

Traditional

Fully Networked

Cop

Traditional (Risk)

EDO-Network

SUMMARY OVERVIEW PRODUCTS 2025



ATB Risk paid benefit once the self-payment gap has been

Applicable to Value Platinum, Value Platinum Core and Titanium Executive plans.

The below table reflects an example of 12 months MSA accumulated per beneficiary. Calculate your Out-of-Hospital MSA benefit based on the contribution beneficiaries.

Hybrid

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Access Saver

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7th Floor, Norton Rose House, 8 Riebeek Street. Cape Town Tel: 021 402 9600

Cape Town

Gqeberha, Nelson Mandela Bay Tel: 041 503 1000

Gauteng

Houghton,

Welkom

Welkom

cnr Buiten &

Graaf Streets.

Joining Sizwe Hosmed Medical Scheme

Gqeberha

70 2nd Avenue,

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 11 77 99 (appears on your membership cards)

Emergency Medical Services	Emergency Medical Response Service (EMS) is available 24/7/365
Persona 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

fully paid by a member. SPG An out of pocket member funding to close the self-payment gap. MSA Member savings account advanced quarterly.

MSA: The MSA is an amount already included in your monthly contribution and is advanced upfront to you at the beginning of each quarter or upon joining. The MSA is utilised for your day-to-day medical benefit and is

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

Value Platinum Plan	м	А	с	
MSA Benefit (12 Months) - Family Limit – per beneficiary contributed for	R15072	R14 160	R4 128	
Self-Payment (Excludes Acute Medication) pb	R2 345	R1 986	R512	
Above Threshold Benefit pb (Excludes Acute Medication & PAT)	R6 197	R3 645	R1 585	
Value Platinum Core Plan				
MSA Benefit (12 Months) - Family Limit – per beneficiary contributed for	R14 328	R13728	R3 660	



Private

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.

Pay for a maximum

ABBREVIATIONS

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

ATB: Above Threshold Benefit PMB: Prescribed Minimum Benefits

Contributions are subject to approval by Council of Medical Schemes. This highlight overview is in summary of the benefits & contributions, it is not advice and does not supersede the registered benefits & rules of the Scheme. Please view full benefit details and guide at www.sizwehosmed.co.za

Order of Subject Subj												
Advanced System Concord conversion of the section	Asked Benefits	Fully Networked Essential	Access	Hybrid Access	Hybrid EDO-Network Access Gold		Comprehensive Titanium					
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markets	Mental Health Benefits	Up to 21 days in-hospital per	beneficiary per annum, o	or up to 15 outpatient days [per beneficiary per annum	, maximum 3 days hospitalisat	ion – sub-limits may apply					
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General - paid at Scheme rate Subject to medicine formulary products will incur a 30% co-payment of						R8 334 pb	Sub-limit R 17 688 pt					
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Frames p/b R367 R670 R770 R1175 R1489												
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	Single vision (Per Lens)	R258	R257			R247	R247					

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 pregnancy			
Hospital Benefit - Confinement - 100% Scheme rate.				Subject to hospital pre-authorisation and managed care protocols.			

Most Often	Essential Copper	Access Saver	Gold Ascend/EDO	Value Platinum/Core	Titanium Executive	PMB Chronic Disease List Conditions applicable to all plans	Other (Non CDL) Chronic Disease List	Titanium Executive	Value Platinum/ Core
Asked	copper	Javer	and the second	riatinum/core	LACCULIVE	1) Addison's Disease	Attention Deficit Hyperactivity Disorder (ADHD)	x	x
Benefits		1900	A BA	100 m		2) Asthma	Allergic Rhinitis	x	x
Overview			ALLE BY		100	3) Bipolar Mood Disorder	Alzheimer's Disease	x	
		Day-to-Day & C	Dut-of-Hospital			4) Bronchiectasis	Anaemia: Vitamin B12 and Iron Deficiency	x	x
GP and Specia	list consultations (includes virtual c	onsultations), Physiotherapy, Radi	ology, Pathology and Acute Med	lication subject to Day-to-Day and /	or MSA benefit.	5) Cardiac Failure	Aplastic Anaemia	x	x
	Benefit limits and sub	o-limits apply. Subject to PMBs, Ev		nd medicine formulary		6) Cardiomyopathy	Ankylosing Spondylitis	x	
Member	R7 589		7) Chronic Renal Disease	Anti-phospholipid syndrome	x	x			
Member +1		Subject to MSA. 1 additional GP consultation	R11239	Subject to MSA.	Subject to MSA. Thereafter SPG and ATB applies	8) Chronic Obstructive Pulmonary Disease	Benign Prostatic Hypertrophy (BPH)	x	x
Member +2	Unlimited GP visits from any	pb to a maximum of 4 pf. Specialists: 1 Additional	R13 152			9) coronary artery disease	Chronic Urinary Tract Infection	x	
Member +3	GP within the DSP Network. Specialist Visits limited to PMB	specialist Visit for Paediatricians or	R15 041	Thereafter SPG and ATB applies		10) Crohn's Disease	Cryoglobulinemia	x	
Member +4	and X3 visits pf	Gynaecologists limited to PMB's	R16 953			11) Diabetes Insipidus	Cushing's Disease	x	x
Member +5		10 1 10 3	R18 854			12) Diabetes Mellitus Type I	Cystic Fibrosis	x	x
Member +6			R20 743			13) Diabetes Mellitus Type II	Delusional Disorders	x	
GP To Specialist Referral	Required		Required			14) Dysrhythmias	Depression	x	x
Note: Sub-limits may apply	Sub-limits may apply f	or Acute Medication, OTC, Genera	al Radiology, Pathology and othe	r Day-to-Day benefit sub-limits - cor	nsult full benefit guide	15) Epilepsy	Dermatomyositis	x	
EDO Plans	EDO PLANS - The 30% Co-payment for voluntary use of Non-DSP					16) Glaucoma	Endometriosis	x	x
		Opt	ical			17) Haemophilia	Enuresis	x	
Designated Service Providers		Optical Benefit - 24 month treat	ment date cycle benefit. Either f	rames & lenses OR contact lenses		18) HIV/AIDS	Endocarditis & Iron Deficiency Anaemia		x
Benefit paid from	Risk	Risk	Risk	MSA	MSA	19) Hyperlipidaemia	Gastro-oesophageal reflux Disease (GORD)	x	x
Eye test: per beneficiary	one	one	one	one	one	20) Hypertension	Gout	x	X
Frames p/b	R367	R670	R770	R1 175	R1 489	21) Hypothyroidism	Hyperthyroidism	x	x
Single vision (Per Lens)	R258	R257	R247	R247	R247	22) Multiple Sclerosis	Hypoparathyroidism	X	x
Bifocal (Per Lens)	R544	R544	R537	R537	R537	23) Parkinson's Disease	Menopause / Hormone Replacement Therapy (HRT)	×	×
Multi-focal (Per Lens)	R544	R544	R537	R985	R985	24) Rheumatoid Arthritis	Migraine	×	^
or Contact lenses	R790	R1219	R1 698	R2 128	R2 430	25) Schizophrenia	Migranie Motor Neuron Disease	×	
Refractive Surgery Incl. Radial	N/A	N/A	N/A	R8 440	R23035	26) Systemic Lupus Erythematosus	Motor Neuron Disease Myasthenia gravis	×	x
Keratotomy pfpa		Dant	• • • • • •			27) Ulcerative Colitis	Obsessive Compulsive Disorder	^	
Duration	D' l	Dent		MCA	N/CA		Osteoarthritis	X	X
Benefit paid from	Risk	Risk	Risk	MSA	MSA			X	X
Conservative Dentistry	2 consultations / check-ups (once in 6 months), general fillings, extractions & oral hygiene within managed care protocol						Osteoporosis	X	X
Fluoride treatment	Limited to beneficiaries from age 5 up to 13 years of age						Paget's Disease	X	X
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					Contributions are subject to approval by Council of Medical Schemes. This	Pancreatic Insufficiency	X	
Conscious sedation: (limited	Subject to clinical protocol and authorisation - Extensive dental treatment (more than 4 fillings or extractions)					overview is a summary of the benefits & contributions, and it is not advice.	Peripheral Vascular Disease	X	
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					This does not supersede the registered	Pituitary Microadenomas	X	X
Acrylic (Plastic) Dentures	Ones	et of plastic dentures, full or partia	al (an upper and a lower) per ben	neficiary in a 4-year period, Paid from	n Risk	benefits & rules of the Scheme. Please view full benefit details and guide at	Psoriasis	X	X
Advanced Dentistry, Inclusive of Metal Frame Dentures	n/a	n/a	n/a	Risk benefits and clinical protocols apply - please consult full benefit guide		www.sizwehosmed.co.za	Pulmonary Interstitial fibrosis Stroke (Cerebrovascular Accident)	x	x