

Fully Networked Traditional (Risk) **EDO-Network**

Cape Town

Tel: 021 402 9600







Visit www.sizwehosmed.co.za or speak to your consultant for detailed product information, because at Sizwe Hosmed, there is so much more!

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

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

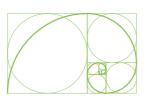
CALL 0860 1177 99

(appears on your membership cards)

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

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.

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

01 January 2025

Network Hospital

Optical Network

Dental Network

Hospital Plan

Network GP/ Specialist

8% **Pensioner Ratio** lowest in open



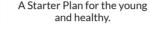




93% **Claims Ratio** = Great Value for Money

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.

considering Sizwe Hosmed as your healthcare **Traditional** partner. Your Fully Networked health journey Essential is of utmost Copper importance to us, and we are here to guide you every step of



Cost-effective medical aid for

essential health services and

network based care.

R3 023

R3 023

R1046

Fully Networked.

Primarily a PMB benefit plan.



A Starter Plan for the young and healthy.

Comprehensive hospital care

with core benefits - in-patient

treatment, emergency care, and

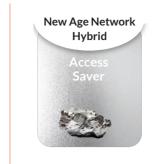
wellness benefit.

R2 636

R2 273

R530

Hospital plan



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

Covers in-hospital and out-of

hospital care, GP visits, chronic

meds, and routine health

check-ups, wellness and

maternity benefit.

R3 371

R2 911

R676

MSA plan with

Risk benefits

Access Saver

R10 080

R8 736

R1992



A Traditional Plan for families.

Plan includes in-hospital

R3 726

R3 578

R1029

R3 543

R3 400

R976

R1 490

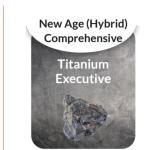
Gold Ascend EDO

✓ Gold Ascend EDO

Separate baskets of benefits



A Premium Plan with enhanced



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

benefits for growing families.

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

specialist consultations, outcoverage, specialist consultations, out of-hospital of-hospital benefits, advanced benefits, doctor visits, chronic diagnostic procedures, meds, wellness and chronic care, wellness and maternity benefit. maternity benefit. therapies and wellness benefit.

Value Platinum

Member: Adult: Child:	R5 583 R5 242 R1 528	
Value Plati	inum Core	
Member:	R5 306	
Adult:	R5 082	
Child:	R1 353	

Value Platinum

Member:

Adult:

Child:

R9788 Member: Adult: R8 661 Child: R2 000

Member:

Adult:

Child:

LGA 40% Effective 01 January 2025

Child:

NOTE: SUBJECT TO EMPLOYER/EMPLOYEE SUBSIDY AGREEMENT AND MAXIMUM CAPPED POLICY.

Member:	R10
Adult:	R909
Child:	R212

Member:

Adult:

Child:

Member: Adult: Child:

Member:

Adult:

Child:

R1348 R1 164 R270

Adult: R1431 Child: R412 Gold Ascend EDO Member:

Gold Ascend

Member:

Gold Ascend

Gold Ascend EDO

Member: Adult:

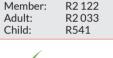
Member:

Child:

Adult: Child:

Child:

Value Platinum Core R1 417 Member: Adult: R1360 Adult: R390



R2 233

R2 097

R611

Value Platinum Core Value Platinum Core



MSA + SPG+ATB

R3 915

R3 464

R800

Va	alue Platinun
Member:	R15 072
Adult:	R14 160
	Member:

Child:

Child: R4 128 Value Platinum Core Member: R14 328 Adult: R13 728

R3 660

MSA + SPG+ATB

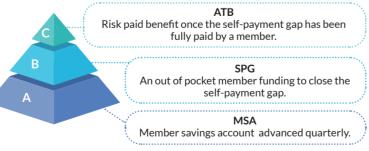
Member: Adult: Child:

Titanium Executive R24432 R21624 R5 004

PLANS WITH MSA - SPG - ATB

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

member contribution and is advanced upfront quarterly 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.



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

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.

Member:

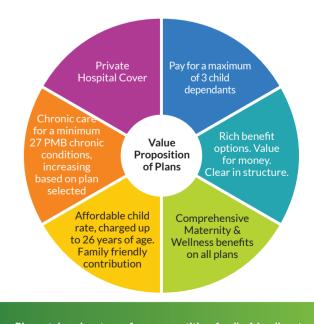
Adult:

Child:

Value Platinum Plan	М	А	С
MSA Benefit (12 Months) - Family Limit – per beneficiary contributed for	R15 072	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 Co	re Plan		
MSA Benefit (12 Months) - Family Limit –	R14 328	R13 728	R3 660



Access Saver: A Savings plan. Conservative dentistry & optometry is covered at a benef limit offered from Scheme risk. This wi not come from your families Day-to-Day or member savings account. This is a huge plus in terms of added benefit, Consult your specific plan selection 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

per beneficiary contributed for

PMB: Prescribed Minimum Benefits

Most Often Asked Benefits Overview













Overview														
Hospital Admissions	Limited to PMB benefits			s, subject to PMBs, Scheme F Titanium Executive Surgical										
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 Benef	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
Sub- Limit: Occupational Therapy	tional R1 470		R1 470	R1 470	R1 470									
Air/Road Ambulance & Emergency Services				erred provider and within 72 ervices including telephonic										
		Registe	er on the Chronic programm	e										
27 CDL - PMB conditions			PM	B 27										
Additional listed Chronic (Non CDL) Medicines	n/a	n/a n/a n/a	n/a	26	35									
Per Family per annum					R16 808 pf	R33 819 pf								
					R8 334 pb	Sub-limit R 17 688 pb								
General – paid at Scheme rate	Subject to medicine formulary products will in					Non-formulary products will incur a 30% co-payment								



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	antenatal Supplements (Vitamins)			pregnancy	
Hospital Benefit - Confinement - 100% Scheme rate.				hospital pre-authorisationare protocols.	n and

Most Often Asked Benefits Overview











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			R7 589			
Member +1		Subject to MSA. 1 additional GP consultation	R11 239			
Member +2	Unlimited GP visits from any	pb to a maximum of 4 pf. Specialists: 1 Additional	R13 152	Subject to MSA. Thereafter SPG and ATB applies		Subject to MSA.
Member +3	GP within the DSP Network. Specialist Visits limited to PMB	specialist Visit for	R15 041		Thereafter SPG and ATB applies	
Member +4	and X3 visits pf	Paediatricians or Gynaecologists limited	R16 953			
Member +5		to PMB's	R18 854			
Member +6			R20 743			
GP To Specialist Referral	Required		Required			
Note: Sub-limits may apply	Sub-limits may apply fo	or Acute Medication, OTC, Genera	al Radiology, Pathology and other	Day-to-Day benefit sub-limits - co	nsult full benefit guide	
EDO Plans		EDO PLANS - Th	ne 30% Co-payment for voluntary	use of Non-DSP		
		Opt	ical			
Designated Service Providers		Optical Benefit - 24 month treat	ment date cycle benefit. Either fra	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	R1219	R1 698	R2 128	R2 430	
Refractive Surgery Incl. Radial Keratotomy pfpa	N/A	N/A	N/A	R8 440	R23 035	
		Dent	istry			
Benefit paid from	Risk	Risk	Risk	MSA	MSA	
Conservative Dentistry	2 consulta	ations / check-ups (once in 6 mont	hs), general fillings, extractions &	oral hygiene within managed care	protocol	
Fluoride treatment		Limited to I	peneficiaries from age 5 up to 13 y	ears 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	n/a	n/a	n/a		ocols apply - please consult full t guide	

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

Stroke (Cerebrovascular Accident)