



**SIZWE**  
MEDICAL FUND

your health in caring hands

**PLATINUM  
ENHANCED  
& EDO Plan**

**2021**



## Platinum Enhanced PLAN

Platinum is a recently discovered mineral that is known for its incredible strength, durability and resistance to corrosion. Belying its outward beauty, platinum is often used to protect underlying structural metals. Many high-end medical devices are platinum coated for durability and strength.

### Features and benefits

Sizwe Platinum Enhanced Plan offers comprehensive cover with generous chronic and day-to-day benefits. It offers strong value for money benefits to be enjoyed by growing families and individuals, who want the freedom to access encompassing healthcare.



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## Key **BENEFITS**



Comprehensive  
Benefit Cover



Unlimited Private  
Hospitalisation



Specialised  
Dentistry



Chronic Medication for  
39 PMB Conditions





## OUT-OF-HOSPITAL benefits

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

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

Casualty consultations for emergencies only.

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Sizwe Rate	100%
Provider Network (DSP)	Where applicable

### DAY - TO - DAY

The following benefits are covered, subject to day-to-day benefit limitations: General Practitioners, Specialists (excludes Psychiatrists), Physiotherapists, Radiologists, Pathologists and Acute Medication.

Member	R10 925
Member +1	R15 661
Member +2	R18 019
Member +3	R19 608
Member +4	R21 976
Member +5	R24 355
Member 6+	R26 576

### GENERAL PRACTITIONERS

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

Limited to stipulated number of visits	Member: 7
	Member + 1: 14
	Member + 2: 16
	Member + 3: 18
	Member + 4: 20
	Member + 5: 21
Member 6 +: 22	

### PHYSIOTHERAPY

100% Sizwe rate. Subject to day-to-day benefits and PMB.

### PRIVATE NURSE

Benefit	Subject to Sizwe Private Nurse rate and pre- authorisation. PMB is applicable and limited to R7 525 per family per year. * Frail care is not a covered benefit.
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### SPECIALISTS (EXCLUDING PSYCHIATRISTS)

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

Out-of-hospital	A referral to a specialist by a GP is mandatory, unless at GP is not available, in cases of emergencies, or as a follow-up specialist visit after an initial GP referral. Subject to pre-authorization.  Payments of specialist visits are subject to referral by a GP, with the exception of; follow-up visits, emergencies, gynaecologist visits and paediatrician visits for babies up to the age of 12 months.
Limited to stipulated number of visits	Member: 4 Member + 1: 8 Member + 2: 9 Member + 3: 10 Member + 4: 11 Member + 5: 12 Member 6 +: 13

### RADIOLOGY & PATHOLOGY

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

<b>RADIOLOGY</b>	
General Radiology	100% Sizwe Rate for General Diagnostic Radiology. Subject to managed care protocols and PMB.
Specialised Radiology (MRI/ CAT scan/ Angiogram)	Subject to an overall combined in- and out-of-hospital limit of R31 533 per family per year.
Interventional Radiology	Refer to in-hospital benefits.

### PATHOLOGY

% Benefit	100% Sizwe Rate for blood and Histology tests and other Pathology tests performed by authorised personnel.
Limit	PMB applicable. Subject to managed care guidelines and protocols.

## ACUTE MEDICATION & PHARMACY ADVISED THERAPY (PAT)

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

Member	R3 800
Member +1	R5 789
Member +2	R6 841
Member +3	R7 357
Member +4	R8 420
Member +5	R8 683
Member 6+	R8 946

## MENTAL HEALTH

Subject to PMBs, pre-authorization and managed care protocols.

Limit	Limited to Psychiatrists and Clinical/ Counselling Psychologists relating to mental health. Limited to R 9 525 per family per year.
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## DENTISTRY

Subject to DSP protocols, Dental Benefit Management Programme, managed care protocol and managed care interventions.

### CONSERVATIVE DENTISTRY

Consultations, Oral Hygiene & Extractions	2 general check-ups per beneficiary per year (once in 6 months).
Root Canal Treatment	Subject to managed care protocols, excluding wisdom teeth and primary teeth.
Plastic Dentures	1 set, full or partial (upper & a lower), per beneficiary in a 4-year period.
X-rays	Intra-oral: Subject to managed care protocols Extra-oral: 1 per beneficiary in a 3 year period
Fillings	Once per tooth in 720 days.

## SPECIALISED DENTISTRY

Subject to pre-authorization, (where indicated) and managed care protocols. If authorisation is obtained after the procedure or treatment has been done, a 20% co-payment will apply.

Crowns and Bridges	1 crown per family per year and once per tooth in a 5 year period. Pre-authorization is required.
Orthodontics (Braces)	Subject to pre-authorization and clinical protocols. Restricted to beneficiaries between the ages 9 to 18 years. A 35% co-payment applies.
Implants	No benefit
Metal Frame Dentures	2 partial frames (upper and lower) per beneficiary every 5 years, limited to 1 per family per year. Pre-authorization is required.

## MATERNITY & INFERTILITY

### MATERNITY

Subject to clinical protocols/care plans and registration on the Maternity Benefit Programme.

Antenatal Consultations	Limited to 9 antenatal visits with either a Midwife or GP per pregnancy and only 4 Specialist Obstetrician visits at the referral of the GP or Midwife.
Pregnancy Scans (excl. diagnostic sonar) & Tests	2 x 2-D sonar scans per pregnancy (excludes diagnostic sonars) 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 R110

### INFERTILITY

Benefit	Diagnosis, treatment and care of infertility including medical and surgical management in accordance with PMB provision.
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**OPTICAL**

**EYE TEST**

Limit: 1 test per beneficiary per 24-month cycle.

**FRAMES & LENSES**

Subject to Optical Benefit Management Programme. Each beneficiary may choose either spectacles or contact lenses where a clinically approved member cannot wear spectacles, once every 2 years

Frames	R884
Single Focus Lenses	R185 per lens
Bi-focal Lenses	R420 per lens
Multi-focal Lenses	R420 per lens
Contact Lenses	R1 663

**AUXILIARY SERVICES**

Benefit: Subject to PMB and limited to; Speech Therapy; Podiatry; Occupational Therapy; Social Workers; Dietetics; Audiology; Educational Psychologists; Biokinetics, Homeopathy and Registered Counsellors.

Limit: Member: R1 673  
Member 1+: R2 936

**CLINICAL AND MEDICAL TECHNOLOGISTS**

Limit: 100% Sizwe rates with the following annual limits per family included in the Auxiliary Services benefits:  
Member: R1 684  
Member +: R2 947

**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**

**APPLIANCES**

Benefit: The benefit includes; a nebulizer, glucometer, insulin pump, morphine pump, C-PAP machine and other unspecified, clinically appropriate items.  
Clinically appropriate devices and appliances are subject to Managed Care Clinical Protocols  
Member: R1 673  
Member +1: R2 936

**HEARING AIDS**

Subject to one unit (one per ear) per beneficiary every 3 years from date of acquisition.

Family Limit: Limit of R13 325 per year.

**NON-MOTORISED WHEELCHAIRS**

Subject to one unit per beneficiary every 4 years from date of acquisition.

Family Limit: Limit of R3 494 per year. PMB Applicable.





DID YOU  
KNOW?



Sizwe's Platinum Enhanced Plan epitomises value for growing families and individuals who want the freedom to access encompassing healthcare.



## IN-HOSPITAL benefits

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 is limited to a supply of 7 days.

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

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	Standard	EDO
Sizwe Rate	100%	100%
Hospital Network	No	Yes

### PRIVATE HOSPITALISATION

Private hospitalisation is 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.

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

ADMISSION	Unlimited at a private hospital.
Limit	Unlimited
CLINICAL LIMITATIONS	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.
EXCLUSIONS	Refer to plan exclusions on Page 30.
Medicine to take home (TTO)	Limited to a supply of 7 days

### IN-HOSPITAL 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

Dental Hospitalisation is subject to pre-authorisation, managed care protocols, registration on the Hospital Benefit Management Programme and Dental Benefit Management Programme.

**Benefit** 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 and IV conscious sedation benefits for in-room procedures.

### 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.

## AUXILIARY SERVICES & PHYSIOTHERAPY

Auxiliary Benefit

Subject to PMB, clinical protocols and pre-authorisation and limited to Dieticians, Speech Therapy, Occupational Therapy and Clinical Technology.

Auxiliary Limit

100% Sizwe rate while hospitalised.

Physiotherapy Benefit

100% Sizwe rate while hospitalised. 100% Sizwe rates whilst hospitalised, subject to managed care protocols.

## MATERNITY (DELIVERY, POST-NATAL SERVICES AND MIDWIFERY)

Maternity benefits are subject to the Hospital Benefit Management Programme, Disease Management Programme, conditions and annual limits as stipulated.

Benefit

### ADMISSION:

100% cost for accommodation at general ward rates, theatre fees, labour ward fees, drugs, dressings, medicines and materials in a private and 100% of the cost 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.

### POST-NATAL SERVICES & MIDWIFERY:

Subject to the hospital or the Maternity Benefit Management Programmes, and to the Disease Management Programme.  
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 and non-surgical prostheses are subject to an annual limit of R44 910 per family.

### INTERNAL PROSTHESIS:

**Joints** - Hip and knee joints (partial and total) are limited to only 1 prosthesis and 1 joint per beneficiary per year.

**Spine** - two levels performed in one procedure per year is permitted. Should more than two levels be required, approval will be granted subject to managed care protocols.

**Cardiac** - pacemaker, internal defibrillators, grafts and valves.

**Stents** - Vascular stents: 2 per family per year.  
Cardiac stents: 3 per family per year.

### EXTERNAL PROSTHESIS:

Subject to benefit limit unless as per the PMB. Pertains to; artificial limbs, breasts, ocular, Taylor Spatial Frame, external fixator, mesh and any other unspecified clinically appropriate prosthetic items.

Surgical and non-surgical cases

## ONCOLOGY

Subject to pre-authorisation, PMBs and treatment protocols.

Benefit	<p>The benefit will pay 80% of costs above R500 000 per beneficiary per year.</p> <p>100% of the Sizwe rate for consultations, visits, treatment, specialised Radiology medication and 100% of the costs of materials used in Radiotherapy and Chemotherapy. Subject to managed care protocols.</p>
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## RADIOLOGY & RADIOGRAPHY

Subject to the Hospital Benefit Management Programme and to the Disease Management Programme.

General Radiology	Unlimited in-hospital benefit, subject to clinical protocols.
Specialised Radiology (MRI/ CAT scan/ Angiogram)	Subject to an overall combined in- and out-of-hospital limit of R 31 533 per family per year.
Interventional Radiology	Within hospital limit, subject to pre-authorisation and clinical protocols.

## PATHOLOGY

Limit	Subject to the Hospital Benefit Management Programme and to the Disease Management Programme. 100% of the Sizwe rate for tests performed by a General Practitioner or Medical Specialist.
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## REFRACTIVE SURGERY INCLUDING RADIAL KERATOTOMY

Subject to pre-authorisation and managed care protocols.

Benefit	100% of Sizwe rate. Limited to R 7 010 per family per year.
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## ORGAN TRANSPLANTS & RENAL DIALYSIS

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

Benefit	<p><b>ORGAN TRANSPLANT:</b></p> <p>100% Sizwe rate of organ transplantation and cost of post-operative anti-rejection medicines.</p> <p>Only organs and donors from within RSA are covered. Transplant PMBs subject to pre-authorisation, the Minimum Benefit package, treatment protocols and DSPs.</p> <p><b>RENAL DIALYSIS:</b></p> <p>The benefit is restricted to the requirements set out in the PMB at the DSP.</p>
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## 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.
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DID YOU  
KNOW?



Sizwe's Platinum  
Enhanced Plan offers  
Refractive Surgery as a  
benefit.



# CHRONIC benefits

The Chronic Benefit is subject to: Prescribed Minimum Benefits (PMBs), Designated Service Providers (DSPs) where applicable; 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

## CHRONIC MEDICATION

Subject to PMBs, DSPs; pre-authorisation; registration on the Chronic Medication Programme and treatment protocols.

Benefit	Cover for 26 PMB and 13 Non-CDL conditions.
Overall Family Benefits	Member: R6 147 Member + 1: R12 314 Member + 2: R18 482 Member + 3: R24 639 Member + 4: R30 796 Member + 5: R36 974 Member 6 +: R43 142
Per Beneficiary Sub-limit	R6 147
Limit	Benefits are limited to the below listed PMB chronic conditions only. Subject to pre-authorisation, registration on the Chronic Disease Programme, formulary and clinical protocols.

## 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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Our Platinum Enhanced Plan includes comprehensive benefit cover at affordable prices, offering chronic and day- to-day benefits.



**DID YOU KNOW?**





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

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- ▶ 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



Additional Non-CDL Chronic Conditions Covered:

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- ▶ 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

# PREVENTATIVE

## care

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## PREVENTATIVE CARE

### WELLNESS CONSULTATIONS

Benefit subject to wellness protocol

Subject to a family limit of R1 631 per year.

### WELLNESS SCREENING TESTS

Subject to wellness screening tests and family limit.

Benefit

Subject to a family limit of R2 242 per year, with a benefit of R284 per beneficiary per year.

Only one of each screening test per beneficiary per year: blood sugar; cholesterol; blood pressure; body mass index and a HIV screening test.

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.

Limit

Subject to the annual family wellness screening limit.

## OTHER SCREENING TESTS

Subject to wellness screening tests and family limit.

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 R 2 905 per family per year. Subject to managed care protocols and formulary applies.

## CHIROPRACTIC & HOMEOPATHY TREATMENT

Limit

100% Sizwe rate, with a limit of R1 442 per beneficiary per year.

# 2021 CONTRIBUTIONS

PLATINUM ENHANCED PLAN		We count a maximum of three children when we calculate the monthly contributions.		
Income Bracket	Principal Member	Adult dependant	Child dependant	
All	R3 555	R3 400	R905	
PLATINUM ENHANCED EDO PLAN		We count a maximum of three children when we calculate the monthly contributions.		
Income Bracket	Principal Member	Adult dependant	Child dependant	
All	R3 377	R3 230	R860	

9 out of 10 people found relief from non-surgical treatment for chronic back pain.



**DID YOU KNOW?**



# SCHEME queries

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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](http://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](mailto:queries@sizwe.co.za)



Submit claims to  
[claims@sizwe.co.za](mailto:claims@sizwe.co.za)



Submit your query online at  
[www.sizwe.co.za](http://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](mailto: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](mailto: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](mailto:complaints@medicalschemes.com)



Contact Centre Number: 0861 123 267



[www.medicalschemes.com](http://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](mailto:authorisations.jhb@Sizwe.co.za)

### DENIS (Dental Benefits, Queries & Pre-authorisations)

Tel: 0860 10 9556  
Fax: 0866 77 0336  
Email: [sizweenq@denis.co.za](mailto:sizweenq@denis.co.za)  
Website: [www.denis.co.za](http://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](mailto:wellcare1@sizwe.co.za)

### HIV/AIDS Management Programme:

Tel: 0860 103 454  
Fax: 011 221 5235/56  
Email: [wellcare1@sizwe.co.za](mailto: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](mailto: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](mailto:admin@enablemed.co.za)

#### Copper Core Only -

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

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

Tel: 0410 650 650  
Email: [info@ppn.co.za](mailto:info@ppn.co.za)  
Website: [www.ppn.co.za](http://www.ppn.co.za)

#### Tip-Offs Anonymous Fraud Line:

Tel: 0800 204 702  
Fax: 0800 007 788  
Email: [sizwemedical@tip-offs.com](mailto:sizwemedical@tip-offs.com)

## NATIONAL CALL CENTRE

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

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## **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.



# MY HEALTH. MY HERITAGE. MY SIZWE.

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.  
Subject to approval by CMS



**SIZWE**  
MEDICAL FUND

your health in caring hands