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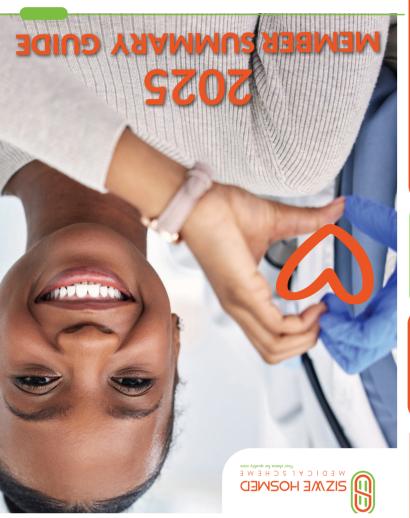
Core-Network New Age Hybrid

EDO-Network Laditional (KISK)



Hospital Plan

ully Networked Traditional



Visit a walk in centre conveniently located in the main centres or Contact our call centre on 0860 100 871



Joining Sizwe Hosmed Medical Scheme

Cape Town

Tel: 021 402 9600

Tel: 041 503 1000

Complete an application form, attach all supporting documents, your employer to stamp and sign the application form if joining as part of an employer group. Submit to membership@sizwehosmed.co.za

Emergency Ambulance - We have you covered on all plans,

available 24 / 7 / 365 CALL 0860 1177 99

(appears on your membership cards)

Emergency Medical Services	Emergency Medical Response Service (EMS) is available 24/7/365
Personal Health Advisor/24 Hour Health Advice	A 24-hour healthcare service providing members with unlimited access to professional telephonic guidance and support.
Trauma, Assault and HIV Support	Trauma, Assault and HIV support services is a 24/7 facilitation/call centre designed to deal with emotional shock as a result of assault or suspected HIV infection

SUMMARY OVERVIEW PRODUCTS 2025

Join Sizwe Hosmed, one of the top 10 largest schemes in the open market. With a national footprint, Sizwe Hosmed is right where you need us.



Thank you for

the way.

8% **Pensioner Ratio** Amongst the



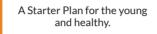




93% **Claims Ratio** = Great Value for Money

BOTH *EDO - EFFICIENCY DISCOUNTED OPTIONS AND THE *CORE PLANS - ENJOY THE SAME RICH BENEFIT AS THE COUNTERPART PLAN, WORKING WITHIN A SET OF NETWORK PROVIDERS.





Cost-effective medical aid for

essential health services and

network based care.



A Starter Plan for the young and healthy.

Comprehensive hospital care

with core benefits - in-patient

treatment, emergency care, and



A Savings Plan providing medium to rich benefits for individuals and young families.

Covers in-hospital and out-of

meds, and routine health

check-ups, wellness and

maternity benefit.

hospital care, GP visits, chronic



A Traditional Plan for families.

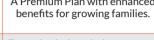
maternity benefit.



A Premium Plan with enhanced benefits for growing families.



A Premium Plan offering the most comprehensive in-hospital and out-of-hospital benefits.





specialist consultations, outof-hospital benefits, advanced chronic care, wellness and maternity benefit.

R5 583

R5 242

Complete plan with in- and out-of-hospital care, advanced diagnostics, specialist consultations, surgeries, mental health services, chronic disease management, alternative therapies and wellness benefit.

R9788

R8 661

R2 000

Member:

Adult:

Child:

01 January 2025

Network Hospital

Optical Network

Dental Network

Hospital Plan

Network GP/ Specialist

Scheme members pay for a maximum of three (3) child dependants, fourth or more are FREE

Member:	R3 023
Adult:	R3 023
Child:	R1 046

Fully Networked.

nber savings account (MSA) is an amount included in your

member savings account (MSA) is an amount included in your member contribution and is advanced upfront annually to you or upon joining. The MSA is utilised for your Day-to-Day medical benefits and calculated based on the family's total contribution. Unused MSA amounts accumulate year-on-year; should you leave a savings-type plan, the remaining MSA funds are refundable to the members after a 4-month claims run-off period. Your Annual MSA benefit (Day-to-Day Benefit) is based on the total contribution received.

Primarily a PMB benefit plan.

Member: R2 636 R2 273 Adult: Child: R530

wellness benefit.

Member: R3 371 Adult: R2 911 Child: R676

MSA plan with Risk benefits

R10080

R8 736

R1 992

Gold Ascend Member: Adult: Child:

R3 578 R1029 Gold Ascend EDO Member: R3 543 Adult: R3 400 Child:

Gold Ascend EDO

✓ Gold Ascend EDO

Separate baskets of benefits

R3 726

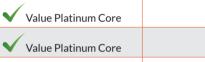
Child: R1528 Value Platinum Core Member: Adult: Child:

R5 306 R5 082 R1353

Value Platinum

Member:

Adult:



MSA + SPG+ATB MSA + SPG+ATB Value Platinum **Titanium Executive**

R15 072

R14 160

Child:	R4 128
Value Pla	tinum Core
Member:	R14 328
Adult:	R13 728
Child:	R3 660

Member:

Adult:

R24432 Member: Adult: R21624 Child: R5 004

PLANS WITH MSA - SPG - ATB

Hospital plan

Applicable to Value Platinum, Value Platinum Core and Titanium Executive plans. The below table reflects an example of 12 months MSA accumulated

ATB Risk paid benefit once the self-payment gap has been fully paid by a member. SPG An out of pocket member funding to close the self-payment gap. MSA An annual allocation available at the beginning of the benefit year.

ntribution and is advanced upfront to you annually or upon joining The MSA is utilised for your Day-to-Day medical benefit and is calculated

SPG: A self-payment gap (SPG) per beneficiary is activated when the combined family MSA is depleted. Member out-of-pocket claims.

ATB: When a beneficiary SPG is reached, the beneficiary's Above Threshold Benefit (ATB) is activated, and claims will be paid from this beneficiary ATB limit provided by the Scheme

per beneficiary. Calculate your Out-of-Hospital MSA benefit based on the contribution beneficiaries.

Access Saver

Member:

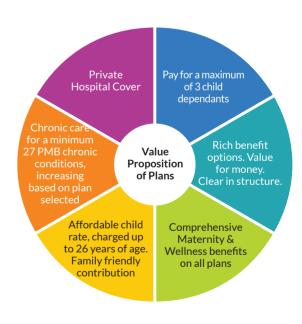
Adult:

Child:

Value Platinum Plan	М	Α	С
Self Payment (Excludes Acute Medication)	R2 345	R1 986	R512
Above Threshold Benefit (Excludes Acute Medication)	R6 197	R3 645	R1 585
Value Platinum Core Plan			
Self Payment (Excludes Acute Medication)	R2 345	R1 986	R512
Above Threshold Benefit (Excludes Acute Medication)	R6 197	R3 645	R1 585
Titanium Executive			
Self Payment	R5 335	R4 422	R2 023
Above Threshold Benefit	the follow Physiothe Pathology	, except for ing with lim rapy (R16 7 & Radiolog pfpa), Acute	00 pfpa), y



A Savings plan. Conservative dentistry & optometry is covered at a benefi limit offered from Scheme risk. This w not come from your families Day-to-Day or member savings account. This is a Consult your specification to view these benefits



Please take advantage of our competitive, family-friendly rate

For dependants turning 21 to 26 years of age, an annual review must be completed by 31 March and submission of proof of full-time study or a financial dependency affidavit is required.

ABBREVIATIONS

EDO: Efficiency Discounted Option MSA: Member Savings Account SPG: Self Payment Gap

ATB: Above Threshold Benefit

PMB: Prescribed Minimum Benefits

(M= R7 800, A= R7 800,

C= R2 442)

Most Often Asked Benefits Overview













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Hospital Admissions	Limited to PMB benefits			t to PMBs, Scheme Rate, ber e Surgical procedures up to 3	nefit limits, deductibles or co- 300% scheme tariff	payments,		
Advanced / Specialised Radiology (e.g. MRI / CT / Angiogram) Combined Limit (In/ Out) Subject to authorisation	Unlimited for PMB and 2 scans pbpa for Non PMB and unlimited for PMB	R33 782 pfpa	R20 000 pfpa with sub- limits. Non PMB scans incur 10% co-payment	R24 976 pfpa Non PMB scans incur 10% co-payment	R37 964 pfpa Non PMB scans incur co-payment R1 654	R49 937 pfpa Non PMB scans incur co-payment of R1 654		
Oncology: Unlimited per beneficiary - co-payment of 20% for non PMB condition when benefit limit reached	Unlimited PMB	Unlimited PMB	R282 933	R240 786	R601 965	R752 456		
Mental Health Benefits	Up to 21 days in-hospita	l per beneficiary per annum,	or up to 15 outpatient days p	per beneficiary per annum, m	naximum 3 days hospitalisati	on – sub-limits may apply		
Mental Health - Non PMB psychiatric treatment. Admissions limited to failed outpatient, subject to authorisation and managed care protocols. Sub- Limits apply	No Benefit	No Benefit	No Benefit	No Benefit No Benefit		Benefit R41 327 pb limited to R1 968 per day.	Benefit R48 620 pb limited to R2 315 per day.	R55 914 pb limited to R2 663 per day.
Sub-Limit: Physiotherapy				R2 100	R2 100	R2 100		
Sub-Limit: Occupational Therapy				R1 470	R1 470	R1 470		
Air/Road Ambulance & Emergency Services		on with the Scheme preferred ss to emergency services incl						
Register on the Chronic Program	me							
27 CDL - PMB conditions	PMB 27							

n/a

Most Often	
Asked	
Benefits	
Overview	

General – paid at Scheme rate

Additional listed Chronic

(Non CDL) Medicines

Per Family per annum



Subject to medicine formulary

n/a

n/a





n/a



26

R16 808 pf

R8 334 pb



35

R33 819 pf

Sub-limit R 17 688 pb

Non-formulary products will incur a 30% co-payment

Day-to-Day & Out-of-Hospital

GP and Specialist consultations (includes virtual consultations), Physiotherapy, Radiology, Pathology and Acute Medication subject to Day-to-Day and / or MSA benefit. Benefit limits and sub-limits apply. Subject to PMBs, Evidence Based clinical protocols and medicine formulary

Member	Unlimited GP visits from any	Subject to MSA.	R7 589	Subject to MSA.	Subject to MSA.
Member +1	GP within the DSP Network. Specialist Visits limited to PMB	1 additional GP consultation pb to a maximum of 4 pf.	R11 239		Thereafter SPG and ATB applies
Member +2	and X3 visits pf	Specialists: 1 Additional specialist Visit for	R13 152		
Member +3		Paediatricians or Gynaecologists limited	R15 041		
Member +4		to PMB's	R16 953		
Member +5			R18 854		
Member +6			R20 743		
GP To Specialist Referral	Required		Required		
Note: Sub-limits may apply	Sub-limits may apply for Acute M	edication, OTC, General Radiology	y, Pathology and other Day-to-Day	y benefit sub-limits - consult full be	enefit guide
EDO Plans	EDO PLANS - A 30% co-payment	for voluntary use of Non-DSP			
Optical					
Designated Service Providers		Optical Benefit - 24 month trea	tment date cycle benefit. Either fr	ames & lenses OR contact lenses	
Benefit paid from	Risk	Risk	Risk	MSA	MSA
Eye test: per beneficiary	one	one	one	one	one
Frames p/b	R367	R670	R770	R1 175	R1 489
Single vision (Per Lens)	R258	R257	R247	R247	R247
Bifocal (Per Lens)	R544	R544	R537	R537	R537
Multi-focal (Per Lens)	R544	R544	R537	R985	R985
or Contact lenses	R790	R1 219	R1 698	R2 128	R2 430
Refractive Surgery Incl. Radial Keratotomy pfpa	N/A	N/A	N/A	R8 440	R23 035
Dentistry					
Benefit paid from	Risk	Risk	Risk	MSA	MSA
Conservative Dentistry	2 consultations / check-ups (once	in 6 months), general fillings, extr	ractions & oral hygiene within ma	naged care protocol	
Fluoride treatment	Limited to beneficiaries from age	5 up to 13 years of age			
General Anaesthetics	Subject to clinical protocol and pre-authorisation for children under the age of seven (7) years for extensive dental treatment, limited to once per 365 days per beneficiary				
Conscious sedation: (limited to beneficiaries below the age of 16 years)	Subject to clinical protocol and authorisation - Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation				
Acrylic (Plastic) Dentures	One set of plastic dentures, full or partial (an upper and a lower) per beneficiary in a 4-year period, Paid from Risk				
Advanced Dentistry, Inclusive of Metal Frame Dentures	e n/a n/a n/a Risk benefits and clinical protocols apply - please consult full benefit guide				

Wellness and Screening

Sizwe Hosmed has a very benefit rich Wellness, screening Benefit AND this benefit is available to the entire family on ALL plans.

1 Blood Sugar Test over 15 Years per beneficiary per annum	
1 Blood Pressure test per beneficiary per annum over 15 years per beneficiary per annum	1 Skin Cancer screening per beneficiary per annum above 55 years
1 Cholesterol Test over 20 years per beneficiary per annum	1 Lung Cancer screening above 55 years per annum
1 Diabetic Eye Care Examination	1 Colon Cancer Blood Test over 50 years per beneficiary per Annum
1 Bone density per annum: women from 50 years up to 69 years of age. Males at 65 years of age	1 Diabetic Foot examination
1 Pap Smear for females over 18 years per beneficiary per annum	1 BMI screening per beneficiary per annum
1 PSA for males over 40 years per beneficiary per annum	1 Mammogram for females over 40 years per beneficiary per annum
1 Heart screening for babies under 2 years old	1 Hearing and Vision screening for babies under 2 years old
Child Immunisation as per the immunisation schedule by the Department of Health up to 12 years of age	1 HPV vaccination per beneficiary between 9 and 12 years of age

Bambino Maternity Programme

This programme provides additional benefits specifically for mom-to-be on all plans. Register as soon as possible to receive additional benefits on the programme. Receive a fully stocked maternity bag and educational materials provided at 24 weeks of pregnancy.

Maternity Benefit	Register on the Bambino Maternity Programme to activate additional benefits for mom to be Call 086 000 0048 / Email: bambino@sizwehosmed.co.za	
Ante-Natal Consultations	10 antenatal visits at either a midwife, GP or Specialist per pregnancy, 6 either with a GP, Midwife and 4 with a Specialist Obstetrician	

Test screening	Benefit Count	Test screening	Benefit Count	Test screening	Benefit Count
Haemoglobin Measurement Test	2	HIV blood Tests	2	Hepatitis S Ag Test	1
Blood Grouping Test	1	Urine Analysis Test	12	Toxoplasmosis	1
Rhesus Factor	1	Full Blood Count Test	1	Rubella Test	1
VDRL Test	1				
Antenatal Supplements (Vitamins)			R284 per j	oregnancy	
Hospital Benefit - Confinement - 100% Scheme rate.				hospital pre-authorisatio care protocols.	n and

	managed care protocols.					
PMB Chronic Disease List Conditions applicable to all plans	Other (Non CDL) Chronic Disease List	Titanium Executive	Value Platinum/ Core			
1) Addison's Disease	Attention Deficit Hyperactivity Disorder (ADHD)	×	x			
2) Asthma	Allergic Rhinitis	×	х			
3) Bipolar Mood Disorder	Alzheimer's Disease	×				
4) Bronchiectasis	Anaemia: Vitamin B12 and Iron Deficiency	×	×			
5) Cardiac Failure	Aplastic Anaemia	×	х			
6) Cardiomyopathy	Ankylosing Spondylitis	×				
7) Chronic Renal Disease	Anti-phospholipid syndrome	×	х			
8) Chronic Obstructive Pulmonary Disease	Benign Prostatic Hypertrophy (BPH)	×	Х			
9) coronary artery disease	Chronic Urinary Tract Infection	×				
10) Crohn's Disease	Cryoglobulinemia	x				
11) Diabetes Insipidus	Cushing's Disease	×	×			
12) Diabetes Mellitus Type I	Cystic Fibrosis	X	Х			
13) Diabetes Mellitus Type II	Delusional Disorders	×				
14) Dysrhythmias	Depression	x	X			
15) Epilepsy	Dermatomyositis	×				
16) Glaucoma	Endometriosis	x	х			
17) Haemophilia	Enuresis	×				
18) HIV/AIDS	Endocarditis & Iron Deficiency Anaemia		Х			
19) Hyperlipidaemia	Gastro-oesophageal reflux Disease (GORD)	×	х			
20) Hypertension	Gout	X	Х			
21) Hypothyroidism	Hyperthyroidism	×	х			
22) Multiple Sclerosis	Hypoparathyroidism	×	Х			
23) Parkinson's Disease	Menopause / Hormone Replacement Therapy (HRT)	×	х			
24) Rheumatoid Arthritis	Migraine	X				
25) Schizophrenia	Motor Neuron Disease	×	х			
26) Systemic Lupus Erythematosus	Myasthenia gravis	×	х			
27) Ulcerative Colitis	Obsessive Compulsive Disorder	×	х			
	Osteoarthritis	×	х			
	Osteoporosis	х	х			
	Paget's Disease	x	х			
Contributions are subject to approval by Council of Medical	Pancreatic Insufficiency	×				
Schemes. This overview is a summary of the benefits &	Peripheral Vascular Disease	×				
contributions, and it is not advice. This does not supersede the	Pituitary Microadenomas	×	×			
registered benefits & rules of the	Psoriasis	×	×			
Scheme. Please view full benefit details and guide at	Pulmonary Interstitial fibrosis	×	×			
www.sizwehosmed.co.za	Stroke (Cerebrovascular Accident)	×	х			