



SIZWE
MEDICAL FUND

your health in caring hands

COPPER
Core Plan

2021



Copper Core PLAN

As the world's oldest metal, Copper has been a source of rich health for Africa over the course of many millennia, offering an abundance of benefits to her people. Based on this notion, Sizwe's Copper Core Plan is designed to bring you rich health benefits and peace of mind.

Features and Benefits

Sizwe's Copper Care Plan is our entry-level network option, offering good value for money, with generous and unsurpassed day-to-day benefits to meet your health-care needs.

The plan includes network providers for both in-and out-of-hospital benefits.



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Key **BENEFITS**



Private
Hospitalisation
Within Network



Unlimited General
Practitioner (GP) Visits



Preventative & Wellness
Care Benefits
(including female contraceptives)



Chronic Medication for
26 PMB Conditions & Acute
Medication Within Network



Dentistry & Optometry





OUT-OF-HOSPITAL benefits

These benefits are subject to Designated Service Provider Networks (DSPs) and Prescribed Minimum Benefits (PMBs).

Prescribed Minimum Benefits are paid at cost in accordance with prescribed rules and guidelines.

Casualty consultations for emergencies only.

This overview presentation is for Sizwe Medical Fund product information purposes only, it is not advice and does not supersede the registered rules of the Fund. To view full benefit guide please visit www.sizwe.co.za

Sizwe Rate	100%
Provider Network (DSP)	Yes
All out-of-hospital care is limited to Prescribed Minimum Benefits (PMBs).	

DAY - TO - DAY

Includes GP visits, Specialist visits (excluding Psychiatrists), Physiotherapy, Radiology, Pathology and Acute Medication.

Benefit	Benefits for the year are subject to provider network managed care rules, formulary and clinical protocols.
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GENERAL PRACTIONERS

Limit	Unlimited within DSP network. 4 out of area GP visits per family per year within the DSP network. Each beneficiary to select a GP. Subject to managed care rules and pre-authorisation after the 5th visit.
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PRIVATE NURSE

Benefit	Subject to PMB * Frail care is not a covered benefit.
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SPECIALISTS

(EXCLUDING PSYCHIATRISTS)

Out-of-hospital	All Specialist visits are subject to pre-authorisation from a network GP.
Limited to stipulated number of visits	Referral to a Specialist by a network GP is mandatory, unless a network GP is unavailable, or the case of an emergency.
Specialist visits are subject to the following limits	Member: 3 visits Member + 1: 3 visits Member 2 +: 4 visits

RADIOLOGY & PATHOLOGY

Subject to managed care rules, formulary and clinical protocols of the DSP.

Benefit	100% Sizwe rate for basic Radiology and Pathology tests performed by authorised personnel.
Radiology Limit	The Radiology benefit is limited to R865 per beneficiary per year.
Pathology Limit	The Pathology benefit is limited to R865 per beneficiary per year.

ACUTE MEDICATION

% Benefit	100% SEP
Limit	Acute Prescription Medication is limited to R1 265 per beneficiary within the family limit of R 3 550 per year. Over the Counter Medication is limited to R95 per script, R280 per beneficiary and R650 per family per year.

MENTAL HEALTH

Limit	Subject to PMB, pre-authorisation and managed care protocols .
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DENTISTRY

Limited to PMBs. Subject to managed care rules, formulary and clinical protocols of the DSP.

CONSERVATIVE DENTISTRY

Consultations	Limited to PMB conditions and subject to network provider managed care protocols.
Root Canal Treatment	Subject to network provider, managed care rules and benefit limit.
Plastic Dentures	One set per beneficiary every 4 years. Subject to network provider managed care protocols.

SPECIALISED DENTISTRY

If authorisation is obtained after the procedure or treatment has been done, a 20% co-payment will apply.

Crowns and Bridges	No benefit
Orthodontics (Braces)	
Implants	
Metal Frame Dentures	

MATERNITY

Antenatal Consultations	Subject to managed care protocols, formulary and the clinical protocols of the DSP.
Pregnancy Scans (excl. diagnostic sonar) & Tests	2 x 2-D scans per pregnancy 2 x Haemoglobin test 1 x Blood Group test 1 x VDRL test for Syphilis 1 x HIV Elisa test

OPTICAL

EYE TESTS

Benefit	Subject to network provider, managed care rules and benefit limit.
Limit	One consultation per beneficiary per 24-month cycle.

FRAMES & LENSES

Subject to managed care rules, formulary and clinical protocols of the DSP.	
Family Benefit	Spectacles (lenses & frames) or contact lenses are limited to the following and are subject to a 24-month cycle.
	Member: R 1 190
	Member +1: R 1 370
	Member +2: R 1 520
Frames	Member +3: R 2 180
	Subject to the family limit and limited to R520 per beneficiary for frames per 24-month cycle.

AUXILIARY SERVICES

Benefit

Subject to PMB conditions only.

Shared benefit for Auxiliary Services and Equipment, and External Prosthesis of R 2 670 per family.

Limit

Limited to Physiotherapists, Speech Therapists, Clinical Psychologists and Podiatrists.

ORGAN TRANSPLANT & RENAL DIALYSIS

Limit

Subject to PMBs at a Designated Service Provider.

EMERGENCY AMBULANCE SERVICES

Ambulance services are available for emergencies only. Pre-authorisation is required.

OTHER BENEFITS

NON-MOTORISED WHEELCHAIRS

Benefit

No benefit

ASSOCIATED HEALTH SERVICES

Chiropractic Treatment

No benefit



DID YOU KNOW?



The Sizwe Copper Core Plan offers competitive day-to-day benefits and good value for money, giving you peace of mind.



IN-HOSPITAL

benefits

Copper Core is a PMB only in-hospital plan.

Benefits are subject to Designated Service Provider Networks (DSPs), PMB conditions, pre-authorisation, clinical case management and managed care protocols.

A co-payment of R 1 500 is applicable if authorisation is not obtained prior to admission, except for emergencies. Take home medication is limited to a supply of 7 days.

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Sizwe Rate	100%
Hospital Network	Yes
All in-hospital care is limited to Prescribed Minimum Benefits (PMBs).	

PRIVATE HOSPITALISATION

Private hospitalisation and nursing benefits are subject to treatment and case management protocols. Pre-authorisation is required unless it is a medical emergency.

A co-payment of R 1 500 will apply if pre-authorisation is not obtained prior to admission, except in the case of emergencies.

ADMISSION	Unlimited at a private hospital. A co-payment of R 12 000 is applicable in the event of voluntary use of a non-network hospital.
Limit	Unlimited for PMB conditions
CLINICAL LIMITATIONS	The following conditions are only covered in terms of PMBs at DSP facilities, and are subject to the clinical protocols of the DSP; Advanced Laparoscopic Surgery, Reconstructive Surgery, Joint Replacements, Cardiac Surgery (including cardiac stents), Spinal Surgery and Breast Reconstructive Surgery. Minor procedures are only paid in full if done in network doctors' rooms.
EXCLUSIONS	Refer to plan exclusions on Page 30.
Medicine to take home (TTO)	Limited to a supply of 7 days

GENERAL PRACTITIONERS & MEDICAL SPECIALISTS

Benefit

Subject to the Hospital Benefit Management Programme for consultations and visits by General Practitioners and Medical Specialists in-hospital.

DENTAL HOSPITALISATION

Subject to pre-authorisation, the Hospital Benefit Management Programme and the Dental Benefit Management Programme.

Benefit

A co-payment of R 2 000 per hospital admission applies.

PSYCHIATRIC HOSPITALISATION

Subject to pre-authorisation, DSPs, registration on the Hospital Benefit Management Programme, PMBs and managed care protocols.

Benefit

Limited to 21 days per beneficiary per year. This includes psychiatrist consultations and 6 in-hospital consultations by a clinical psychologist.

4 additional out-of-hospital visits/consultations in lieu of hospitalisation are allowed.

SUBSTANCE ABUSE REHABILITATION

PMBs are subject to pre-authorisation, Minimum Benefit Package and treatment protocols at a DSP.

Benefit

3-Day withdrawal treatment and up to 21 days admission for rehabilitation at an appropriate facility on pre-authorisation.

AUXILIARY SERVICES

Subject to PMB.

Benefit

Limited to Physiotherapists, Speech Therapists, Clinical Psychologists and Podiatrists.

MATERNITY (DELIVERY, POST-NATAL SERVICES AND MIDWIFERY)

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

Benefit

ADMISSION: 100% cost for accommodation at general ward rates, theatre fees, labour ward fees, drugs, dressings, medicines and materials in a private or provincial hospital and 100% of the costs for drugs, dressings, medicines and materials supplied by a midwife.

DELIVERY: 100% of the cost for the delivery by a General Practitioner, Medical Specialist or Midwife.
A co-payment of R5 000 is applicable in the event of a non-medically indicated caesarean section.

POST-NATAL SERVICES & MIDWIFERY: 100% of the Sizwe rate for post-natal care by a Midwife or as an alternative to hospitalisation.

BLOOD TRANSFUSION & BLOOD REPLACEMENT PRODUCTS

Benefit

100% of the cost of blood transfusions and blood replacement products. Limited to PMBs.

PROSTHESIS

Subject to pre-authorisation, treatment protocols, DSPs and PMBs.

Surgical & non-surgical cases

Overall Prosthesis benefit sub-limit of up to R20 000 per family per year.

ONCOLOGY

Subject to PMBs, Minimum Benefit Package, pre-authorisation, managed care protocols and registration on the Hospital Benefit Management Programme.

Benefit

100% of the Sizwe rate for consultations, visits, treatment, medication and the costs of materials for radiotherapy and chemotherapy.

RADIOLOGY & PATHOLOGY

Subject to PMB conditions, pre-authorisation, the Hospital Benefit Management Programme and the Disease Management Programme.

Benefit

A combined benefit of R6 200 per beneficiary per year for radiology and pathology.

Specialised & Advanced Radiology

The in-and-out-of-hospital benefit is limited to 2 scans per beneficiary per annum.

REFRACTIVE SURGERY INCLUDING
RADIAL KERATOTOMY

Benefit

No benefit

ORGAN TRANSPLANTS AND RENAL DIALYSIS

Subject to PMBs at a DSP, Minimum Benefit Package, pre-
authorisation and managed care protocols.

Benefit

ORGAN TRANSPLANT:

100% Sizwe rate of organ transplantation
and the cost of post- operative anti-rejection
medicines.

Only organs and donors from within RSA are
covered.

RENAL DIALYSIS:

This benefit is restricted to the requirements
set out in PMBs at a DSP.

HUMAN IMMUNODEFICIENCY VIRUS AND ACQUIRED
IMMUNE DEFICIENCY SYNDROME (HIV & AIDS)

HIV/Aids as a PMB benefit is subjected to a Disease Management
Programme that beneficiaries in need are encouraged to enrol
for.

Benefit

Benefits include; Counselling, Prescribed
Medication, Pathology tests and relevant
consultations.

DID YOU KNOW?



Sizwe's Copper Core Plan now includes more preventative care benefits such as wellness screening, vaccinations and female contraceptives.



CHRONIC

benefits

The Chronic Benefit is subject to preferred providers, pre-authorisation, registration on the Chronic Medication Programme and treatment protocols. Generic medication conditions, pricing and formulary apply.

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Sizwe Rate	100%
Provider Network (DSP)	Yes
All chronic medication is limited to Prescribed Minimum Benefits (PMBs).	

CHRONIC MEDICATION

Benefit limited to Chronic Disease List (CDL) conditions, pre-authorisation, registration on the Chronic Medicine Programmes, managed care protocols, formulary and the clinical protocols of the DSP.

Benefit	Cover for 26 PMB chronic conditions.
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HUMAN IMMUNODEFICIENCY VIRUS & ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV & AIDS)

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

Limit	No limit but subject to treatment protocols and PMBs.
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The following chronic conditions will be covered in terms of 26 PMBs:

- ▶ 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 & AIDS



DID YOU KNOW?



Sizwe's Copper Core Plan is named after the metal, Copper. The plan is likened to Copper because this mineral has stood the test of time.



PREVENTATIVE care

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Sizwe Rate	100%
Provider Network (DSP)	Yes
All preventative care is limited to Prescribed Minimum Benefits (PMBs).	

PREVENTATIVE CARE

Subject to wellness protocols and PMB conditions.

WELLNESS SCREENING TESTS

Benefit	Only one of each screening test per beneficiary per year: Blood Sugar; Cholesterol; Blood Pressure; Body Mass Index & HIV.
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Vaccinations

Benefit

The benefit includes the following vaccinations: Flu Vaccine; Pneumococcal Vaccine and the HPV Vaccine.

Immunisation for children up to the age of 6. Immunisation permitted will be in line with those provided by the Department of Health.

OTHER SCREENING TESTS

Benefit

Women above 40 years:
1 Mammogram every 2 years.

Women above 21 years:
1 Pap Smear every 2 years.

Men above 40 years:
1 Prostate Specific Antigen (PSA) test per year.

FEMALE CONTRACEPTIVES

Limit

Limit of R768 per family per year.

2021 CONTRIBUTIONS

COPPER CORE PLAN			
Income Bracket	Principal Member	Adult dependant	Child dependant
R 0 - R 9 250	R1 125	R1 125	R480
R 9 251 - R 13 735	R1 370	R1 290	R525
R 13 736+	R2 250	R2 025	R600

Sizwe Medical Fund is a growing medical scheme provider in South Africa, with over 47 000 covered principal members across the country.



DID YOU KNOW?



SCHEME queries

If you have a query that you would like resolved, Sizwe Medical Fund has made the following convenient channels available to you.



Regional Walk-in Centres

Locations are available on
the scheme's website:
www.sizwe.co.za



National Call Centre:

0860 100 871

(operating hours are
between 08:00 and 17:00)



Email all queries to
queries@sizwe.co.za



Submit claims to
claims@sizwe.co.za



Submit your query online at
www.sizwe.co.za

COMPLAINTS escalation process

At Sizwe Medical Fund, we continuously strive to ensure that our service and communication with you, our valued member, is of the highest standard. Occasionally, errors do occur and there may be times when you are not satisfied with the service you receive. In such instances, please lodge any queries or complaints with us and we will attempt to resolve them as quickly and effectively as possible. The scheme has enhanced the query and escalation process for your benefit.

Please note that the below steps require a reference number that will be given to you on your initial query.

STEP 1: MEMBER COMPLAINT



Contact the Sizwe Call Centre on 0860 100 871 and inform the agent of the complaint. Forward the complaint to Sizwe via email: escalations@sizwemedfund.co.za

STEP 2: PRINCIPAL OFFICER ESCALATION



If the complaint is not resolved, forward the escalation to Sizwe's Principal Officer via email on principalofficer@sizwemedfund.co.za. Sizwe will acknowledge receipt within 48 hours and try to resolve the matter within 120 days.

STEP 3: CDRC ESCALATION



If the Principal Officer fails to resolve the complaint, the member can further escalate the complaint to the Sizwe Complaints Dispute Resolution Committee (CDRC) within 60 days of receiving the Principal Officer's notification of findings.

STEP 4: CDRC REVIEW



Sizwe's CDRC will review the query/complaint and communicate the committee's decision to the member in writing within 7 days after the CDRC meeting.

STEP 5: CMS ESCALATION



If the decision of the Sizwe CDRC is not acceptable to the member, the member may appeal against such a decision to the Council for Medical Schemes (CMS) in terms of Section 48 of the Medical Schemes Act. The escalation to CMS can be sent via email, fax or letter.



complaints@medicalschemes.com



Contact Centre Number: 0861 123 267



www.medicalschemes.com

CONTACT

details

JOHANNESBURG

7 West Street
Houghton Estate
Johannesburg, 2198
011 725 0040

LEPHALALE

Shop 11 Stand 2633
Ellisras
X16 onverwacht

EMALAHLENI (WITBANK)

71 Mandela Drive
Cnr. Plumer and Mandela Drive
Emalahleni, 1034.
013 690 3342
013 690 3187

DURBAN

7th Floor Royal Towers
30 Dorothy Nyembe Street
Durban, 4000
031 304 4829
031 304 4839

WELKOM

Corner House
Corner Buiten & Graaf Street
Welkom CBD, 9459
057 353 1475
057 353 1478

PORT ELIZABETH

Ground Floor, Block E
Southern Life Gardens
70 – 2nd Avenue
Newton Park
Port Elizabeth, 6000
041 503 1000
041 503 1302

CAPE TOWN

Ground Floor Shop 13
Norton Rose House
8 Riebeeck Street
Cape Town, 8000
021 402 9600
021 418 1400

IMPORTANT

contact details

Hospital Pre-Authorisation:

Tel: 0860 10 1176
Email: authorisations.jhb@Sizwe.co.za

DENIS (Dental Benefits, Queries & Pre-authorisations)

Tel: 0860 10 9556
Fax: 0866 77 0336
Email: sizweenq@denis.co.za
Website: www.denis.co.za

Sizwe Wellness Programmes:

Helpline for Asthma, Cardiovascular Disease,
Diabetes & Mental Health
Tel: 0860 103 455
Fax: 011 221 5238
Email: wellcare1@sizwe.co.za

HIV/AIDS Management Programme:

Tel: 0860 103 454
Fax: 011 221 5235/56
Email: wellcare1@sizwe.co.za

**EUROP Assistance SA, Medical Emergencies,
24-Hour Ambulance Services and Medical Advice**
Tel: 0860 117 799

Sizwe Baby Programme

Tel: 087 365 8843
Fax: 011 221 5218
Email: sizwebaby@healthchoices.co.za

Network Providers

Copper Core Only -

Enabled National Call centre (24 Hrs):
Pre-authorisations & General Enquiries
Tel: 0860 002 400
Email: admin@enablemed.co.za

Copper Core Only -

Pharmacy & Chronic pre-authorisations (Mediscor):
Email: preauth@mediscor.co.za

Optical benefits, queries & Pre-authorisations (PPN):

Tel: 0410 650 650
Email: info@ppn.co.za
Website: www.ppn.co.za

Tip-Offs Anonymous Fraud Line:

Tel: 0800 204 702
Fax: 0800 007 788
Email: sizwemedical@tip-offs.com

NATIONAL CALL CENTRE

Monday to Friday
08:00 - 17:00
0860 100 871
queries@sizwe.co.za

| **SIZWE MOBILE** Application

Sizwe Medical Fund recently developed an innovative mobile app to bring solutions right to our members' fingertips, 24 hours a day.

The Sizwe Mobile App is designed to offer members the ability to manage their membership details, access self-service functions related to their membership and perform a number of basic functions related to the benefits that they are covered for.

The app serves as an extension of services received by members through various channels such as email and telephonic assistance. The app also provides information about service providers.

The app is available for both Android and iOS platforms.



APP Functionality

- View benefits
- View claims
- Submit new claims
- Request member certificate, additional card and tax certificate
- View member profile
- Update chronic condition
- Register new chronic conditions
- Submit a new pre-authorisation
- Upload member picture
- View nearest hospitals
- Navigate to the nearest hospitals
- View national branches



GLOSSARY

Acute Medicines:

Medicines for short-term illnesses and medical problems.

Adult Dependant:

An adult rate will be charged for 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.

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 and 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; or the child is still financially dependent on the member, in which case an affidavit is required.

Chronic Disease List (CDL):

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 use 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 in the same way 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.

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-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.

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 list, the reference price refers to the co-payment between the cost of the formulary medicine and the non-formulary medicine.

Prescribed Minimum Benefits (PMBs):

In accordance with the Medical Schemes Act, costs will be covered related to the diagnosis, treatment and care of:

1. conditions as updated by the Council for Medical Schemes (<https://www.medicalschemes.com>);
2. medical emergencies,
3. chronic conditions as listed in the Chronic Disease List (CDL),
4. and medical conditions listed in the Diagnosis Treatment Pairs (DTPs).

Rehabilitation:

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

Sizwe Rate:

The rate negotiated by Sizwe Medical Fund with our network of providers.

Specialised Dentistry:

Reconstructive surgery providing, for example, caps, crowns and bridges. This typically requires the services of a Dental Technician.

Scheme Rate:

When in-hospital, the scheme rate is the difference between Sizwe rates and the amount charged by practitioners. The scheme rate pays up to 200% over the Sizwe rate. The scheme rate comes into effect immediately when you are admitted to hospital. This is 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.



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:

- 1.1. The surgical treatment for obesity;
- 1.2. The surgical treatment of infertility unless it is classified as a PMB;
- 1.3. Operations, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease;
- 1.4. Surgical treatment of keloids, unless such keloids are a result of a complication from a PMB condition resulting in functional impairment;
- 1.5. Cosmetic surgery;
- 1.6. Frail care;
- 1.7. Breast reconstructive surgery unless it is classified as a PMB;
- 1.8. Injuries arising from speed contests and speed trials unless it is classified as a PMB;
- 1.9. 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;
- 1.10. The purchase of medicines not included in a prescription from a person legally entitled to prescribe, unless otherwise provided for in Annexure B;
- 1.11. Unless otherwise provided for in Annexure B, services rendered by:
 - 1.11.1. Any other person not registered with the appropriate registration council, including but not limited to:
 - 1.11.1.1. the Health Professions Council of South Africa,
 - 1.11.1.2. the South African Nursing Council,
 - 1.11.1.3. the South African Dental Technicians Council,
 - 1.11.1.4. the Chiropractors Homeopaths and Allied Health Services Professions Council of South Africa,
 - 1.11.1.5. 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,
 - 1.11.1.6. 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;
- 1.11.2. Any Medical Scientist, including:
 - 1.11.2.1. Psychometry and Registered Counselling
 - 1.11.2.2. Industrial and Research Psychologist.
- 1.12. The following types of medicines, procedures and appliances are also excluded:
 - 1.12.1. Anabolic steroids;
 - 1.12.2. Anti-diarrhoeal micro-organism;
 - 1.12.3. Anti-malarials for prophylactic use;
 - 1.12.4. Aphrodisiacs;
 - 1.12.5. Contact lens preparations;
 - 1.12.6. Cosmetic preparations; medicated or otherwise;
 - 1.12.7. Diagnostic monitors and appliances,
 - 1.12.8. Essential fatty acid preparations and combinations;
 - 1.12.9. Household remedies or preparations of the type generally promoted to the public to increase consumption;
 - 1.12.10. Household type bandages and dressings;
 - 1.12.11. Immune sera and immunoglobulins;
 - 1.12.12. Medicines used specifically to promote fertility unless classified as a PMB;
 - 1.12.13. Medicines used specifically to treat alcoholism and addiction, subject to PMBs;
 - 1.12.14. Minerals (single and combined);
 - 1.12.15. Musculoskeletal topical agents;

- 1.12.16. Nutritional supplements, including baby foods, and formulas unless it is specially authorised as part of a scheme approved treatment protocol;
- 1.12.17. Preparations used specifically to treat and or prevent obesity;
- 1.12.18. Preparations to treat smoking dependency;
- 1.12.19. Sanitary products (nappies, sanitary pads etc.);
- 1.12.20. Items appearing on the Scheme's non-covered items list for hospitals;
- 1.12.21. Section 21 products;
- 1.12.22. Soaps, shampoos and other applications (medical or non-medicated);
- 1.12.23. Stimulant laxatives;
- 1.12.24. Surgical appliances and devices for use out of hospital;
- 1.12.25. Syringes and needles for use out of hospital (except for use by diabetics and if classified as a PMB);
- 1.12.26. Tonics and stimulants;
- 1.12.27. Topical acne facial wash preparations;
- 1.12.28. Topical sun screening, sun tanning and after sun agents;
- 1.12.29. Travel vaccines;
- 1.12.30. Treatment not proven safe and effective, such as natural remedies, herbs, and treatment prescribed by non-licensed practitioners etc.;
- 1.12.31. Treatment prescribed for indicated use (off label);
- 1.12.32. Vaccines, oral and parenteral (except childhood and flu vaccines);
- 1.12.33. Vitamins, multivitamins and combinations;
- 1.12.34. Voluntary withdrawn products and treatment that might be harmful or unsafe; and
- 1.12.35. Acupuncture and Chinese Medicine including:
 - 1.12.35.1. Naturopath
 - 1.12.35.2. Osteopathy.
- 1.12.36. Holidays for recuperative purposes.
- 1.12.37. Travelling expenses
 - 1.12.37.1. Travelling expenses incurred by a member
 - 1.12.37.2. Traveling expenses claimed by medical or dental practitioners will be provided for in line with Rule P of the NHRPL
- 1.13. Charges for appointments cancelled or which a member or dependant or a member fails to keep.
- 1.14. 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.
- 1.15. The payment of interest on arrear accounts.

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:

- 2.1. Preventative care (Oral hygiene)
 - 2.1.1. Preventative care instruction
 - 2.1.2. Preventative care evaluation
 - 2.1.3. Professionally applied fluoride for beneficiaries 13 years and older
 - 2.1.4. Tooth whitening
 - 2.1.5. Nutritional and tobacco counselling
 - 2.1.6. Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
 - 2.1.7. Fissure sealants on patients 16 years and older
- 2.2. Fillings/Restorations
 - 2.2.1. Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis.
 - 2.2.2. Resin bonding for restorations charged as a separate procedure to the restoration.
 - 2.2.3. Polishing of restorations
 - 2.2.4. Gold foil restorations
 - 2.2.5. Ozone therapy
- 2.3. Root Canal Therapy and Extractions

- 2.3.1. Root canal therapy on primary (milk) teeth
- 2.3.2. Direct and indirect pulp capping procedures
- 2.3.3. Root canal therapy on wisdom teeth (third molars).
- 2.4. Plastic Dentures/Snoring appliances/Mouth-guards
- 2.4.1. Diagnostic dentures and the associated laboratory costs
- 2.4.2. Snoring appliances and the associated laboratory costs
- 2.4.3. Provisional dentures and associated laboratory costs.
- 2.4.4. 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.)
- 2.4.5. The laboratory cost associated with mouth guards (The clinical fee will be covered at the Scheme Dental Tariff where managed care protocols apply.)
- 2.4.6. High impact acrylic
- 2.4.7. Cost of gold, precious metal, semi-precious metal and platinum foil
- 2.4.8. Laboratory delivery fees
- 2.5. Partial Chrome Cobalt (Metal) Frame Dentures
- 2.5.1. Metal base to full dentures, including the laboratory cost.
- 2.5.2. High impact acrylic
- 2.5.3. Cost of gold, precious metal, semi-precious metal and platinum foil
- 2.5.4. Laboratory delivery fees
- 2.6. Crown and Bridge
- 2.6.1. Crowns on third molars
- 2.6.2. Crown and bridge procedures for cosmetic reasons and the associated laboratory costs
- 2.6.3. Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs
- 2.6.4. Occlusal rehabilitations and the associated laboratory costs
- 2.6.5. Provisional crowns and the associated laboratory costs
- 2.6.6. Porcelain veneers and inlays/onlays and the associated laboratory costs
- 2.6.7. Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs.
- 2.6.8. Cost of gold, precious metal, semi-precious metal and platinum foil
- 2.6.9. Laboratory delivery fees
- 2.7. Implants
- 2.7.1. Implants on wisdom teeth (3rd molars).
- 2.7.2. Laboratory delivery fees.
- 2.8. Orthodontics
- 2.8.1. Orthodontic treatment for cosmetic reasons and associated laboratory costs
- 2.8.2. Orthognathic (jaw correction) surgery, other orthodontic related surgery and any related hospital cost including associated laboratory costs.
- 2.8.3. Individuals 18 years and older
- 2.8.4. Orthodontic re-treatment and the associated laboratory costs
- 2.8.5. Cost of invisible retainer material
- 2.8.6. Laboratory delivery fees
- 2.9. Periodontics
- 2.9.1. Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemi-section of a tooth.
- 2.9.2. Perio chip placement
- 2.10. Additional Dental Exclusions
- 2.10.1. Electrognathographic recordings, pantographic recordings and other such electronic analyses
- 2.10.2. Nutritional and tobacco counseling
- 2.10.3. Caries susceptibility and microbiological tests
- 2.10.4. Fissure sealants on patients 16 years and older
- 2.10.5. Pulp tests
- 2.10.6. Cost of Mineral Trioxide
- 2.10.7. Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- 2.10.8. Appointment not kept
- 2.10.9. Special report
- 2.10.10. Dental testimony including Dento-legal fees
- 2.10.11. Treatment plan completed (currently code 8120)
- 2.10.12. Enamel microabrasion
- 2.10.13. Behaviour management
- 2.10.14. Intramuscular or subcutaneous injection
- 2.10.15. Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- 2.11. Maxillo-Facial Surgery and Oral Pathology
- 2.11.1. Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.
- 2.11.2. Bone augmentations
- 2.11.3. Bone and other tissue regeneration procedures
- 2.11.4. Cost of bone regeneration material
- 2.11.5. The auto-transplantation of teeth
- 2.11.6. Sinus lift procedures
- 2.11.7. 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).
- 2.12. Hospitalisation (general anaesthetic)
- 2.12.1. Where the reason for admission to hospital is dental fear or anxiety.
- 2.12.2. Multiple hospital admissions.
- 2.12.3. Where the only reason for admission to hospital is to acquire a sterile facility.
- 2.12.4. The cost of dental materials for procedures performed under general anaesthetic.
- 2.12.5. The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia:
 - 2.12.5.1. Apicectomies
 - 2.12.5.2. Dentectomies
 - 2.12.5.3. Frenectomies
 - 2.12.5.4. Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for adults
 - 2.12.5.5. Professional Preventative care procedures
 - 2.12.5.6. Implantology and associated surgical procedures, and
 - 2.12.5.7. Surgical tooth exposure for orthodontic reasons.

PLAN EXCLUSIONS

- 3.1 In addition to the exclusions listed above, attention is drawn to the following conditions specifically excluded from benefits on this plan:
 - 3.1.1 Refractive surgery including Radial Keratotomy
 - 3.1.2 Breast Reduction – unless PMBs
 - 3.1.3 Breast Augmentation – unless PMBs
 - 3.1.4 Keloids
 - 3.1.5 Frail Care
 - 3.1.6 Voluntary use of casualty (emergency room) consultations



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