Disclaimer:
This brochure is for information purposes only and does not supersede the rules of the Fund. A full set of the rules is available on our website: www.sizwe.co.za
THE BEST THINGS IN LIFE ARE SIMPLE

We offer a range of medical aid products which are simple to understand with generous and unlimited benefits.*

Let us take care of your medical aid needs.

*Terms and conditions apply
OUR CORE VALUES

CARING - We care for the health of our members and their families.

HERITAGE - We are proud of our heritage that spans over 3 decades with a wealth of expertise in caring for the health of our nation.

COMMUNITY - We are a medical fund for the people by the people and we maintain a strong community focus.

SIMPLICITY - We pride ourselves in designing products which are simple to understand and easy to use. We strive for simplicity in all we do.

RICH BENEFITS - As a community focused medical fund, we offer a range of carefully crafted medical aid products which are simple to understand with generous and unlimited benefits.
YOUR HEALTH IN CARING HANDS

Sizwe Medical Fund has a proud heritage that spans over 3 decades and boasts an impressive wealth of expertise in caring for the health of our nation. From inception, we have remained committed to our philosophy to become the most caring medical aid scheme for the people with a strong focus on our communities.

Today, Sizwe Medical Fund is one of the top ten, larger open schemes in our country which offers a range of carefully crafted medical aid products, ranging from a network healthcare product ideal for lower-income earners right up to premium medical aid products for high-income earners.

Sizwe Medical Fund continues to bring new meaning to affordability, when the general state of the economy often makes it seem impossible.

Our company’s ethos ‘Your Health in Caring Hands’ indicates the commitment, which permeates the entire organisation in caring for the health of our nation and further reminds us of why we do what we do – to provide affordable and quality medical aid for all South Africans.
Sizwe Medical Fund offers well-designed products which are simple to understand and easy to use with generous and unlimited benefits.
GOMOMO CARE
This is our entry-level option. Gomomo provides excellent value for money. General Practitioners (GP’s), specialists and acute medicines are accessible through a selected network provider. Dentistry, radiology and pathology are also available from a network provider. No overall in-hospital limit for admission at selected network hospital(s). Covers the 27 Chronic Disease List (CDL) conditions.

SAVINGS CARE
Savings Care option is our new generation option which offers comprehensive in-hospital benefits and out-of-hospital benefits paid from a 15% savings portion available upfront for the year. There are no overall in-hospital limits, with the freedom to go to any private hospital and it also covers 27 Chronic Disease List (CDL) conditions. This option is suitable for young and healthy individuals.

PRIMARY CARE
Primary Care option offers good value for money with unlimited hospitalisation at any private hospital. This traditional option has generous day-to-day benefits which cover acute medicines, GP’s, specialists, radiology, pathology and more to meet the needs of any family.

AFFORDABLE CARE
Our Affordable Care option offers generous comprehensive cover with unlimited hospitalisation in any private hospital. It also covers additional chronic conditions with specialised dentistry and preventative benefits. (CDL) conditions. This option is suitable for young and healthy individuals.

FULL BENEFIT CARE
Our Full Benefit Care option offers comprehensive cover and generous benefits to cover families and individuals who need access to unlimited hospitalisation at any private hospital. This option also offers additional chronic conditions, specialised dentistry, GP’s, specialists, acute medication, preventative care benefits and more rich benefits. This is the only option which offers Top-up cover when in hospital up to 200% of the Sizwe rate.
How do I submit a claim?

Following a consultation with, or treatment by, a healthcare provider, your account should reflect if it has been submitted directly to our Scheme. If you are not sure, please enquire with your healthcare provider. If the account has not been submitted, please follow the procedure below.

1. Send only the original account you receive. Do not send statements or duplicate invoices.
2. Some doctors offer a discount if you settle the account immediately. If you have already paid the account, attach your receipt and mark the account “Refund Member”.
3. All accounts must show full details of your membership.

Please check that your account reflects the following:

- Healthcare provider’s name and practice number.
- Principal (main) member’s name and initials.
- Principal member’s medical aid number.
- Treatment date.
- Patient’s name (as listed on your membership card). If the patient is not the main member, please list their date of birth and ID number as well.
- Amount charged.
- Tariff code (the doctor will fill in the ICD-10 code).
- Diagnosis made by the doctor or specialist.
As proof that you have received the treatment that is being charged for on the account, please sign the account before submitting it to our Scheme. Claims are paid to healthcare providers every week and you will receive a monthly statement that shows all claims received and paid since the previous statement. Pharmacies can submit claims in real-time, online. This means that when receiving your medication at the pharmacy, you will know almost immediately whether our Scheme has accepted your claim.

Be sure to submit your claims correctly in order to avoid any delays in payment. Mail or deliver your account as quickly as possible to your nearest Sizwe Medical Fund branch. See contact details on the back of this booklet.

**IMPORTANT:**

- Only claims received within four months of date of treatment will be paid.
- Why wait for your refund cheque to be sent to you in the mail? Sizwe Medical Fund can transfer any money owing to you electronically so that it appears directly in your cheque or savings account. To benefit from this Electronic Funds Transfer (EFT) service, please fill in the special EFT form, available at your nearest Sizwe Medical Fund branch or on the website.
Late Joiner Penalties and Waiting Periods

According to the Medical Schemes Act, a scheme can impose late joiner penalties on any person who is older than 35 years and who has either never belonged to a medical scheme or who has had a break in membership of more than three months with any medical scheme before joining Sizwe Medical Fund.

The late joiner penalties shall not exceed the following bands:

<table>
<thead>
<tr>
<th>PENALTY BANDS</th>
<th>MAXIMUM PENALTY</th>
</tr>
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<tbody>
<tr>
<td>• 1 – 4 years</td>
<td>0.05 x contribution</td>
</tr>
<tr>
<td>• 5 – 14 years</td>
<td>0.25 x contribution</td>
</tr>
<tr>
<td>• 15 – 24 years</td>
<td>0.50 x contribution</td>
</tr>
<tr>
<td>• 25 + years</td>
<td>0.75 x contribution</td>
</tr>
</tbody>
</table>

When a new member joins the scheme they may be given a three month general waiting period during which they are not entitled to benefits. If the new member has a pre-existing condition, they could be given a one year condition-specific waiting period, except in the case of Prescribed Minimum Benefits.
Hospital Admission Procedure

Hospital Pre-authorisation:
0860 100 871

Before you are admitted to hospital, you must phone for pre-authorisation except in the case of a life threatening medical emergency. This telephone call is important because it helps the administrator to confirm the procedure and appoint a designated case manager who will ensure that the rate charged by the hospital is correct. This will help you avoid having to settle an account or make co-payments when you are discharged from hospital.

Specialist Referral Procedure
(Primary Care option only)

Before you see a specialist you need to obtain a referral from your GP beforehand (whether you are referred from a GP to a specialist or from one specialist to another).

You do not require a referral from a GP under the following circumstances:

• Follow up visits;
• Emergency visits;
• Gynaecologist visits; and
• Paediatrician visits for babies up to the age of nine months.

PLEASE NOTE THAT THIS REFERRAL IS NOT AN APPROVAL FOR HOSPITALISATION OR FOR A PROCEDURE IN THE DOCTORS’ ROOMS.

Tel: 0860 100 871
Fax: 011 221 5290
Email: primary.referrals@sizwemedfund.co.za
Tip-Offs Anonymous

Sizwe Medical Fund takes a serious approach to fraud with the cost of medical fraud in South Africa estimated at billions of Rands a year. We are committed to the highest ethical, moral and legal standards in the conduct of our business and therefore we ask that if you know of a healthcare provider, Sizwe Medical Fund member or member of our staff involved in dishonest claiming against our scheme, that you report them immediately. After all, it is your money that they are misusing.

Sizwe Medical Fund uses an independent fraud line, managed by Deloitte, to help combat fraud and encourage confidential whistle blowing through the anonymous reporting of any unethical or fraudulent behaviour impacting our scheme.

DON’T SUPPORT IT, REPORT IT!

Got a Query?

For all your Fund related queries call the National Call Centre

National Call Centre: 0860 100 871

Email: queries@sizwe.co.za

For specific contact numbers of our Benefit and Wellness Programmes, refer to the back of this booklet.
HOW TO MANAGE YOUR BENEFITS?
Our Benefit Management Programmes are designed to ensure that our members get the most appropriate care for their illness or condition, while the Fund keeps an eye on the costs of hospitalisation and medicine expenses. These programmes are managed by the administrator, Sechaba Medical Solutions.

<table>
<thead>
<tr>
<th>Benefit Management Programmes</th>
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</thead>
<tbody>
<tr>
<td>1. Hospital Benefit Management Programme</td>
</tr>
<tr>
<td>2. Chronic Medicine Programme</td>
</tr>
<tr>
<td>3. HIV/AIDS Management Programme</td>
</tr>
<tr>
<td>4. Disease Risk Management Programme</td>
</tr>
<tr>
<td>5. Oncology Risk Management</td>
</tr>
<tr>
<td>6. Maternity Benefit Programme</td>
</tr>
<tr>
<td>7. Dental Management Programme</td>
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<tr>
<td>8. Emergency Medical Services</td>
</tr>
</tbody>
</table>
1. Hospital Benefit Management Programme

Hospital Pre-authorisation:
0860 100 871

The Hospital Benefit Management Programme ensures that your hospital care suits your specific needs. As soon as we receive a request from you, your doctor, or from a hospital to authorise a procedure in-hospital, a case manager is appointed to represent you. The case manager, supported by the medical advisor and a clinical team, will ensure that you get the best possible level of care and appropriate treatment, supported by the benefits in your option. All hospital admissions must be pre-authorised except in the case of a life threatening medical emergency. All hospital stays are subject to case management protocols. Frail care is not a covered benefit.

You as the member, or the doctor, specialist or hospital, must phone to obtain the necessary authorisation. This should be done in advance, preferably 72 hours before admission.

IMPORTANT:
In an emergency, Sizwe Medical Fund must be notified within 24 hours of admission or the first working day after a weekend or a public holiday. A family member or friend can phone on your behalf.
2. Chronic Medicine Programme

The Chronic Medicine Programme allows you to obtain certain chronic medication through a benefit that is separate from your every day acute benefit. You can join by registering on the programme for this chronic (extended) medicine benefit.

To join the programme, phone our chronic department or your nearest Sizwe Medical Fund branch and ask for an application form. With your permission, your GP or specialist can also call in on your behalf to register you on the programme. After your doctor has examined you and completed the application form, you must send it to the contact details below for processing. It takes three working days to review an application. You will receive a letter by post or fax indicating whether your application has been accepted. Ask your doctor for a prescription that matches the authorisation. Use the authorisation letter, together with the matching prescription from your doctor, to get your medicines from your usual supplier such as a pharmacy, or from the pharmacy preferred provider network (full list available at www.sizwe.co.za).

IMPORTANT:
In an emergency, Sizwe Medical Fund must be notified within 24 hours of admission or the first working day after a weekend or a public holiday. A family member or friend can phone on your behalf.
3. HIV/AIDS Management Programme

This is managed by a team of professionals consisting of doctors, nurses and pharmacists. The team at the HIV/AIDS Management Programme believes that early diagnosis, education, adherence to treatment regimes and ongoing counselling can help to keep you healthy. Those registered on the programme are taught to manage their health so that they can remain active and healthy members of their family, community and workplace.

HIV is a manageable disease, which, if properly treated, will enable those infected to live productive lives. Medication is available to improve the quality of your life, but it must be prescribed and taken in the early stages. If you know that you are infected, or think that you may be, call the HIV/AIDS Management Programme’s confidential HIV helpline or make an appointment to see your doctor and seek advice.

How to get help?

• Call the HIV/AIDS Management Programme call centre or your doctor for advice.
• Visit your doctor or clinic for counselling and testing.
• Once your test results are available, call the confidential helpline for advice on what to do with your test results.
• If you test positive, you are encouraged to join the programme.

CONFIDENTIALITY:
People infected with HIV may not want others in the workplace or family to know their status, thus, we guarantee your confidentiality in this regard. Everyone has a right to privacy. This means that employees do not have to declare their HIV status to their employer. We will therefore not reveal your status to your employer or family without your consent.
4. Disease Risk Management Programme

Most chronic conditions can be prevented and/or managed without hospitalisation. The Disease Risk Management Programme is beneficiary-centric and focused on an integrated approach in order to improve your general health, well-being and quality of life. By registering on the programme, you are educated on your condition so that you can better manage it. Wellness consultants advise you on the lifestyle changes that will help you to live a better, healthier life, and reduce the need for unnecessary, expensive treatment and hospitalisation. Participation on the programme is free to all Sizwe Medical Fund members and their registered dependants.

Conditions managed include:
- Respiratory (Asthma, Chronic Obstructive Pulmonary Disease (COPD), etc.)
- Diabetes (Type 1 and 2)
- Cardiac (Hypertension, Hypercholesteremia, etc.)
- Mental Health (Schizophrenia, Bipolar Disorder, Major Depression, etc.)

5. Oncology Risk Management

We understand the fears that members have regarding cancer and we therefore strive to ensure that you receive effective care based on sound clinical protocols and treatment plans at an affordable cost.

This is why Sizwe Medical Fund has partnered with Independent Clinical Oncology Network (ICON) as its Designated Service Provider (DSP) for all oncology treatment so that members receive the level of care they require. All cancers are covered subject to the benefit limit unless the cancer condition is a Prescribed Minimum Benefit (PMB) and is subject to clinical appropriateness as well as ICON’s standard protocols and formularies.
What is funded from this benefit?

- Radiation and chemotherapy; and
- Pain medication as well as other cancer supporting drugs.

When is cancer a PMB?

Not all cancers qualify as a PMB as stipulated in the Medical Schemes Act. The following criteria must be met in order for it to be a PMB:
- Cancer that affects non-solid organs and systems; and
- Cancer of solid organs, which is treatable.

What is not funded from this benefit?

Funding will not be provided in cases where:

- the patient has a waiting period for a pre-existing condition;
- membership has been terminated;
- medicines are scientifically questionable in terms of their clinical efficacy/ clinical appropriateness;
- medicines do not meet the funding criteria as stipulated in the funding policies or guidelines;
- medicines fall within the scheme exclusion category;
- benefits have been exceeded and the condition is a non-PMB;
- pathology tests are related to the cancer condition (covered under the pathology benefit); and
- radiology tests (covered under the radiology benefit), PET and CT planning scans are assessed as per individual case.
ICON is contracted to more than 80% of oncology specialists around the country. Members are therefore encouraged to consult with an ICON network doctor for any cancer condition. The list of ICON doctors can be accessed on 

ICON on 021 944 3750
www.cancernet.co.za

6. Maternity Benefit Programme

The Maternity Benefit Programme provides additional benefits for members on traditional options, (Primary Care, Affordable Care, Full Benefit Care) who register on the programme within 24 weeks of falling pregnant. Once registered, the member is covered for additional GP or midwife and specialist visits. These visits will not affect the member’s day-to-day benefits. The benefit includes 2D scans, subject to clinical protocols.

To register with the Maternity Benefit Programme:

Email: maternity@sizwemedfund.co.za
Fax: 011 221 5218co.za
7. Dental Benefit Management Programme

The Dental Benefit Management Programme, managed by Dental Information Systems (Denis), is designed so that Sizwe Medical Fund members have access to treatment that ensures good general oral health all year round. No financial limits apply to dental treatment, which means that you can’t run out of benefits. However, not all treatment is fully covered. Dental benefits are subject to clinical protocols and managed care interventions which may include the requirements of treatment plans and/or radiographs prior to benefit application.

Your dental benefits are there to provide you with treatment that helps you to maintain an acceptable level of dental health. You are encouraged to look after your teeth by going to the dentist for regular check-ups. Your benefits also cover any emergencies that are medically justified.

Non-essential treatment includes cosmetic dentistry, elaborate crown and bridge work and gold inlays, which are not covered. The complexity of your treatment and the cost-effectiveness of the proposed treatment are taken into consideration when determining whether it will be approved or not.

In advance. Additionally, if your dental treatment requires that you go to hospital, you must also obtain pre-authorisation from Denis.

- Fees differ from dentist to dentist and therefore you may find a difference between what the scheme pays and what the dentist charges. It is your right to negotiate this difference with your dentist.
IMPORTANT
Always check to see if the specialised dental treatment recommended by your dentist is covered on your option by phoning 0860 109 556 before undergoing any treatment. Sizwe Medical Fund members may visit any dentist of their choice.

- Call Denis for pre-authorisation on all specialised dentistry such as crowns, orthodontics and hospitalisation.

If you require specialised dental treatment, you must obtain pre-authorisation from Denis at least two days in advance. Additionally, if your dental treatment requires that you go to hospital, you must also obtain pre-authorisation from Denis.

- Fees differ from dentist to dentist and therefore you may find a difference between what the scheme pays and what the dentist charges. It is your right to negotiate this difference with your dentist.
- Call Denis for pre-authorisation on all specialised dentistry such as crowns, orthodontics and hospitalisation.

Dental queries and authorisations:
Tel: 0860 109 556 Fax: 0866 770 336
Email: sizweenq@denis.co.za

Your dental benefits are outlined in the benefit table. Please refer to this table to determine when pre-authorisation is required.
Consultations

Two check-ups per year, one check-up per six month period, are covered. Any other visits must be part of a treatment plan or an emergency.

Sedation

You do not need authorisation for sedation (laughing gas) in dentist’s room or oral sedatives. You must get pre-authorisation for intravenous conscious sedation requiring a second doctor to administer sedatives via a drip. Hospitalisation and general anaesthetic are only covered when clinically necessary and must be pre-authorised.

Crowns

Crowns and bridges are limited per family regardless of the type of crown being done. Pre-authorisation is required. Benefit is subject to managed care protocols. Benefits for crowns are granted once per tooth in a five year period.

Orthodontics (Braces)

This benefit is subject to managed care protocols and will only be funded from date of authorisation. Cases will be clinically assessed on pre-authorisation by using an orthodontic needs analysis. Benefit allocation is subject to the outcome of the needs analysis and funding is granted in line with your selected plan’s benefits at the Sizwe Rates. A co-payment may apply.
Benefits for orthodontic treatment will be granted where function is impaired. Benefits will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.

Only one family member may commence orthodontic treatment in a calendar year. Benefit is limited to individuals younger than 18 years of age.

**Implants**

This benefit is only available on the Full Benefit Care option. Pre-authorisation is required. Benefits are subject to managed care protocols. Please contact Denis BEFORE undergoing treatment.

**Hospitalisation**

Pre-authorisation is required. Admission protocols apply. General anaesthetic benefits are available for children under the age of five years for extensive dental treatment. General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. The payment of the dental procedure will be dependent on available benefits and payable at Sizwe Rates.
8. Emergency Medical Services

24-hour emergency response: Through Europ Assistance SA, Sizwe Medical Fund provides members with a 24-hour evacuation service, which ensures that professionally staffed, fully equipped emergency vehicles are sent immediately to the scene of an emergency. Transfer is by road ambulance, unless air transport is essential for survival.

This service includes patient monitoring and the delivery of emergency medicines and/or blood to the treating medical facility, as well as care for minor or frail companions who, if stranded in emergency circumstances, will be accompanied to a place of safety.

24-hour medical advice: Through Europ Assistance SA, Sizwe Medical Fund members have access to a professional advice line that includes emergency medical advice, an Audio Health Library, access to vital health knowledge, information on specific medicines, a poison hotline and health counselling. The line is open 24 hours a day, 365 days a year, and can handle queries in nine official languages.
PMBs are a feature of the Medical Schemes Act, in terms of which medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- Any emergency medical condition;
- A limited set of 270 medical conditions (defined in the Diagnosis Treatment Pairs); and
- 26 chronic conditions (defined in the Chronic Disease List).
What is a Designated Service Provider (DSP)?

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is a medical scheme’s first choice when its members need diagnosis, treatment or care for a PMB condition. If you choose not to use the DSP selected by Sizwe Medical Fund, you may have to pay a portion of the bill as a co-payment. This could either be a percentage co-payment or the difference between the DSP’s tariff and that charged by the provider you went to.

What are Diagnostic and Treatment Pairs?

Annexure A of the Medical Scheme Act provides a long list of conditions identified as Prescribed Minimum Benefits. The list is in the form of Diagnosis and Treatment Pairs (DTPs).

A DTP links a specific diagnosis to a treatment and therefore broadly indicates how each of the approximately 27 PMB conditions should be treated. The treatment and care of PMB conditions should be based on healthcare that has proven to work best, taking affordability into consideration. Should there be a disagreement about the treatment of a specific case, the standards (also called practice and protocols) in force in the public sector will be applied.

The treatment and care of some of the conditions included in the DTP may include chronic medicine, e.g. HIV-infection and menopausal management. In these cases, the public sector protocols will also apply to the chronic medication.

For a full list of the DTPs, please go to the Sizwe Medical Fund website at www.sizwe.co.za
## PMB CHRONIC DISEASE LIST

Respective medical formularies and chronic benefit entry criteria for the conditions listed below are available on request from the Chronic Medicine Programme.

<table>
<thead>
<tr>
<th>1. ADDISON’S DISEASE</th>
<th>14. EPILEPSY</th>
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<tr>
<td>2. ASTHMA</td>
<td>15. GLAUCOMA</td>
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<tr>
<td>3. BIPOLAR MOOD DISORDER</td>
<td>16. HAEMOPHILIA</td>
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<tr>
<td>4. BRONCHIECTASIS</td>
<td>17. HYPERLIPIDAEMIA</td>
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<tr>
<td>5. CARDIAC FAILURE</td>
<td>18. HYPERTENSION</td>
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<tr>
<td>6. CARDIOMYOPATHY</td>
<td>19. HYPOTHYROIDISM</td>
</tr>
<tr>
<td>7. CHRONIC OBSTRUCTIVE</td>
<td>20. MULTIPLE SCLEROSIS</td>
</tr>
<tr>
<td>PULMONARY DISEASE</td>
<td>21. PARKINSON’S DISEASE</td>
</tr>
<tr>
<td>8. CHRONIC RENAL DISEASE</td>
<td>22. RHEUMATOID ARTHRITIS</td>
</tr>
<tr>
<td>9. CORONARY ARTERY DISEASE</td>
<td>23. SCHIZOPHRENIA</td>
</tr>
<tr>
<td>10. CROHN’S DISEASE</td>
<td>24. SYSTEMIC LUPUS</td>
</tr>
<tr>
<td>11. DIABETES INSIPIDUS</td>
<td>ERYTHEMATOSUS</td>
</tr>
<tr>
<td>12. DIABETES MELLITUS TYPE 1 AND 2</td>
<td>25. ULCERATIVE COLITIS</td>
</tr>
<tr>
<td>13. DYSRHYTHMIAS</td>
<td>26. HIV/AIDS</td>
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</tbody>
</table>
What if I need, or want, a brand of medicine other than the one that Sizwe Medical Fund will pay for?

Sizwe Medical Fund has a formulary – a list of safe and effective medicines that can be prescribed to treat certain conditions. The formulary is applicable to PMB conditions.

Sizwe Medical Fund will only cover the cost of the drug on the formulary where available. Often the medicines on the list will be generics, which are cheaper copies of the original brand name drug. If you want to use a brand name medicine that is not on the list, Sizwe Medical Fund will pay up to the price of the generic and you will be liable for the difference in price.

Exclusions

NB: Kindly note that this list is not exhaustive, for details of all exclusions across all options refer to Annexure C of the scheme rules or visit the Sizwe Medical Fund website at www.sizwe.co.za

1. The Fund is not liable for expenses incurred in connection with any of the following:
   - Treatment of obesity.
   - Operations, medicines, treatment and procedures for cosmetic purposes.
   - Costs exceeding the annual maximum benefit entitlement to a member.

2. Purchase of:
   - Patent medicines and proprietary preparations.
   - Applicators, toiletries and beauty preparations.
   - Bandages, cotton wool and similar aids.
   - Tonics, slimming preparations and drugs advertised to the public.
3. Holidays for recuperative purposes.
4. Travelling expenses incurred by a member or charged by a medical or dental practitioner.
5. Charges for appointments cancelled or which a member and/or dependant fails to keep.
6. Payment of interest on arrear accounts.

**Specific Clinical Limitations on Primary Care**

<table>
<thead>
<tr>
<th>The following conditions will only be covered on the Primary Care as Prescribed Minimum Benefits and at a Designated Service Provider:</th>
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<tbody>
<tr>
<td>Advanced laparoscopic procedures</td>
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<tr>
<td>Reconstructive surgery</td>
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<tr>
<td>Cardiac surgery</td>
</tr>
<tr>
<td>Joint replacements</td>
</tr>
<tr>
<td>Spinal surgery</td>
</tr>
<tr>
<td>Breast reconstruction surgery</td>
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</tbody>
</table>
GLOSSARY

**Acute Medicines**: Medicines for short-term illnesses and medical problems.

**Adult Dependant**: A dependant from the age of 21 who is not a full-time student or financially dependent on their parent, and is in receipt of an income more than the state pension. Adult rate will be charged.

**AIDS**: Acquired Immune Deficiency Syndrome.

**Child Dependant**: A dependant below the age of 21 years. A child dependant between the ages of 21 and 25 years, who is either a full-time student or financially dependent on their parents, must provide proof thereof.

**Chronic Benefit Entry Criteria**: Diagnostic tests to confirm a chronic illness, e.g. blood tests or ECG reports, etc.

**Chronic Disease List**: A list of chronic illnesses that are covered in terms of legislation.

**Chronic Medicines**: Medicines used to manage conditions as listed on the Sizwe chronic conditions list.

**Formulary**: A list of medicines that will be paid by Sizwe Medical Fund according to the specific chronic illness and option chosen.

**Generic**: A medicine that has the same ingredients and which works the same as a well-known brand medicine. It is usually a lot cheaper.

**HIV**: Human Immunodeficiency Virus.

**Medical Emergency**: An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.

**MMAP**: This refers to the Maximum Medical Aid Price which is the maximum price Sizwe Medical Fund is prepared to pay for specific categories of generic medicine.

**Occupational therapy**: Mental or physical activity designed to help you recover from an injury or a disease.

**Oncology**: The treatment of cancer.
Pharmacy Advised Therapy (PAT): Medicine recommended by your pharmacist and which falls within the self-medication category.

Pre-authorisation: Obtaining permission from Sizwe Medical Fund before receiving treatment.

Preferred Provider: A provider recommended by Sizwe Medical Fund that offers cost-effective treatment to members.

Prescribed Minimum Benefits (PMBs): The Registrar of Medical Schemes requires all medical schemes to offer a number of minimum benefits to all its members.

Reference Pricing: This refers to a medicine cost control mechanism used by schemes and assists schemes to manage the high costs of medicines. Members are given a formulary list of medicines that are paid for by the Scheme. Where a member chooses a medicine off the formulary, the reference price refers to the co-payment between the cost of the formulary medicine and the non-formulary medicine.

Rehabilitation: Treatment to help you get back to a normal life following injury or disease.

SAOPA Rates: The tariff charged by the South African Orthoptic and Prosthetic Association.

Sizwe Rates: The rate negotiated by Sizwe Medical Fund with groups of providers.

Specialised Dentistry: Reconstructive surgery providing, for example, caps, crowns and bridges. This typically requires the services of a dental technician.

Top-up cover: When in hospital, it is the difference between Sizwe rates and the amount charged by practitioners. Top-up cover pays up to 200% over the Sizwe rate. Top-up cover comes into effect immediately when you are admitted to hospital. Only available on the Full Benefit care option and must be claimed within three months of hospitalisation.

Treatment Protocols: The rules and processes that are followed for treating a specific condition.

UPFS Rates: Uniform Patient Fee Schedule - the tariffs charged by public hospitals.
IMPORTANT CONTACT NUMBERS

HOSPITAL PRE-AUTHORISATION, HOSPITAL BENEFIT MANAGEMENT PROGRAMME:
Tel: 0860 100 871

CHRONIC MEDICATION PROGRAMME:
Tel: 0860 103 455 | 011 353 0030
Fax: 011 353 0352/0076
chronic@sizwemedfund.co.za

DENTAL BENEFIT MANAGEMENT:
Tel: 0860 109 556 | Fax: 0866 770 336
sizweenq@denis.co.za

DISEASE RISK MANAGEMENT PROGRAMME – HELPLINE FOR RESPIRATORY, CARDIAC DISEASE, DIABETES AND MENTAL HEALTH CONDITIONS:
TEL: 0860 103 455 | Fax: 011 221 5238
wellnessqueries@sizwemedfund.co.za

MATERNITY
Email: maternity@sizwemedfund.co.za
Fax: 011 221 5218

TIP-OFFS ANONYMOUS FRAUD LINE:
Tel: 0800 20 47 02 | Fax: 0800 007 788
Email: sizwemedical@tip-offs.com

HIV/AIDS Management Programme:
Tel: 0860 103 454 | Fax: 011 221 5235

EUROP ASSISTANCE SA, MEDICAL EMERGENCIES, 24-HOUR AMBULANCE SERVICES AND MEDICAL ADVICE:
TEL: 0860 117 799
SIZWE MEDICAL FUND
REGIONAL OFFICES

JOHANNESBURG
6th Floor, 56 von Wielligh Street
Cnr Albertina Sisulu (formerly Market Street) and Von Wielligh streets
Johannesburg
Tel: 011 353 0199

EMALAHLIENI (WITBANK)
71 Mandela Drive
Cnr Plumer and Mandela Drives (Opposite Lollipop Daycare Center)
Emalahleni
Tel: 013 690 3342

DURBAN
7th Floor, Royal Towers
30 Dorothy Nyembe Street
Durban, 4000
Tel: 031 304 4829 | Fax: 031 304 4839

WELKOM
429 Stateway Doorn
(The Itec Building)
Welkom
Tel: 057 353 1475

PORT ELIZABETH
Ground Floor, Block E
Southern Life Gardens, 70 – 2nd Avenue, Newton Park
Port Elizabeth, 6000
Tel: 041 503 1000 | Fax: 041 5031302

CAPE TOWN
Ground Floor, Shop 13
Norton Rose House
8 Riebeek Street
Cape Town
Tel: 021 402 9600 | Fax: 021 418 1400

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