



COMPARATIVE BENEFIT GUIDE

2020

OUR HISTORY

1978

It began over 40 years ago during the height of apartheid, when a group of mostly black doctors and professionals made a pioneering decision. They defied all odds and the system of oppression, combining their medical and entrepreneurial skills to establish a first of its kind medical fund. Driven by the principles of Ubuntu, they acknowledged the plight of the marginalised majority who couldn't access affordable and adequate healthcare. It is on these principles of Ubuntu that Sizwe Medical Fund was born and continues to operate to date.

Today, after 25 years of democracy, every South African can be proud of the heritage Sizwe has built. We are now rated amongst the top ten medical aid schemes in the country. The Fund is financially sound, with an excellent global credit rating, which provides a wide range of affordable and exceptional plans, just as its founders envisioned.

Sizwe sase Afrika, we thank you! We wouldn't have done this without you.

2020





WHY SIZWE MEDICAL FUND?

Our heritage is founded on equality, equity, trust and reliability. Our range of products are tailor made for the South African people. It is on the basis of this strong history that we have full understanding of the care needed.

At Sizwe we say “My Health. My Heritage. My Sizwe”.

RENAMING OF OUR MEDICAL AID PLANS

South Africa's history is linked to the abundance of natural minerals in the land. Our people, history, and economy are strongly linked to these minerals and their intrinsic value.

We have renamed our medical aid plans after these minerals to reinforce the value we place on our plans and your health. Each mineral holds a certain value that is unique and treasured in its purpose, just like our individual plans.

We believe that for you to enjoy the abundance of your life and the growth of your health, you need to live well. The best way to do that is through a Sizwe medical aid plan that offers security and assurance.



OUR NEW PLANS

GOMOMO CARE



COPPER CORE PLAN

Copper Core Plan is our entry-level option. It offers good value for money and peace of mind, linking you to your own selected quality service providers. This option offers rich benefits and unsurpassed day-to-day benefits that meet your healthcare needs.

HOSPITAL CARE



SILVER SAVER PLAN

Silver Saver Plan allows you to manage your day-to-day healthcare costs through a medical savings account (MSA) giving extensive medical cover. It gives peace of mind in cases of hospitalisation. It was tailor made to fit the young, healthy and adventurous.

PRIMARY CARE



GOLD ASCEND PLAN

Gold Ascend Plan 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, general practitioners (GPs), specialists, radiologists, pathologists and more. This plan meets the needs of young families with evolving healthcare needs.

AFFORDABLE CARE



PLATINUM ENHANCED PLAN

Platinum Enhanced Plan offers comprehensive cover with generous chronic and day-to-day benefits. It offers excellent value for growing families and individuals who want the freedom to access affordable healthcare.

FULL BENEFIT CARE



TITANIUM EXECUTIVE PLAN

Titanium Executive Plan is an executive plan which offers full cover with generous day-to-day benefits. It is ideal for families and individuals with established healthcare needs, who are looking to access unlimited private hospitalisation.

Life is only but a journey through choices. Select the right medical aid plan to accompany you through your journey.



SELECT A MEDICAL AID OPTION THAT SUITS YOUR FAMILY NEEDS

	Copper Core Plan	Silver Saver Plan	Gold Ascend and EDO Plan	Platinum Enhanced and EDO Plan	Titanium Executive Plan
Emergency Ambulance Services	Unlimited Emergency Ambulance Service				
In-Hospital Benefits					
Private hospital cover	✓	✓	✓	✓	✓
Size rate of cover	100%	100%	100%	100%	+200%
Hospital network applies	✓	✓	EDO	EDO	N/A
Take home medication 7 days' supply	✓	✓	✓	✓	✓
Out-Of-Hospital Benefits					
Day-to-day (GP, Specialists, Acute medicines, General radiology & Pathology, Physiotherapy)	✓	MSA	✓	✓	✓
Chronic Conditions	26 PMB Conditions	26 PMB Conditions	26 PMB Conditions	26 PMB plus 13 Conditions	26 PMB plus 33 Conditions
Specialised Radiology (CT & MRI) No Co-payment within benefit	✓	✓	✓	✓	✓
Basic Dentistry	✓	✓	✓	✓	✓
Specialised Dentistry	X	✓	✓	✓	✓
Optometry	✓	MSA	✓	✓	✓
Auxiliary Services	✓	MSA	✓	✓	✓
Chiropractor Benefit	X	MSA	✓	✓	✓
Maternity Benefit	✓	✓	✓	✓	✓
Female Contraceptive Benefit	X	MSA	✓	✓	✓
Hearing Aid & Wheelchair Benefit	X	MSA	✓	✓	✓
Wellness & preventative care Benefit	X	✓	✓	✓	✓
Childhood vaccines (under 6 years)	X	✓	✓	✓	✓

These options offer separate benefit limits that are made available for the benefit year. Select an Efficiency Discounted Option (EDO) that makes use of Network Providers for both In and Out-Of-Hospital benefits, and pay a reduced monthly contribution.



IN-HOSPITAL

BENEFIT





All hospitalisation benefits are Subject to pre-authorisation, clinical case management and Managed Care Protocols. A co-payment of R 1 500 is applicable if no authorisation is obtained prior to admission except for emergencies. Take home medication limited to a supply of 7 days.

A co-payment of R 12 000 is applicable in the event of a voluntary use of a non-network hospital.

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**GOLD
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EDO PLAN**

**PLATINUM
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**TITANIUM
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	COPPER CORE PLAN	SILVER SAVER PLAN	GOLD ASCEND & EDO PLAN	PLATINUM ENHANCED & EDO PLAN	TITANIUM EXECUTIVE PLAN
Scheme Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	Sizwe Rate +200%
Hospital Network or Hospital DSP	DSP network	DSP network	EDO Option has DSP Network	EDO Option has DSP Network	Not applicable
Private Hospitals & Nursing Homes	Subject to treatment and case management protocols. Pre-authorisation required unless it is a medical emergency. A co-payment of R1 500 will apply if pre-authorisation is not obtained prior to admission, except in the case of emergencies				
ADMISSION	<p>Unlimited at a private hospital</p> <p>A co-payment of R 12 000 is applicable in the event of a voluntary use of a non-network hospital</p>	<p>Unlimited at DSP private hospital. Co-payment applicable to; General scopes - R 1 368, Endoscopic or Laparoscopic surgery investigations - R 3 158</p> <p>A co-payment of R 12 000 is applicable in the event of a voluntary use of a non-network hospital</p>	<p>Unlimited at private hospital</p> <p>A co-payment of R 12 000 is applicable in the event of a voluntary use of a non-network hospital for EDO option</p>	<p>Unlimited at private hospital</p> <p>A co-payment of R 12 000 is applicable in the event of a voluntary use of a non-network hospital for EDO option</p>	<p>Unlimited at private hospitals</p>
% Benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate up to an additional 200% of Sizwe tariff is payable for hospitalisation and surgical procedures
Limit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
CLINICAL LIMITATIONS	<p>The following conditions are only covered in terms of PMBs at DSP facilities, subject to clinical protocols of the DSP. Advanced laparoscopic surgery, re-constructive surgery, joint replacements, cardiac surgery,(including cardiac stents), spinal surgery, and breast re-constructive surgery. Minor procedures are only paid in full if done in network doctor's rooms. Only one joint replacement per member per annum, unless PMB. Only surgery for one spinal level covered per member per annum, unless PMB. Only one cardiac stent covered per vessel per annum</p>	<p>Subject to pre-authorisation, and Managed Care Protocols. 100% cost for all PMB's where the negotiated rate is not applicable</p>	<p>The following conditions are only covered in terms of PMBs at DSP facilities, subject to clinical protocols of the DSP. Advanced laparoscopic surgery, re-constructive surgery, joint replacements, cardiac surgery,(including cardiac stents), spinal surgery, and breast re-constructive surgery. Minor procedures are only paid in full if done in day hospital or doctors rooms. Only one joint replacement per member per annum, unless PMB. Only surgery for one spinal level covered per member per annum, unless PMB. Only one cardiac stent covered per vessel per beneficiary</p>	<p>Subject to pre-authorisation, and Managed Care Protocols. No specific clinical limitations are applicable. 100% cost for all PMB's where the negotiated rate is not applicable</p>	<p>Subject to pre-authorisation, and Managed Care Protocols. No specific clinical limitations are applicable. 100% cost for all PMB's where the negotiated rate is not applicable</p>

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EXCLUSIONS

Refer to Scheme Annexure C. Exclusions unless PMB are refractive surgery including radial keratotomy, breast reduction, breast augmentation, keloids and frail care

Refer to Scheme Annexure C. exclusions

Refer to Scheme Annexure C. Exclusions unless PMB are refractive surgery including radial keratotomy, breast reduction, breast augmentation, keloids and frail care

Refer to Scheme Annexure C

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Medicine to take home (TTO)

Limited to a supply of 7 days

Private Nurse

Subject to PMB

Subject to PMB, frail care is not a covered benefit.

100% Sizwe Rate Limited to R 5 041 per family

100% Sizwe Rate Limited to R 7 525 per family

100% Sizwe Rate Limited to R 10 083 per family

In-Hospital General Practitioners & Medical Specialists

Subject to Hospital Benefit Management Programme

% Benefit

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate up to an additional 200% of Sizwe tariff is payable for registered medical practitioner claims for hospitalisation and surgical procedures

Benefit

Subject to the Hospital Benefit Management Programme for consultations and visits by General Practitioners and Surgical specialist in-hospital

Dental Hospitalisation

Subject to pre-authorisation and Managed Care Protocols, registration on the Hospital Benefit Management Programme and Dental Benefit Management programme

% Benefit

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

Benefit

Benefit is payable within the hospital annual limit and limited to PMB level of care

A co-payment of R 2 000 per hospital admission applies. If authorisation is obtained after the procedure has been done, a 20% co-payment will be applied on the hospital account. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. General anaesthetic benefits are available for the removal of impacted teeth. Laughing gas in IV conscious sedation are benefits in room procedures

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**Psychiatric
Hospitalisation**

Subject to pre-authorisation, registration on the Hospital Benefit Management Programme and Managed Care Protocols

Benefit

Subject to pre-authorisation, PMB and DSPs

21 days per beneficiary including psychiatric consultations and 6 in-hospital consultations by a clinical or counselling psychologist.
4 additional out-of-hospital visits in lieu of hospitalisation subject to managed protocols

**Auxiliary Services &
Physiotherapy**

Subject to pre-authorisation, registration on the Hospital Benefit Management Programme and Managed Care Protocols

% Benefit

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

Benefit

Limited to physiotherapist, dieticians, speech therapy and occupational therapy. subject to PMB, clinical protocols and pre-authorisation

**Maternity (delivery,
post-natal services
and midwifery)**

Subject to Hospital Benefit Management Programme, Disease Management Programme and to conditions and annual limits stipulated

% Benefit

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

100% Sizwe Rate

Benefit

ADMISSION AND DELIVERY:

Accommodation at general ward rates, theatre fees, labour ward fees, dressings, medicines and materials.
Delivery by GP, medical specialist or midwife and for materials supplied

POST-NATAL SERVICES & MIDWIFERY:

Subject to Maternity Benefit Management programme and Disease Management Programme.
100% of Sizwe rate for post-natal care by midwife or as an alternative to hospitalisation

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Prosthesis Subject to pre-authorization, managed care treatment protocols, DSP's and Prescribed Minimum Benefits

% Benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Surgical and non-surgical cases	Surgical and non-surgical prosthesis subject to annual limit of R 31 186 per family, Subject to pre-authorization, treatment protocols and PMB	Services to be obtained at a Preferred Provider or DSP where applicable. Applies to both surgical and non-surgical prostheses and is subject to PMB Internal Prosthesis: Hip and knee joints (partial and total): 1 prosthesis and 1 joint per beneficiary cycle. Spine: 2 levels per annum performed in 1 procedure, subject to Managed Care Protocols if more required. Cardiac (Pacemaker, internal defibrillators, grafts, valves). Stents: Vascula stents -2 per family per annum. Cardiac stents -3 per family per annum External Prosthesis: Subject to benefit limit and PMB protocols apply	Surgical and non-surgical prosthesis subject to annual limit of R 28 428 per family. Internal Prosthesis: Hip and knee joints (partial and total): 1 prosthesis and 1 joint per beneficiary cycle. Spine: 1 level per annum performed in 1 procedure, subject to Managed Care Protocols if more required. Cardiac (Pacemaker, internal defibrillators, grafts, valves). Stents: Vascula stents -2 per family per annum. Cardiac stents -3 per family per annum External Prosthesis: subject to benefit limit unless PMB Artificial limb, breast, ocular, Taylor Spatial Frame, external fixator, Mesh	Surgical and non-surgical prosthesis subject to an annual limit of R 44 910 per family Internal Prosthesis: Hip and knee joints (partial and total): 1 prosthesis and 1 joint per beneficiary cycle. Spine: 2 level per annum performed in 1 procedure, subject to Managed Care Protocols if more required. Cardiac (Pacemaker, internal defibrillators, grafts, valves). Stents: Vascula stents -2 per family per annum. Cardiac stents -3 per family per annum External Prosthesis: subject to benefit limit, PMB protocols apply	Surgical and non-surgical prosthesis subject to an annual limit of R 62 550 per family within hospital limit Internal Prosthesis: Hip and knee joints (partial and total): 1 prosthesis and 1 joint per beneficiary cycle. Spine: 2 level per annum performed in 1 procedure, subject to Managed Care Protocols if more required. Cardiac (Pacemaker, internal defibrillators, grafts, valves). Stents: Vascula stents -2 per family per annum. Cardiac stents -3 per family per annum External Prosthesis: subject to benefit limit, PMB protocols apply

Oncology Subject to pre-authorization, Managed Care Protocol and registration on the Hospital Benefit Management Programme

% Benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Limit	Subject to pre-authorization, treatment protocols and PMB	Subject to pre-authorization, treatment protocols and PMB	R 159 654 per family	R 348 851 per family	R 418 632 per family

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**Radiology and
Radiography**

Subject to pre-authorisation, Hospital Benefit Management Programme, Disease Management Programme and PMB protocols

% Benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
General Radiology	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Specialised Radiology (MRI, CAT scan/ Angiogram)	100% Sizwe Rates for diagnostic procedures performed by a General Practitioner or medical specialist, combined in-hospital and out-of-hospital limit R 7 925 per family, limited to PMB level of care	SPECIALISED RADIOLOGY: (MRI, CAT scan and angiogram) subject to an overall combined in and out-of-hospital limit of R 28 060 per family per annum INTERVENTIONAL RADIOLOGY: Payable from hospital limit, Subject to pre-authorisation and clinical protocols	SPECIALISED RADIOLOGY: (MRI, CAT scan, and angiogram) subject to an overall combined in and out-of-hospital limit of R 20 745 per family per annum, pre-authorisation and Managed Care Protocols INTERVENTIONAL RADIOLOGY: Subject to pre-authorisation and clinical protocols	SPECIALISED RADIOLOGY: (MRI, CAT scan, and angiogram) subject to an overall combined in and out-of-hospital limit of R 31 533 per family per annum, pre-authorisation and Managed Care Protocols INTERVENTIONAL RADIOLOGY: Subject to pre-authorisation and clinical protocols	SPECIALISED RADIOLOGY: (MRI, CAT scan, and angiogram) subject to an overall combined in and out-of-hospital limit of R 41 479 per family per annum, pre-authorisation and Managed Care Protocols INTERVENTIONAL RADIOLOGY: Subject to pre-authorisation and clinical protocols

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**Refractive Surgery
including Radial
Keratotomy**

Subject to pre-authorisation and Managed Care Protocols

Benefit	No benefit	No benefit	No benefit	100% of Sizwe rate. Limited to R 7 010 per family per annum	100% of Sizwe rate. Limited to R 19 134 per family per annum
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**Organ Transplants
and Renal Dialysis**

Subject to PMB, pre-authorisation, DSP providers and Managed Care Protocols.

Benefit		RENAL DIALYSIS: Benefit is restricted to requirements set out in PMBs at a DSP. Subject to limits of R 211 437 per family per annum as specified			
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Benefit	ORGAN TRANSPLANT: 100% Sizwe Rate of organ transplantation and cost of postoperative anti-rejection medicines. Harvesting, transport and donor fees are covered as PMB even if donor is not a Sizwe member. Coverage for post-transplant complications beyond 3 months of surgery limited to the recipient. Only organs and donors from within RSA are covered. Transplant PMBs Subject to pre-authorisation, minimum benefit package, treatment protocols and DSPs				
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**Human
Immunodeficiency
Virus and Acquired
Immuno Deficiency
Syndrome
(HIV & AIDS)**

Subject to PMB, pre-authorisation and Managed Care Protocols, registration on Disease Management Programme

Benefit	Provided via a DSP or network facility at 100% cost, subject to treatment protocols, including counselling, prescribed medication, pathology tests and relevant consultations				
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**Ambulance
Services**

Europ assistance pre-authorisation required 0860 11 77 99

% Benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
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OUT-OF-HOSPITAL BENEFIT





Reimbursement rate is at 100% Sizwe Rate
(Prescribed Minimum Benefits are payable
at cost subject to minimum benefit package,
Preferred Provider networks and managed care
clinical Protocols)

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Day-to-day (includes GP, specialist (excluding psychiatrists), physiotherapy, radiology, pathology and acute medication)

Out-of-hospital

% Benefit	100% DSP Network Provider Rate	Subject to MSA	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Member	Benefits for the year subject to Provider Network managed care rules, formulary and clinical protocols. Each beneficiary to select a GP		R 6 304	R 10 925	R 18 019
Member +1			R 9 336	R 15 661	R 24 355
Member +2			R 10 925	R 18 019	R 27 376
Member +3			R 12 493	R 19 608	R 30 523
Member +4			R 14 082	R 21 976	R 33 701
Member +5			R 15 661	R 24 355	R 36 857
Member +6			R 17 229	R 26 576	R 39 995

General Practitioners

Subject to the day-to-day limit with the following sub-limits

Out-Of-Hospital

Limited to stipulated number of visits	All visits to be within DSP. Each beneficiary to select a GP. Out-of-hospital are visits limited to 4 per beneficiary	Subject to MSA	Member: 6	Member : 7	Member : 12
			Member +1 : 9	Member +1 : 14	Member +1 : 20
			Member +2 : 12	Member +2 : 16	Member +2 : 25
			Member +3 : 14	Member +3 : 18	Member +3 : 29
			Member +4 : 15	Member +4 : 20	Member +4 : 30
			Member +5 : 16	Member +5 : 21	Member +5 : 31
			Member 6+ : 17	Member 6+ : 22	Member 6+ : 32

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**Specialists
(Excluding
Psychiatrists)**

Subject to the day-to-day limit with the following sub-limits

Out-of-hospital	All visits subject to referral from network GP	Subject to MSA - Incl. Psychiatrists	Subject to referral from a GP. Except Gynaecologist, Paediatrician for children up to 1 yr. Non-referral will result in payment at GP scheme rate		No referral required
Limited to stipulated number of visits	Required benefits for the year within Network Provider managed care rules. A GP referral and Pre-authorisation from Network Provider is mandatory except in the case of PMB emergency	N/A	Member : 2	Member : 4	Member : 7
			Member +1 : 6	Member +1 : 8	Member +1 : 12
			Member +2 : 7	Member +2 : 9	Member +2 : 15
			Member +3 : 8	Member +3 : 10	Member +3 : 16
			Member +4 : 9	Member +4 : 11	Member +4 : 17
			Member +5 : 10	Member +5 : 12	Member +5 : 19
			Member 6+ : 11	Member 6+ : 13	Member 6+ : 20

Acute Medicines & Pharmacy Advised Therapy (PAT)

Required benefits for year subject to formulary & Managed Care Protocol of network provider

Subject to the day-to-day limit with the following sub-limits

Member	Over the counter or out of area: R 337 per family within the DSP provider network	Subject to MSA	R 1 968	R 3 800	R 5 126
Member +1			R 3 547	R 5 789	R 9 073
Member +2			R 3 947	R 6 841	R 10 525
Member +3			R 4 473	R 7 357	R 11 977
Member +4			R 4 599	R 8 420	R 12 746
Member +5			R 4 852	R 8 683	R 13 419
Member 6+			R 5 252	R 8 946	R 14 082

Radiology & Pathology

Subject to day-to-day limit with the following sub-limits

General Radiology & Pathology	Benefits are subject to formulary & Managed Care Protocol	Subject to MSA	Subject to day-to-day limit	Subject to day-to-day limit	Subject to day-to-day limit
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Dentistry Subject to network provider protocols and Dental Benefit Management, clinical protocols, formulary and managed care rules

Conservative Dentistry

% Benefit	Subject to DSP network provider, managed care rules formulary, clinical protocols and annual benefit limit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Consultations, Oral Hygiene, Extractions, Fillings	Member: R 3 073 Member+1: R 3 547 Member+2: R 3 852 Member+3: R 4 168 Member+4: R 4 452 Member+5: R 4 768 Member 6+ R 5 231		2 general checkups a year per beneficiary(once in 6 months).	2 general checkups a year per beneficiary(once in 6 months).	2 general checkups a year per beneficiary(once in 6 months).
Root Canal Treatment	Subject to network provider, managed care rules and benefit limit	Subject to MSA	Subject to Managed Care Protocols, excluding wisdom teeth and primary teeth	Subject to Managed Care Protocols, excluding wisdom teeth and primary teeth	Subject to Managed Care Protocols, excluding wisdom teeth and primary teeth
Plastic Dentures	One set per beneficiary every 4 years. Clinical Protocols apply		1 set, full or partial, per beneficiary in a 4 year period	1 set, full or partial, per beneficiary in a 4 year period	1 set, full or partial, per beneficiary in a 4 year period

Specialised Dentistry If authorisation is obtained after the procedure or treatment has been done a 20% co-payment will apply. Subject to Managed Care Protocol

% Benefit		100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Crowns and Bridges				1 crown per family per year and once per tooth in a 5 year period. Pre-authorisation is required	3 crowns per family per year and once per tooth in a 5 year period. Pre-authorisation is required
Orthodontics (Braces)				Subject to pre-authorisation and clinical protocols. Restricted to beneficiaries between the ages 9 to 18 years. A 35% co-payment applies	Subject to pre-authorisation and clinical protocols. Restricted to beneficiaries between the ages 9 to 18 years
Implants	No benefit	Subject to MSA	No benefit	No benefit	2 implants up to a maximum of R 5 000 per implant per beneficiary over a 5 year period
Metal Frame Dentures				2 partial frames (upper and lower) per beneficiary every 5 years - limited to 1 per family per year. Pre-authorisation is required	2 partial frames (Upper and lower) per beneficiary every 5 years - limited to 2 per family per year. Pre-authorisation is required

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Mental Health

Subject to PMB, pre-authorisation and Managed Care Protocols

% Benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Limit	Refer to auxiliary benefit	Subject to MSA	Limited to Psychiatrists and Clinical Psychologists for mental health disorders. Limited to R 5 747 per family	Limited to Psychiatrists and Clinical Psychologists for mental health disorders. Limited to R 9 525 per family	Limited to Psychiatrists and Clinical Psychologists for mental health disorders. Limited to R 18 366 per family

Maternity

Benefit subject to registration on the Maternity Programme within 24 weeks of falling pregnant

% Benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Ante-Natal Consultations	Within GP and specialist limit subject to managed care rules, formulary and clinical protocols of network DSP	Limited to 9 GP or midwife or specialist visits and additional 2 specialist obstetrician visits	Limited to 9 GP or midwife or specialist visits and additional 2 specialist obstetrician visits	9 GP, midwife or specialist visits and, subject to referral by GP, 4 specialist obstetrician visits	9 GP, midwife or specialist visits and, subject to referral by GP, 6 specialist obstetrician visits
Pregnancy Scans (Excl diagnostic Sonar) & Tests	2 x 2D scans per pregnancy. 2 x Haemoglobin tests. 1 x Blood Group test. 1 x VDRL test for Syphilis. 1 x HIV Elisa test	2 x 2D scans per pregnancy 2 x Haemoglobin Measurement tests 1 x Blood Grouping test 1 x VDRL test for Syphilis. 2 x HIV blood tests 12 x Urine analysis tests 1 x Full Blood Count (FBC) test Vitamins worth one hundred and ten Rands (R 110)	2 x 2D scans per pregnancy 2 x Haemoglobin Measurement tests 1 x Blood Grouping test. 1 x VDRL test for Syphilis 2 x HIV blood tests 12 x Urine analysis tests 1 x Full blood count (FBC) test Vitamins worth one hundred and ten Rands (R 110)	2 x 2D scans per pregnancy 2 x Haemoglobin Measurement tests 1 x Blood Grouping test 1 x VDRL test for Syphilis 2 x HIV blood tests 12 x Urine analysis tests 1 x Full blood count (FBC) test Vitamins worth one hundred and ten Rands (R 110)	2 x 2D scans per pregnancy 2 x Haemoglobin Measurement tests 1 x Blood Grouping test 1 x VDRL test for Syphilis 2 x HIV blood tests 12 x Urine analysis tests 1 x Full blood count (FBC) test Vitamins worth one hundred and ten Rands (R 110)

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Optical Subject to Optical Benefit Management programme. Choose either spectacles (frames and lenses) or contact lenses once every two years

Eye Test					
% Benefit	Subject to network provider, managed care rules and benefit limit	Subject to MSA, per beneficiary per 24 month cycle	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Limit	1 test per beneficiary every 24 month cycle		1 test per beneficiary per 24 month cycle.	1 test per beneficiary per 24 month cycle	1 test per beneficiary per 24 month cycle
Frames and Lenses per 24 month cycle	Subject to network provider, managed care rules and benefit limit	Subject to MSA	Preferred Provider Network -benefit per beneficiary on a 24 month cycle from last date of claim.		
Benefit	Combined family benefit limit Member: R 1 252 Member +1: R 1 442 Member +2: R 1 600 Member +3: R 2 294	Subject to MSA	Limits per beneficiary per annum		
Frames	R 520 per beneficiary subject to the combined family limit	Subject to MSA	R 579	R 884	R 1 116
Single Focus Lenses	Subject to the combined family limit	Subject to MSA	R 195 per lens	R 195 per lens	R 195 per lens
Bi-focal Lenses			R 421 per lens	R 421 per lens	R 421 per lens
Multi-focal Lenses			R 421 per lens	R 774 per lens	R 774 per lens
Contact Lenses			Limited to R 1 337 and clinical protocols. Where member cannot wear spectacles, 1 pair of permanent contact lenses per beneficiary per 24 months, or 12 pairs of monthly disposable contact lenses per beneficiary per annum	Limited to R 1 663 and clinical protocols where member cannot wear spectacles, 1 pair of permanent contact lenses per beneficiary per 24 months, or 12 pairs of monthly disposable contact lenses per beneficiary per annum	Limited to R 1 884 and clinical protocols where member cannot wear spectacles, 1 pair of permanent contact lenses per beneficiary per 24 months, or 12 pairs of monthly disposable contact lenses per beneficiary per annum

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Auxiliary

Limit	Limited to R 2 810 per family per annum subject to PMB	Subject to MSA	M: R 1 126 M+: R 1 810	M: R 1 673 M+ : R 2 936	M: R 3 073 M+: R 5 178
% Benefit	Subject to network provider, managed care rules and benefit limit and PMB	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
	Limited to physiotherapy, speech therapist, clinical psychologists, podiatrist, equipment and external prosthesis	Limited: Speech therapy, podiatry, occupational therapy, social worker, dietetics, audiology, homeopathy, educational psychologist, biokineticist and registered counsellor			

Clinical and Medical Technologists

Limit	Limited to R 2 810 per family per annum subject to PMB	Subject to MSA	M: R 1 126 M+: R 1 810	M: R 1 673 M+ : R 2 936	M: R 3 073 M+: R 5 178
% Benefit	Subject to network provider, managed care rules and benefit limit and PMB	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate

**Alcoholism/
Drug Addiction/
Narcotism**

Subject to pre-authorization, treatment protocols and PMBs

Benefit 3 days withdrawal treatment plus 21 days rehabilitation at an appropriate facility on pre-authorization

**Organ Transplant &
Renal Dialysis**

Subject to pre-authorization, treatment protocols and PMBs

% Benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Limit	PMB at DSP network	PMB at DSP	PMB at DSP	PMB at DSP	PMB at DSP



CHRONIC

BENEFIT





Subject to pre-authorisation and registration on the chronic programme. Subject to preferred providers and treatment protocols. Generic medicines, pricing and formulary applies.

Contact Centre: 0860 10 34 55

Email: chronic@sizwe.co.za

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Chronic Medicines

Subject to pre-authorisation and registration on the chronic programme, preferred providers and treatment protocol.
Generic medication pricing and formulary applies

% Benefit	100% Sizwe Rate and network provider protocol	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Benefit	Cover for 26 PMB chronic conditions.	Cover for 26 PMB chronic conditions	Cover for 26 PMB chronic conditions	Cover for 26 PMB chronic conditions +13 additional conditions	Cover for 26 PMB chronic conditions +33 additional conditions
Overall Family Limit	Subject to pre-registration, formulary & clinical protocols of network DSP	Limited to PMB	Limited to PMB	Member: R 6 147 Member+1: R 12 314 Member+2: R 18 482 Member+3: R 24 639 Member+4: R 30 796 Member+5: R 36 974 Member 6+ R 43 142	Member: R 12 177 Member+1: R 24 386 Member+2: R 36 448 Member+3: R 48 636 Member+4: R 60 824 Member+5: R 73 022 Member 6+ R 85 221
Per Beneficiary sub-limit	R 8 736	Subject to PMB	Subject to PMB	R 6 147	R 12 177

**Acquired Immune
Deficiency
Syndrome
(HIV and AIDS)**

PMB Benefit and is subject to registration on the Disease Management Programme, preferred provider and PMB members are encouraged to register with the programme. This benefit includes relevant consultations, counselling, medication and the cost of blood tests

% Benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Limit	No limit but subject to treatment protocols and PMBs				





PREVENTATIVE CARE



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Wellness Consultations					
Benefit subject to wellness protocol	Subject to provider and network protocols.	Subject to MSA	Subject to a family limit of R 1 116 per annum	R 1 631 per family	R 1 631 per family
Wellness and other screening tests					
	Mammogram (women above 40 years), Pap Smear (women above 21 years) one test every two years. Prostate antigen restricted to men over 40 years once per annum. Subject to benefit limit				
% Benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Limit	Subject to provider and network protocols.	R 2 252 per family	R 2 242 per family	R 2 242 per family	R 3 189 per family
Wellness screening tests					
	Preventative care: Screening tests (Blood Sugar, Cholesterol, Blood Pressure, BMI, HIV testing once per beneficiary per annum				
% Benefit	No benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Limit - Per beneficiary	No benefit	R 347	R 284	R 284	R 284
Vaccinations	Subject to PMB level of care	Flu, Pneumococcal, & HPV vaccines. Childhood immunisations subject to clinical protocols	Flu, Pneumococcal, & HPV vaccines. Childhood immunisations subject to clinical protocols	Flu, Pneumococcal, & HPV vaccines. Childhood immunisations subject to clinical protocols	Flu, Pneumococcal, & HPV vaccines. Childhood immunisations subject to clinical protocols
Female Contraceptives					
% Benefit	No benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Limit		Subject to MSA	R 2 905 per family	R 2 905 per family	R 2 905 per family

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Other Benefits

Appliances

Subject to approval via managed care clinical protocols, appliance item payable once per annum

% Benefit	100% Sizwe Rate		100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Limit	Clinically appropriate devices and appliances subject to clinical protocol	Subject to MSA	M: R 1 126 M+: R 1 810	M: R 1 673 M+: R 2 936	M: R 2 936 M+: R 4 884

Hearing Aids.

One unit per beneficiary

% Benefit	No benefit	100% Sizwe Rate	100% Sizwe Rate. One unit every 4 years from date of acquisition	100% Sizwe Rate. One unit every 3 years from date of acquisition	100% Sizwe Rate. One unit every 3 years from date of acquisition
Family Limit	No benefit	Subject to MSA	R 8 325	R 13 325	R 19 987

**Non-Motorised
Wheelchairs**

One per family every 4 year cycle

% Benefit	No benefit	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate	100% Sizwe Rate
Family Limit	No benefit	Subject to MSA	R 2 084	R 3 494	R 4 873

**Associated Health
Services**

Chiropractic Treatment	No benefit	Subject to MSA	R 1 116 per beneficiary per annum	R 1 442 per beneficiary per annum	R 2 221 per beneficiary per annum
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2020 Contributions

Copper Core Plan	Income Bracket	Principal Member			Adult Dependand			Child Dependand		
	R 0 - R 9 250	R 1 060			R 1 060			R 430		
	R 9 251 - R 13 735	R 1 305			R 1 230			R 455		
	R 13 736+	R 2 395			R 2 155			R 600		

Silver Saver Plan	Income Bracket	Principal Member			Adult Dependand			Child Dependand		
		Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
	All	R 1 714	R 376	R 2 090	R 1 259	R 276	R 1 535	R 570	R 125	R 695
	Annual Savings @18% of Risk		R 4 512			R 3 312			R 1 500	

Gold Ascend Plan	Income Bracket	Principal Member			Adult Dependand			Child Dependand		
	All	R 2 575			R 1 830			R 755		

We count a maximum of three children when we calculate the monthly contributions.

Gold Ascend EDO Plan	Income Bracket	Principal Member			Adult Dependand			Child dependand		
	All	R 2 445			R 1 740			R 715		

We count a maximum of three children when we calculate the monthly contributions.

Platinum Enhanced Plan	Income Bracket	Principal Member			Adult Dependand			Child Dependand		
	R 0 – R 34 200	R 3 460			R 3 310			R 880		
	R 34 201+	R 3 675			R 3 515			R 935		

We count a maximum of three children when we calculate the monthly contributions.

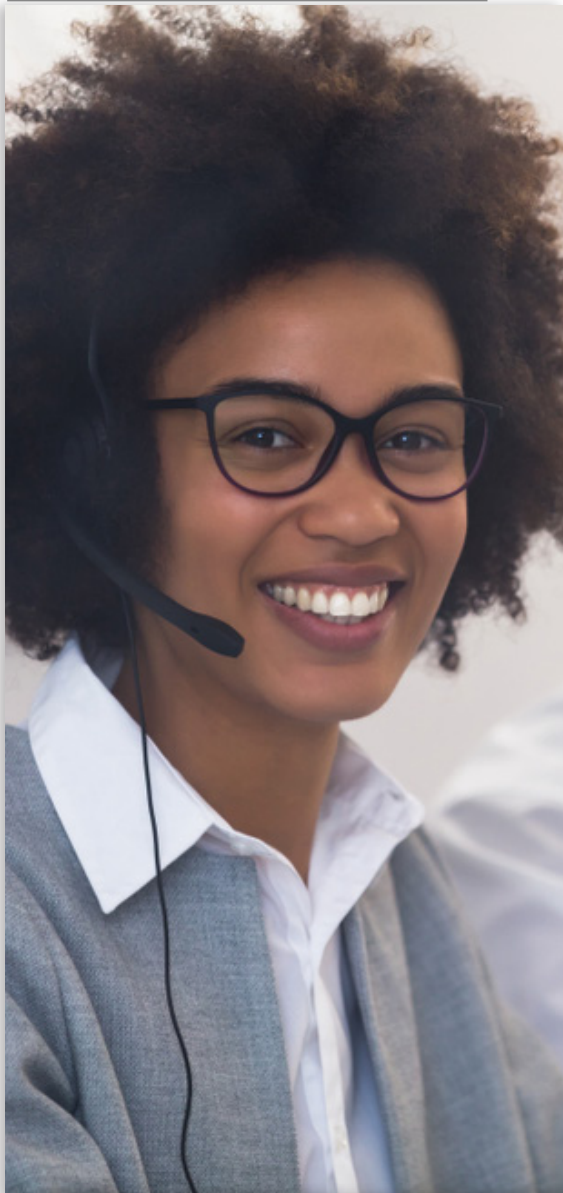
Platinum Enhanced EDO Plan	Income Bracket	Principal Member			Adult Dependand			Child Dependand		
	R 0 – R 34 200	R 3 285			R 3 145			R 835		
	R 34 201+	R 3 490			R 3 340			R 890		

We count a maximum of three children when we calculate the monthly contributions.

Titanium Executive Plan	Income Bracket	Principal Member			Adult Dependand			Child Dependand		
	R 0 – R 34 200	R 5 540			R 5 030			R 1 130		
	R 34 201+	R 5 815			R 5 500			R 1 160		

We count a maximum of three children when we calculate the monthly contributions.

IMPORTANT CONTACT DETAILS



Hospital Pre-Authorisation, Hospital Benefit Management Programme

Tel: 0860 101 176
Email: authorisations.jhb@sixtyhealth.co.za

Dental Benefit Management

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

Out Of Hospital\Day-to-day Benefits Network Providers

Uitenhage: UDIPA
Tel: 041 991 0455
Port Elizabeth: ECIPA
Tel: 041 395 4482
All other areas - ENABLEMED
Tel: 0860 00 24 00

Wellness Programme

Helpline For Asthma, Cardiovascular Disease,
Diabetes and Mental Health
Tel: 0860 103 455
Fax: 011 221 5238
Email: wellness@sizwe.co.za

HIV/AIDS Management Programme

Tel: 0860 103 454
Fax: 011 221 5235 / 56
Email: welcare@sizwe.co.za

EUROP Assistance SA, Medical Emergencies, 24-Hour Ambulance Services and Medical Advice

Tel: 0860 117 799

Sizwe Baby Programme

Fax: 011 221 5218
Email: sizwebaby@healthychoices.com

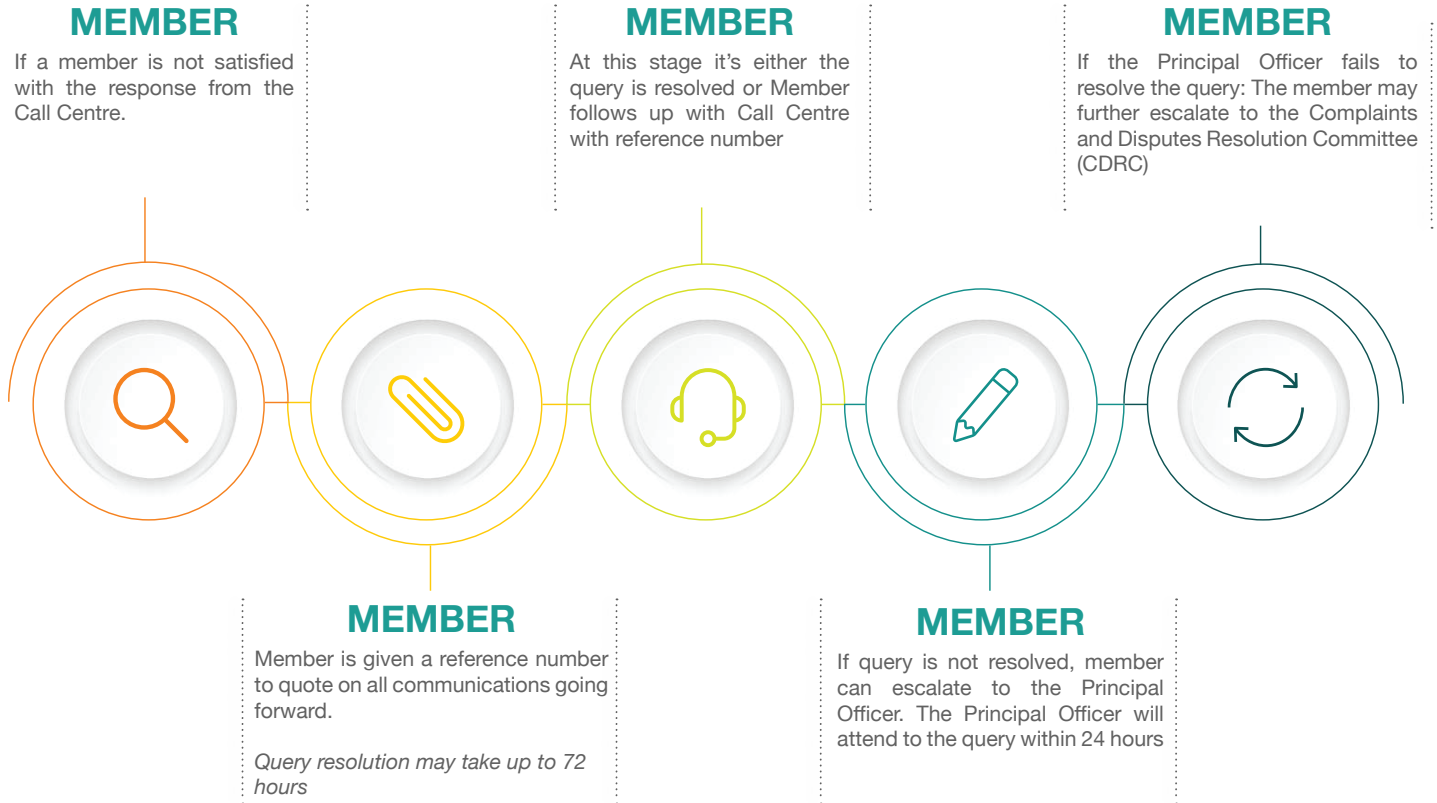
Tip-Offs Anonymous Fraud Line

Tel: 0800 204 702
Fax: 0800 007 788
Email: sizwemedical@tip-offs.com
Chronic Medication Programme
Tel: 0860 103 455 / 011 353 0030
Fax: 011 353 0352 / 0076
Email: chronic@sizwe.co.za
Uitenhage: UDIPA
Fax: 041 991 1915
Email: admin@udipa.co.za
Port Elizabeth: ECIPA
Fax: 086 680 8855
Email: pbm@providence.co.za
All other areas - ENABLEMED
Fax: 086 666 0228
Email: chronic@enablemed.com



Complaints Escalation Process

At Sizwe Medical Fund, we continuously strive to ensure that our service and communication to you, our valued member is of the highest standard. Occasionally errors do occur and there could be times when you are not satisfied with the service you receive. Please feel free to lodge any queries or complaints and we will attempt to resolve these as quickly and effectively as possible. In our added efforts to improving our communication with you our valued member, the scheme has enhanced the query and escalation process.



Should your query not be resolved, then you have the options outlined to further assist you. Note that the steps above require a reference number that you would be given on your initial query. Ensure that you have utilised one of the contact methods above before embarking on the escalation process. Email your query with a reference number to escalations@sizwemedfund.co.za

If your query has not been attended to, then the matter can be escalated further to the Complaints and Disputes Resolution Committee (CDRC), all the above actions must be taken before escalation. CDRC escalations to be sent to principal.officer@sizwemedfund.co.za

Sizwe Medical Fund

– CDL 2020



The following chronic conditions will be covered in terms of 26 PMBs: All Options

- Addison's disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disease
- Chronic renal disease
- Coronary artery disease
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus types 1 & 2
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic Lupus Erythematosus
- Ulcerative colitis
- HIV and AIDS



Additional non-CDL Chronic Conditions Covered
Platinum Enhanced (and EDO) and Titanium Executive

- Allergic Rhinitis (ENT Treatment, Paediatric Treatment)
- Anaemia: vitamin B12 Deficiency
- Anti-phospholipid Syndrome
- Aplastic Anaemia
- Benign Prostatic Hypertrophy
- Depression
- Endocarditis
- Gout
- Hormone Replacement Therapy
- Hypoparathyroidism
- Iron Deficiency Anaemia
- Osteo-arthritis
- Stroke



Additional non-CDL Chronic Conditions Covered
Titanium Executive

- Alzheimer's Disease
- Ankylosing Spondylitis
- Attention Deficit Disorder/ Hyperactivity
- Chronic Urinary Tract Infection
- Cryoglobulinaemia
- Delusional Disorders
- Dermatomyositis
- Enuresis/ Incontinent
- Gastro Oesophageal Reflux
- Migraine
- Motor Neuron Disease
- Myasthenia Gravis
- Osteoporosis
- Obsessive Compulsive Disorder
- Paget's disease
- Pancreatic Insufficiency
- Peripheral Vascular Disease
- Psoriasis
- Pituitary adenomas
- Pulmonary Interstitial Fibrosis

Limitation Of Benefits And Benefit Exclusions

(Effective 1 January 2020)

PREAMBLE:

1.1.

The scheme will pay in full, without Co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefits 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 Act.

1. LIMITATIONS

The following limitations will apply on all benefit options:

- 1.1. The maximum benefits to which a member and his dependants shall be entitled in any financial year shall be limited set out in Annexure B.
- 1.2. All new members admitted during the course of a financial year shall be entitled to the benefits set out in Annexure B 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.
- 1.3. In cases of illness of a protracted nature, the 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.
- 1.4. 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.
- 1.5. Where the Fund has Designated Service Providers in place, the benefits will be limited in accordance to the rules specified in Annexure B for each of the registered options.

2. GENERAL EXCLUSIONS

The following benefits are excluded on all benefit options, subject to PMBs. Unless otherwise decided by the Board, the Fund shall not be liable in respect of expenses incurred in connection with any of the following:

- 2.1. The surgical treatment for obesity;
- 2.2. The surgical treatment of infertility unless it is classified as a PMB;
- 2.3. Operations, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease;
- 2.4. Surgical treatment of keloids, unless such keloids are a result of a complication from a PMB condition resulting in functional impairment;
- 2.5. Cosmetic surgery;
- 2.6. Frail care;
- 2.7. Breast re-constructive surgery unless it is classified as a PMB;
- 2.8. Injuries arising from speed contests and speed trials unless it is classified as a PMB;
- 2.9. 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;
- 2.10. The purchase of medicines not included in a prescription from a person legally entitled to prescribe, unless otherwise provided for in Annexure B;
- 2.11. Unless otherwise provided for in Annexure B, services rendered by:
 - 2.11.1. Any other person not registered with the appropriate registration council, including but not limited to:
 - 2.11.1.1. the Health Professions Council of South Africa,
 - 2.11.1.2. the South African Nursing Council,
 - 2.11.1.3. the South African Dental Technicians Council,
 - 2.11.1.4. the Chiropractors Homeopaths and Allied Health Services Professions Council of South Africa,

- 2.11.2. Any facility, except a State or provincial hospital, not registered in terms of the applicable legislation as a private hospital, unattached theatre or day clinic and any institution not licensed in terms of the Mental Health Act, 1973,
 - 2.11.2.1. Should a member incur a cost for 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 such benefit shall be entitled to be granted in accordance with the provisions as per the discretion of the Board, or Rule 16.5;
- 2.11.3. Any Medical Scientist, including
 - 2.11.3.1. Psychometry and Registered Counselling
 - 2.11.3.2. Industrial and Research Psychologist.
- 2.12. The following types of medicines, procedures and appliances are also excluded:
 - 2.12.1. Anabolic steroids;
 - 2.12.2. Anti-diarrhoeal micro-organism;
 - 2.12.3. Anti-malarials for prophylactic use;
 - 2.12.4. Aphrodisiacs;
 - 2.12.5. Contact lens preparations;
 - 2.12.6. Cosmetic preparations; medicated or otherwise;
 - 2.12.7. Diagnostic monitors and appliances,
 - 2.12.8. Essential fatty acid preparations and combinations;
 - 2.12.9. Household remedies or preparations of the type generally promoted to the public to increase consumption;
 - 2.12.10. Household type bandages and dressings;
 - 2.12.11. Immune sera and immunoglobulins;
 - 2.12.12. Medicines used specifically to promote fertility unless classified as a PMB;
 - 2.12.13. Medicines used specifically to treat alcoholism and addiction, subject to PMBs;
 - 2.12.14. Minerals (single and combined);
 - 2.12.15. Musculo-skeletal topical agents;
 - 2.12.16. Nutritional supplements, including baby foods, and formulas unless it is specially authorised as part of a scheme approved treatment protocol;
 - 2.12.17. Preparations used specifically to treat and or prevent obesity;
 - 2.12.18. Preparations to treat smoking dependency;
 - 2.12.19. Sanitary products (nappies, sanitary pads etc.);
 - 2.12.20. Items appearing on the Scheme's non-covered items list for hospitals;
 - 2.12.21. Section 21 products;
 - 2.12.22. Soaps, shampoos and other applications (medical or non-medicated);
 - 2.12.23. Stimulant laxatives;
 - 2.12.24. Surgical appliances and devices for use Out-Of-Hospital;
 - 2.12.25. Syringes and needles for use Out-Of-Hospital (except for use by diabetics and if classified as a PMB);
 - 2.12.26. Tonics and stimulants;
 - 2.12.27. Topical acne facial wash preparations;
 - 2.12.28. Topical sun screening, sun tanning and after sun agents;
 - 2.12.29. Travel vaccines;
 - 2.12.30. Treatment not proven safe and effective, such as natural remedies, herbs, and treatment prescribed by non-licensed practitioners etc.;
 - 2.12.31. Treatment prescribed for indicated use (off label);
 - 2.12.32. Vaccines, oral and parenteral (except childhood and flu vaccines);
 - 2.12.33. Vitamins, multivitamins and combinations;
 - 2.12.34. Voluntary withdrawn products and treatment that might be harmful or unsafe; and

- 2.12.35. Acupuncture and Chinese Medicine including:
 - 2.12.35.1. Naturopath
 - 2.12.35.2. Osteopathy.
- 2.13. Holidays for recuperative purposes.
- 2.14. Travelling expenses
 - 2.14.1. Travelling expenses incurred by a member
 - 2.14.2. Traveling expenses claimed by medical or dental practitioners will be provided for in line with Rule P of the NHRPL
- 2.15. Charges for appointments cancelled or which a member or dependant or a member fails to keep.
- 2.16. 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.
- 2.17. The payment of interest on arrear accounts.

- 3.2.1. Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis.
- 3.2.2. Resin bonding for restorations charged as a separate procedure to the restoration.
- 3.2.3. Polishing of restorations
- 3.2.4. Gold foil restorations
- 3.2.5. Ozone therapy
- 3.3. Root Canal Therapy and Extractions
 - 3.3.1. Root canal therapy on primary (milk) teeth
 - 3.3.2. Direct and indirect pulp capping procedures
 - 3.3.3. Root canal therapy on wisdom teeth (third molars).
- 3.4. Plastic Dentures/Snoring appliances/Mouth-guards
 - 3.4.1. Diagnostic dentures and the associated laboratory costs
 - 3.4.2. Snoring appliances and the associated laboratory costs
 - 3.4.3. Provisional dentures and associated laboratory costs.
 - 3.4.4. 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.)
 - 3.4.5. The laboratory cost associated with mouth guards (The clinical fee will be covered at the Scheme Dental Tariff where Managed Care Protocols apply.)
 - 3.4.6. High impact acrylic
 - 3.4.7. Cost of gold, precious metal, semi-precious metal and platinum foil
 - 3.4.8. Laboratory delivery fees
- 3.5. Partial Metal Frame Dentures
 - 3.5.1. Metal base to full dentures, including the laboratory cost.
 - 3.5.2. High impact acrylic

3. DENTAL EXCLUSIONS

Unless otherwise decided by the Board, the Fund shall not be liable in respect of expenses incurred in connection with any of the following:

- 3.1. Oral Hygiene/Prevention
 - 3.1.1. Oral hygiene instruction
 - 3.1.2. Oral hygiene evaluation
 - 3.1.3. Professionally applied fluoride for beneficiaries 13 years and older
 - 3.1.4. Dental bleaching
 - 3.1.5. Nutritional and tobacco counselling
 - 3.1.6. Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
 - 3.1.7. Fissure sealants on patients 16 years and older
- 3.2. Fillings/Restorations

- 3.5.3. Cost of gold, precious metal, semi-precious metal and platinum foil
- 3.5.4. Laboratory delivery fees
- 3.6. Crown and Bridge
 - 3.6.1. Crown and crown retainers on wisdom teeth (3rd molars)
 - 3.6.2. Pontics on 2nd molars
 - 3.6.3. Crown and bridge procedures for cosmetic reasons and the associated laboratory costs
 - 3.6.4. Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs
 - 3.6.5. Occlusal rehabilitations and the associated laboratory costs
 - 3.6.6. Provisional crowns and the associated laboratory costs
 - 3.6.7. Porcelain veneers and inlays/onlays and the associated laboratory costs
 - 3.6.8. Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs.
 - 3.6.9. Cost of gold, precious metal, semi-precious metal and platinum foil
 - 3.6.10. Laboratory delivery fees
- 3.7. Implants
 - 3.7.1. Implants on wisdom teeth (3rd molars).
 - 3.7.2. Dolder bars and associated abutments on implants including the associated laboratory costs.
 - 3.7.3. Laboratory delivery fees.
- 3.8. Orthodontics
 - 3.8.1. Orthodontic treatment for cosmetic reasons and associated laboratory costs
 - 3.8.2. Orthognathic (jaw correction) surgery, other orthodontic related surgery and any related hospital cost including associated laboratory costs.
 - 3.8.3. Individuals 18 years and older
 - 3.8.4. Orthodontic re-treatment and the associated laboratory costs
 - 3.8.5. Cost of invisible retainer material
 - 3.8.6. Laboratory delivery fees
- 3.9. Periodontics
 - 3.9.1. Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemi-section of a tooth.
 - 3.9.2. Perio chip placement
- 3.10. Maxillo-Facial Surgery and Oral Pathology
 - 3.10.1. Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.
 - 3.10.2. Bone augmentations
 - 3.10.3. Bone and other tissue regeneration procedures
 - 3.10.4. Cost of bone regeneration material
 - 3.10.5. The auto-transplantation of teeth
 - 3.10.6. Sinus lift procedures
 - 3.10.7. 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).
- 3.11. Hospitalisation (general anaesthetic)
 - 3.11.1. Where the reason for admission to hospital is dental fear or anxiety.
 - 3.11.2. Multiple hospital admissions.
 - 3.11.3. Where the only reason for admission to hospital is to acquire a sterile facility.
 - 3.11.4. The cost of dental materials for procedures performed under general anaesthetic.
 - 3.11.5. The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia:
 - 3.11.5.1. Apicectomies
 - 3.11.5.2. Dentectomies
 - 3.11.5.3. Frenectomies

- 3.11.5.4. Conservative dental treatment (fillings, extractions and root canal therapy) In-Hospital for adults
- 3.11.5.5. Professional oral hygiene procedures
- 3.11.5.6. Implantology and associated surgical procedures, and
- 3.11.5.7. Surgical tooth exposure for orthodontic reasons.

3.12. Additional scheme exclusions

- 3.12.1. Special reports
- 3.12.2. Dental testimony, including dentolegal fees
- 3.12.3. Behaviour management
- 3.12.4. Intramuscular and subcutaneous injections
- 3.12.5. Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- 3.12.6. Appointments not kept
- 3.12.7. Treatment plan completed (code 8120)
- 3.12.8. Electrognathographic recordings, pantographic recordings and other such electronic analyses
- 3.12.9. Caries susceptibility and microbiological tests
- 3.12.10. Pulp tests
- 3.12.11. Cost of mineral trioxide



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 dependant 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 child dependant is considered an adult dependant and will be billed at an adult rate from the age of 21 unless: The child is between the ages of 21 and 24 years, is a full-time student, in which case a letter must be submitted from an accredited learning institution confirming that they are registered as a full-time student. The child is mentally or physically disabled; The child is still financially dependant on the member, in which case an affidavit is required.

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.

Conservative Dentistry:

Simple dental services, such as fillings, tooth removal (extractions) and teeth cleaning.

Consultation:

A visit to your doctor, surgeon or other service provider to obtain a diagnosis and/or treatment.

CT and MRI Scans:

CT scans, uses X-rays, MRI scans use powerful magnetic fields and radio frequency pulses to produce detailed pictures of organs, soft tissues, bone and other internal body structures.

Day-to-day Benefit:

A combined Out-Of-Hospital benefit which may be used by any registered family member in respect of GPs, Specialists, Acute medicines, Pathology, Radiology and Physiotherapy.

Dental Benefit Management Programme:

A behind-the-scenes cost and quality programme managed by Dental Information Systems (Denis).

Designated Service Provider:

Providers of medical services with whom Sizwe has negotiated special rates.

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.

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:

Is a branch of medicine that deals with the prevention, diagnosis, and treatment of cancer.

Pharmacy Advised Therapy (PAT):

Medicine recommended by your pharmacist and which falls within the self-medication category.

Pre-authorization:

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 Orthotic and Prosthetic Association.

Sizwe Rates:

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

Specialised Dentistry:

Re-constructive 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.

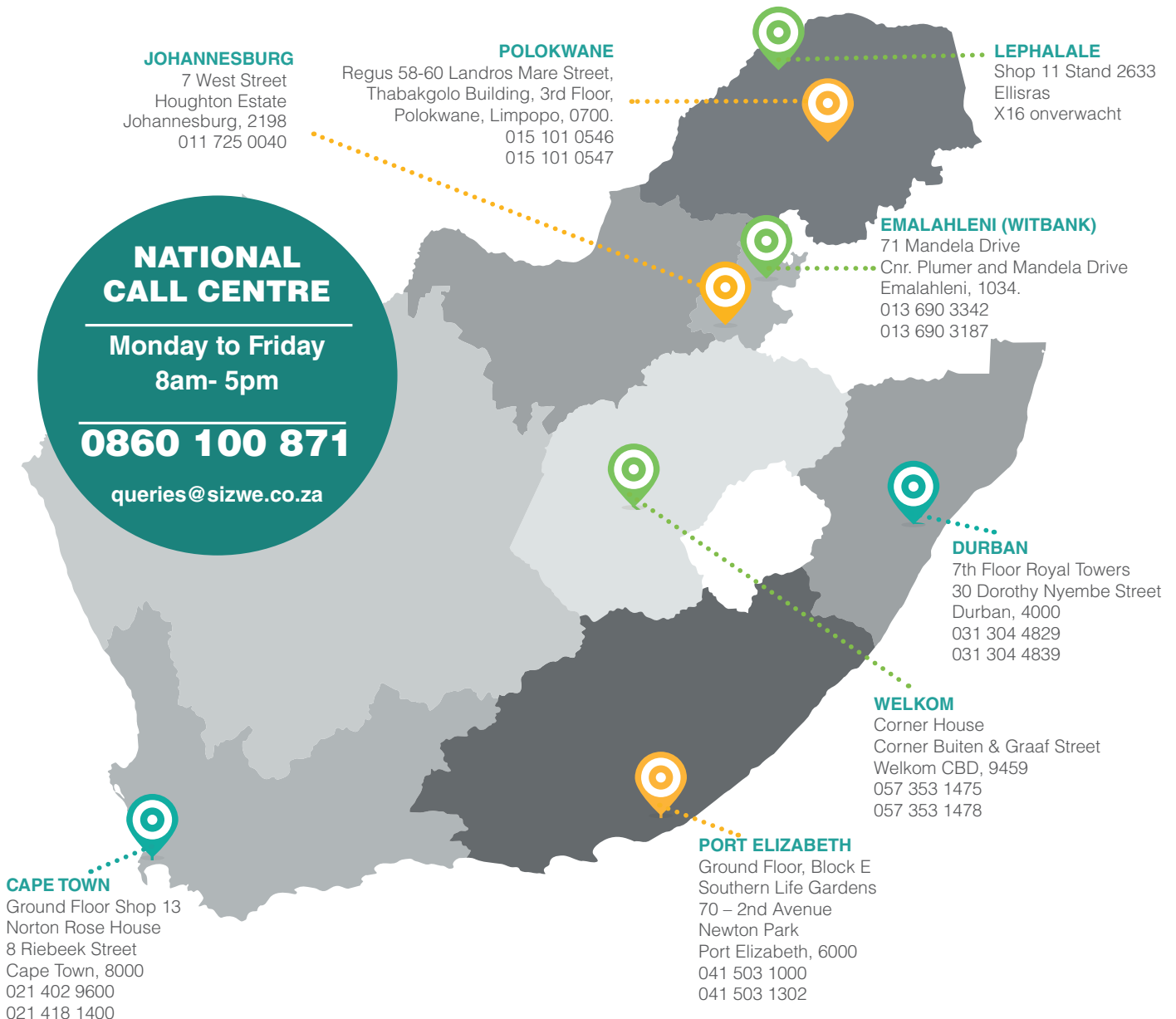
Treatment Protocols:

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

UPFS Rates:

Uniform Patient Fee Schedule - the tariffs charged by public hospitals.

CONTACT DETAILS



Join the program that offers real rewards!



Zest rewards is the exclusive loyalty program for all Sizwe Medical Fund members, designed specifically with the Sizwe member in mind. Our program offers a unique offering with *real rewards for real life issues.*

www.zestrewards.co.za

Download our Mobile application from your playstore

Our practical solution offers Sizwe members access to crucial services unheard of in the industry without the hassles of having to collect points or work through a complicated tiered process.



HOME

HOME EMERGENCY ASSIST

All Emergency Home Assist including electrical, plumbing and locksmiths services including call out fees and labour for 1st hour free of charge to the client.



LEGAL

LEGAL ASSIST

Legal Assist Assistance with qualified lawyers for all members including perusal of documents and advice and consultations.

BAIL PROTECT

Maximum amount of bail per incident is R3 000.



HEALTH

GYM

Zest Members Qualify For Discounted Gym Membership Fees At Planet Fitness & Affiliated Gyms with over 250 branches nationwide.



RELAX

TRAVEL

Our NEW enhancements allows Zest members access to unlimited bookings on holiday accommodation at over 600 listed venues.

PAMPERING

Discounted rates for hair, spa, nail and pamper treatments for members on the couple and Family plan.

OUR NEW 2020 PRODUCT BENEFITS

HOME COMPREHENSIVE

This option includes the cost of the repair, limited to R 2 000 per year including Household appliance repairs and Home Motor repairs - Couple & Family Plan.

ROADSIDE ASSIST

24/7/365 roadside assistance and tow truck services nationally including mechanical and electrical breakdown services- Couple & Family Plan.

TRAUMA ASSIST

An uninterrupted, confidential and professional telephonic counselling facility is available to customers every day of the year - All Plans.

TRAVEL BREAKS

Qualify for 1 x family vacation at over 400 hotels and lodges from only R 129 per weekend per family per year- Couple & Family Plan.



2 FREE MOVIE TICKETS PER MONTH

Couple & Family qualify for 2/4 free Nu Metro Tickets every month

SHOPRITE

DISCOUNTED SHOPPING

Over 50 real value coupons from Shoprite Checkers with a monthly saving of over R475

R49^{pm}
Single Member

R99^{pm}
Couple Plan
Main + Adult

R149^{pm}
Family Plan
Main + Adult + 3 Kids

CONTACT THE ZEST REWARDS TEAMS ON 0860 937 800 USSD *120*15564# OR EMAIL INFO@ZESTREWARDS.CO.ZA



Sizwe Medical Fund is regulated by the Council for Medical Schemes. Sizwe Medical Fund number 1486, administered by 3Sixty Health (Pty) Ltd; registration number 1978/001109/07, an accredited administration and managed care service provider.

Version Number 2

Subject to approval by CMS



SIZWE
MEDICAL FUND