hospitalisation (general anaesthetic)

- 3.43.1 Where the reason for admission is dental fear or anxiety
- 3.43.2 Multiple hospital admissions
- 3.43.3 Where the only reason for admission to hospital is to acquire a sterile facility.
- 3.43.4 The cost of dental materials for procedures performed under general anaesthetic.
- 3.43.5 The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia:
- 3.43.6 Apicectomies
- 3.43.7 Dentectomies
- 3.43.8 Frenectomies
- 3.43.9 Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for adults
- 3.43.10 Professional Preventative care procedures
- 3.43.11 Implantology and associated surgical procedures, and
- 3.43.12 Surgical tooth exposure for orthodontic reasons.

The member, therefore, acknowledges that – notwithstanding anything to the contrary, or not specifically set out in the rules or Annexures of the Scheme – the member is under a duty of care to disclose all and any information or matters to the Scheme, which may in any manner impact upon or affect a decision or discretion which vests in the Scheme, concerning such member or his claim.



ANNEXURE E

PRESCRIBED MINIMUM BENEFITS

1. Designated service providers (DSP)

A healthcare provider or group of providers selected by the Scheme as preferred provider(s) to provide to the Beneficiaries, diagnosis, treatment, and care in respect of one or more Prescribed Minimum Benefit conditions.

The service provider(s) designated by the Scheme for the delivery of Prescribed Minimum Benefits to its Beneficiaries are those providers in respect of whom the Scheme has entered into an agreement. Beneficiaries can obtain information – including whether a service provider is a DSP – by communicating and requesting such information from the Scheme.

2. Prescribed minimum benefits obtained from DSPs

100% of the cost in respect of diagnosis, treatment, and care costs of Prescribed Minimum Benefit conditions if those services are obtained from a DSP.

3. Prescribed Minimum Benefits voluntarily obtained from other providers

If a Beneficiary voluntarily obtains diagnosis, treatment, and care in respect of a Prescribed Minimum Benefit condition from a provider other than a DSP, the benefit payable in respect of such service shall be the Scheme rate*.

4. Prescribed Minimum Benefits involuntarily obtained from other providers

(a) If a Beneficiary involuntarily obtains diagnosis, treatment, and care in respect of a Prescribed Minimum Benefit condition from a provider other than a DSP, the Scheme will pay 100% of the cost in relation to that Prescribed Minimum Benefit conditions.

(b) For the purposes of paragraph 4(a) above, a Beneficiary will be deemed to have involuntarily obtained a service from a provider, other than a DSP, if:

- (i) the service was not available from the DSP or would not be provided without unreasonable delay;
- (ii) immediate medical or surgical treatment for a Prescribed Minimum Benefit condition was required under circumstances or at locations which reasonably precluded the Beneficiary from obtaining such treatment from a DSP; or
- (iii) there was no DSP within reasonable proximity to the Beneficiary's ordinary place of business or personal residence.

(c) Except in the case of an emergency medical condition, pre-authorisation shall be obtained by a Member prior to involuntarily obtaining a service from a provider other than a DSP in terms of this paragraph, to enable the Scheme to confirm that the circumstances contemplated in paragraph 4(b) above are applicable.

(d) Where pre-authorisation has not been obtained by the Member in accordance with paragraph 4(c) above, the benefit payable in respect of such service shall be the Scheme rate*.

5. Medication

(a) Where a Prescribed Minimum Benefit includes medication, the Scheme will pay 100% of the cost of that medication if that medication is obtained from a DSP, or is involuntarily obtained from a provider other than a DSP, and

- (i) the medication is included on the applicable formulary in use by the Scheme; or
- (ii) the formulary does not include a drug that is clinically appropriate and effective for the treatment of that Prescribed Minimum Benefit condition.

(b) Where a Prescribed Minimum Benefit includes medication, a co-payment of 30% of the cost of the medicine and its supply will apply if:

- (i) that medication is voluntarily obtained from a provider other than a DSP; and/or
- (ii) the formulary includes a drug that is clinically appropriate and effective for the treatment of a Prescribed Minimum Benefit condition suffered by a Beneficiary, and that Beneficiary knowingly declines the formulary drug and opts to use another drug instead. In the event of 5(b) (i) and 5(b) (ii) being applicable, the cumulative co-payment which becomes payable will be 30%.



6. Prescribed Minimum Benefits obtained from a public hospital

Notwithstanding anything to the contrary contained in these Rules, the Scheme shall pay 100% of the costs of Prescribed Minimum Benefits obtained in a public hospital, without limitation.

7. Diagnosis tests for an unconfirmed Prescribed Minimum Benefit Diagnosis

Where diagnostic tests and examinations are performed but do not result in confirmation of a Prescribed Minimum Benefit diagnosis, except for an emergency medical condition, such diagnostic tests or examinations are not considered to be a Prescribed Minimum Benefit.

8. Payment of Prescribed Minimum Benefit Claims

In line with the Council's various circulars, and in particular Circular 13 of 2012 as well as the outcome of the court case between the Registrar and the Board of Healthcare Funders, the Scheme pays PMB's at cost and as per the rates. On initial submission of the claim, the claim is paid up to 200% of the Scheme's tariff and then the balance is investigated, analysed, verified, and adjudicated and – where applicable – paid following an enquiry by a member or service provider.

9. Co-payments

Co-payments in respect of the costs for Prescribed Minimum Benefit's may not be paid out of Medical Savings Accounts.

10. Chronic conditions

Any Benefit Option covers the full cost for services rendered in respect of the Prescribed Minimum Benefits, which includes the diagnosis, medical management, and medication to the extent that it is provided for in terms of a therapeutic algorithm as prescribed for the specified chronic conditions.

The list of chronic conditions which are Prescribed Minimum Benefits include:

- (1) Addison's disease
- (2) Asthma
- (3) Bi-polar mood disorder
- (4) Bronchiectasis
- (5) Cardiac failure
- (6) Cardiomyopathy disease
- (7) Chronic renal disease
- (8) Coronary artery disease
- (9) COVID-19
- (10) Chronic obstructive pulmonary disorder
- (11) Crohn's disease
- (12) Diabetes insipidus
- (13) Diabetes mellitus type 1
- (14) Diabetes mellitus type 2
- (15) Dysrhythmias
- (16) Epilepsy
- (17) Glaucoma
- (18) Haemophilia
- (19) HIV/AIDS
- (20) Hyperlipidaemia
- (21) Hypertension
- (22) Hypothyroidism
- (23) Multiple sclerosis
- (24) Parkinson's disease
- (25) Schizophrenia
- (26) Ulcerative colitis
- (27) Rheumatoid arthritis
- (28) Systemic lupus erythematosus



ANNEXURE F

2024 SIZWE HOSMED MEDICAL SCHEME (Registration number 1486)
MEDICAL SAVINGS ACCOUNT "MSA"

Titanium Executive, Platinum Enhanced, Platinum EDO and Access Saver 25% Options

1. On admission to the Scheme, a Medical Savings Account ("MSA") shall be established in the name of the new Member.
2. A MSA shall generally be credited with:
 - 2.1 that part of the contributions received from the Member as specified in paragraph 4 below; and
 - 2.2 the interest and any other return on investment as specified in paragraph 5 below.
3. A MSA shall generally be debited with:
 - 3.1 the healthcare benefits utilised by the Member and his/her Dependants as specified in paragraphs 6 and 7 below; and
 - 3.2 any debt owed by the Member to the Scheme as contemplated by Rule 13.5 and paragraph 9 below.
4. The Scheme shall not allocate more than the following percentage of the gross contribution received from a member during a financial year to his/her MSA :20.8% for Titanium Executive,22.5% for Platinum Enhanced,22.5% for Platinum Enhanced EDO,25% for Access Saver.
5. The sum of Member's MSA funds may attract returns on such investments (be it in the form of interest), which returns shall be credited by the Scheme to each Member's accumulated positive balance.
6. The MSA will form part of the Scheme overall assets
7. During the term of a Member's membership of the Scheme, the Member's MSA funds (including, but not limited to, the investment returns specified in paragraph 5 above) shall be available for the exclusive benefit and use of the Member and his/her Dependants as specified in paragraph 8 below.
8. Subject to sufficient funds being available in a Member's MSA at the date on which a claim is processed, the Member and his/her Dependants shall be entitled to claim for healthcare services in accordance with the provisions of the Act, the Rules and their Benefit Option and in particular, at the agreed Rate as specified in Annexure A3 to the Rules.
9. Whilst being on a particular Benefit Option of the Scheme which provides for a MSA, the Scheme shall not be entitled to use the Member's MSA funds to pay for the cost of a prescribed minimum benefit or to offset any outstanding contributions, penalties or other debt due and payable to the Scheme.
10. However, on the death of a Member, or on the termination of a Member's membership of the Scheme, or on the transfer of a Member from a particular Benefit Option of the Scheme which provides for a MSA to any other of the Scheme's Benefit Options, the funds in the Member's MSA may be used to offset any debt owed by the Member to the Scheme, including (but not limited to) outstanding contributions, penalties and any claims which may be submitted to the Scheme for payment following the date of such death, termination or transfer.
11. Should a Member elect to transfer between two of the Scheme's Benefit Options which both provide for a MSA, or from one of the Scheme's Benefit Options to that of another medical Scheme which both provide for a MSA, any MSA balance due to the Member (subject to the adjustments specified in paragraphs 3, 7, 9, 11 and 12 above) shall be transferred by the Scheme to the Member's MSA on his/her new Benefit Option with the Scheme or to the other medical Scheme (as the case may be) within five (5) months of the date of such transfer between such two Scheme Benefit Options or of the date of termination of the Member's membership by the Scheme (as the case may be), subject to the applicable taxation laws.
12. Should a Member elect to transfer from one of the Scheme's Benefit Options which provide for a MSA to another of the Scheme's Benefit Options which does not so provide, any MSA balance due to the Member (subject to the adjustments specified in paragraphs 3, 7, 8, 10 and 11 above) shall be refunded by the Scheme to the Member
13. Should a Member's membership be terminated for reasons other than his/her death and he/she not be admitted as a member of another medical Scheme or be admitted to a benefit option of another medical Scheme which does not provide for a MSA, any MSA balance due to the Member (subject to the adjustments specified in paragraphs 3, 7, 8, 10 and 11 above) shall be refunded by the Scheme to the Member within five (5) months of the date of termination of the Member's membership by the Scheme, subject to the applicable taxation laws
14. Upon the death of a Member, any MSA balance due to the deceased Member (subject to the adjustments specified in paragraphs 3, 7, 8, 10 and 11 above) shall be transferred by the Scheme to the MSA of the Dependant of the deceased Member who is elected as the new Member in terms of Rule 6.4.1 and who continues membership of the Scheme or, in the absence of such a Dependant, shall be paid by the Scheme to the deceased Member's estate, subject to the applicable taxation laws.
15. If a Member (or his or her lawful heirs) become legally entitled to repayment of any MSA funds, and such a Member (or his or her lawful heirs) fail to claim such funds within three (3) years of becoming entitled thereto, then, such funds shall be written back to the Scheme.
16. Claims in respect of benefits for conditions indicated as payable from the PMSA as per the benefits in the Scheme rules shall first be allocated against the member's PMSA and once these have been exhausted, offset against the accumulated funds.

CONTACT INFORMATION

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Sizwe Hosmed Medical Scheme is regulated by the Council for Medical Schemes and administered by 3Sixty Health (Pty) Ltd. 3Sixty Health registration number 1978/0011109/07 is an accredited administrator and managed care services provider.





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Your choice for quality care

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