Disclaimer:
This brochure is for information purposes only and does not supersede the rules of the Fund. A full set of the rules is available on our website: www.sizwe.co.za
YOUR HEALTH IN CARING HANDS

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

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

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

Our company’s ethos ‘Your Health in Caring Hands’ indicates the commitment, which permeates the entire organisation in caring for the health of our nation and further reminds us of why we do what we do – to provide affordable and quality medical aid for all South Africans.
2017 HEALTHCARE OFFERINGS
**HOSPITAL CARE**

The Hospital Care Option offers peace of mind knowing that in the event of hospitalisation, extensive cover is available at any private hospital. In addition, the Hospital Care Option provides cover for 27 Chronic Disease List (CDL) conditions.

**GOMOMO CARE**

This is our entry-level option. Gomomo Care Option provides excellent value for money. GPs, specialists and acute medicines are accessible through a selected network provider. Dentistry, radiology and pathology are also available from a network provider. No overall limit for hospitalisation at any private hospital. Covers the 27 Chronic Disease List (CDL) conditions.

**AFFORDABLE CARE**

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

**PRIMARY CARE**

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

**FULL BENEFIT CARE**

Our Full Benefit Care Option offers comprehensive cover and generous benefits to cover families and individuals who need access to unlimited hospitalisation at any private hospital. This option also offers additional chronic conditions, specialised dentistry, GPs, specialists, acute medication, preventative care benefits and more rich benefits. This is the only option which offers Top-up cover when in hospital up to 200% of the Sizwe rate.
OUR CORE VALUES

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

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

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

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

RICH BENEFITS - As a community focused medical fund, we offer a range of carefully crafted medical aid products which are simple to understand with generous and unlimited benefits.
SIZWE MOBILE APP

Take the leap INTO INNOVATION!

A self service tool that gives our members the freedom to access their medical aid from anywhere at anytime. The Sizwe Mobile App offers a simple, secure and convenient way for you to access and manage your medical aid benefits, saving time and money.

The App not only gives you access to information it also lets you perform important tasks like submitting claims, getting hospital pre-authorisation and submitting queries whenever it suits you.

To download the App for Android go to Google Play and for iOS devices go to App Store.
How do I submit a claim?

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

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

Please check that your account reflects the following:

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

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

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

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

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

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

Specialist Referral Procedure (Primary Care and Affordable Care Options)

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

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

- follow up visits
- emergency visits
- gynaecologist visits
- paediatrician visits for babies up to the age of nine months

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

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

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

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

DON’T SUPPORT IT, REPORT IT!

GOT A QUERY?

For all your Fund related queries call the National Call Centre

National Call Centre:
0860 100 871

Email: queries@sizwe.co.za

For specific contact numbers of our Benefit and Wellness Programmes, refer to the back of this booklet.
HOW TO MANAGE YOUR BENEFITS?
### BENEFIT MANAGEMENT PROGRAMMES

1. Hospital Benefit Management Programme
2. Chronic Medicine Programme
3. HIV/AIDS Management Programme (Wellcare)
4. Disease Risk Management Programme (Wellness)
5. Oncology Risk Management Programme
6. Sizwe Baby Programme
7. Dental Management Programme
8. Emergency Medical Services Programme

Our Benefit Management Programmes are designed to ensure that our members get the most appropriate care for their illness or condition, while the Fund keeps an eye on the costs of hospitalisation and medicine expenses.
1. Hospital Benefit Management Programme

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

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

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

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

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

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

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

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

How to get help?

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

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

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

Conditions managed include:
- respiratory (asthma, chronic obstructive pulmonary disease (COPD), etc.)
- diabetes (type 1 and 2)
- cardiac (hypertension, hypercholesteremia, etc.)
- mental Health (schizophrenia, bipolar disorder, major depression, etc.)

5. Oncology Risk Management Programme

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

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

• radiation and chemotherapy
• pain medication as well as other cancer supporting drugs.

When is cancer a PMB?

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

What is not funded from this benefit?

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

ICON on 021 944 3750
www.cancernet.co.za
6. Sizwe Baby Programme

Frequently Asked Questions: Sizwe Baby Programme

The Sizwe Baby Programme is a value-added service for all Sizwe’s scheme options. It provides moms-to-be with access to free comprehensive support, advice and information before and after the birth of their babies.

How can members register on the Sizwe Baby Programme?

Members or their doctors/midwives will need to complete a registration form in order to enrol on the Sizwe Baby Programme. A maternity programme enrolment form can be obtained from the Sizwe website. The form must be completed and faxed or emailed back to us.

When should I enrol on the Sizwe Baby Programme?

In order to qualify for additional maternity benefits, members must register on the Sizwe Baby Programme before they have reached 24 weeks of pregnancy. If they register after 24 weeks of pregnancy, all their maternity claims will be paid from their day-to-day benefits.

All members who register on Sizwe Baby will have access to the Maternity Care Centre support, services and benefits, which
All members who register on Sizwe Baby will have access to the Maternity Care Centre support, services and benefits, which include:

- telephonic support from a midwife
- telephonic psychosocial support
- customised correspondence items
- a Sizwe Baby Programme maternity bag delivered in their third trimester
- access to the exclusive Sizwe Baby website from registration on the programme until 12 months post-natal

**Will my medical aid contribution increase when I join the Sizwe Baby Programme?**

No, the Sizwe Baby Programme is a free added benefit; therefore the contribution amount remains the same. In order to access the additional maternity benefits, members must register on the program within the first 24 weeks of the pregnancy.

**What benefits are covered on the Sizwe Baby Programme?**

Benefits vary according to the medical scheme plan you are on (see details in the tables below), but the value-added Sizwe Baby Programme benefits are the same for any Sizwe member. In order to access these benefits, you must be registered on the Sizwe Baby Programme within the first 24 weeks of pregnancy.
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Subject to managed care rules, formulary and clinical protocols of the DSP
What is a Sizwe Baby Programme and how does it help me?

The Sizwe Baby Programme is a predetermined plan to assist the member and doctor/midwife when claiming for necessary treatment and testing throughout the duration of the pregnancy. It contains ICD-10 and tariff codes that your doctor/midwife should use when submitting maternity claims. This will also assist you to keep track of how many visits have been used and how many visits are left. Please ensure that you take your Maternity Care Plan to your doctor for each consultation to ensure that the correct codes are used for your claims.

When can I access my maternity benefits after enrolling on the program?

In order to access these benefits, you must be registered on the Sizwe Baby Programme within 24 weeks of pregnancy.

Sizwe Baby Programme benefits are activated on the date that you register on it. You can start using your maternity benefits as soon as you receive confirmation of your registration on the program.

What benefits do I receive if my pregnancy is classified as a high risk pregnancy?

If you register after 24 weeks of pregnancy, all your maternity claims will be paid from your day-to-day benefits.
If you register before 24 weeks of pregnancy, your midwife will guide and support you to access benefits for high risk maternity conditions to ensure that you have sufficient consultations and procedures to ensure a healthy pregnancy.

If your pregnancy is classified as high risk due to a pre-existing chronic condition you will be referred to the appropriate wellness programme (Chronic Disease Management Programme), for example: HIV, asthma, diabetes, and cardiac programmes. Your gynaecologist will also have to apply on your behalf for additional high-risk maternity benefits, by submitting a letter of motivation and other supporting information detailing your maternity risk condition. The application/motivation will be reviewed and the decision will be communicated to you and the healthcare practitioner.

Other than the Sizwe Baby maternity bag what other benefits are available for registered members?

As a registered Sizwe Baby Programme member, you have access to the following care benefits:

- a dedicated registered midwife will contact the member to support her during her pregnancy with a clinical assessment to determine if the pregnancy is a normal or high risk pregnancy, and provide follow up telephonic support for high risk pregnancies to reduce the risks to mom and baby
- in addition the midwife will contact the member once a trimester to check if she needs additional support, advice or information and to
check if she needs additional support, advice or information and to address any concerns she may have.

The care and support interactions consist of the following:

- advice to empower members to take care of themselves during pregnancy, labour and after birth
- advice on how best to access the benefits offered by their Sizwe plan, and the Sizwe Baby Programme in order to ensure a healthy, stress-free pregnancy
- members are supported telephonically by their Sizwe Baby Programme midwife from registration until six weeks after their baby is born. This includes a postnatal call and return to work support
- referral to appropriate resources that include midwives, doctors, specialists, hospitals, birthing units and support groups within South Africa

Customised maternity education materials:

- welcome pack, which includes a Pregnancy & Birthing Practical Handbook which covers a wide range of pregnancy and birth-related topics. You will also receive a letter during each trimester of your pregnancy to provide you with information on what to expect and how to manage each stage of pregnancy.

Psychosocial support:

- at any time members can ask to speak to a counsellor if they need emotional and mental support during pregnancy and for up to six weeks after the birth of their baby.
Does the scheme pay for maternity vitamins?

- No, the Sizwe Baby Programme does not include maternity vitamins, as it is a scheme exclusion.

What is contained in the Sizwe Baby Programme maternity bag and when will I receive it?

Members who are registered on the maternity program are eligible to receive a maternity bag. The maternity bag will be sent to your preferred delivery address via the post office or via courier services in the third trimester of your pregnancy.

The maternity bag contains the following items:

- 1 pair of baby dungarees (0-3 months)
- 1 baby aqueous cream
- 1 baby wipes
- 1 pack of baby nappies
- 1 barrier cream
- 1 nipple cream
- 1 baby powder
- 1 Mamas & Papas magazine (the latest copy)
- Only 1 Maternity bag per baby

When should I phone for hospital pre-authorisation?

Yes, deliveries require pre-authorisation on ALL Options
• Authorisations can be pre-booked
• In case of an emergency, authorisation can be obtained within 24 hours of admission
• In case of the weekend and or holiday emergency, authorisation can be obtained on the first working day after your admission.

Please ensure that you have the following information at hand to obtain pre-authorisation:

• your Sizwe membership number
• admitting healthcare provider’s name and practice number
• hospital name and practice number
• expected date of delivery
• nature of delivery
• an authorisation number will only be issued to valid Sizwe members and only applies to the delivery in a hospital or home delivery by a midwife.

What information is contained in the Maternity welcome pack?

• A welcome letter highlighting the benefits of the Sizwe Baby Programme.
• Sizwe Baby Programme explains which maternity benefits you may access and how often you should visit your healthcare provider.
• A “Practical Pregnancy, Birth and Early Parenting” with relevant information for all the stages of your pregnancy and post natal period.
Where can I obtain a newborn registration form?

The Sizwe Baby Programme provides all registrants with a newborn registration form in the third trimester. The letter is contained in the third trimester letter that is sent to members. The form should be completed and sent to Sizwe Medical Fund within 30 days of your baby’s birth.

How soon after birth should I register my baby on the medical aid?

It is your responsibility to register your new born as a dependant on Sizwe Medical Fund within 30 days of the birth – if you fail to register your newborn within this time, you may be liable to pay the full hospital account from your own pocket. Register your baby as soon as possible to ensure that any visits to a doctor and/or admissions are paid.
We are proud to announce the launch of our Health Improvement Programme (HIP). This programme is an exclusive rewards programme for Sizwe members, focusing on creating greater health awareness around core conditions and incentivising members to adopt healthier lifestyles.

This is an exclusive corporate offering.
7. Dental Benefit Management Programme

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

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

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

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

Always check to see if the specialised dental treatment recommended by your dentist is covered on your option by phoning 0860 109 556 before undergoing any treatment. Sizwe Medical Fund members may visit any dentist of their choice.

Please also note a R1 500 co-payment applies for all dental hospitalisation. Fees differ from dentist to dentist and therefore you may find a difference between what the scheme pays and what the dentist charges. It is your right to negotiate this difference with your dentist.

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

Dental queries and authorisation:

Tel: 0860 109 556 Fax: 0866 770 336

Email: sizweenq@denis.co.za

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

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

Sedation

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

Crowns

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

Orthodontics

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

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

**Implants**

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

**Hospitalisation**

Pre-authorisation is required. Admission protocols apply. General anaesthetic benefits are available for children under the age of five years for extensive dental treatment. General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. The payment of the dental procedure will be dependent on available benefits and payable at Sizwe rates. Please also note a R1 500 co-payment applies for all dental hospitalisation
8. Emergency Medical Services (EMS)

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

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

24-hour medical advice: Through Europ Assistance SA, Sizwe Medical Fund members have access to a professional advice line that includes emergency medical advice, an Audio Health Library, access to vital health knowledge, information on specific medicines, a poison hotline and health counselling. The line is open 24 hours a day, 365 days a year and can handle queries in nine official languages.
Prescribed Minimum Benefits (PMBs) are a set of defined benefits that ensure all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected. The aim is to provide people with continuous care to improve their health and well-being and to make healthcare more affordable.

PMBs are a feature of the Medical Schemes Act, in terms of which medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- any emergency medical condition
- a limited set of 270 medical conditions (defined in the Diagnosis Treatment Pairs)
- 27 chronic conditions (defined in the CDL).
What is a Designated Service Provider (DSP)?

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

What are Diagnostic and Treatment Pairs?

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

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

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

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

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

- 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 TYPE 1 AND 2
- DYSRHYTHMIAS
- EPILEPSY
- GLAUCOMA
- HAEMOPHILIA
- HYPERLIPIDAEMIA
- HYPERTENSION
- HYPOTHYROIDISM
- MULTIPLE SCLEROSIS
- PARKINSON’S DISEASE
- RHEUMATOID ARTHRITIS
- SCHIZOPHRENIA
- SYSTEMIC LUPUS
- ERYTHEMATOSUS
- ULCERATIVE COLITIS
- HIV/AIDS
What if I need or want a brand of medicine other than the one that Sizwe Medical Fund will pay for?

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

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

Exclusions

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

2. Purchase of:
   • patent medicines and proprietary preparations
   • applicators, toiletries and beauty preparations
   • bandages, cotton wool and similar aids
   • tonics, slimming preparations and drugs advertised to the public

3. Holidays for recuperative purposes.
4. Travelling expenses incurred by a member or charged by a medical or dental practitioner.
5. Charges for appointments cancelled or which a member and/or dependant fails to keep.
6. Payment of interest on arrear accounts.
Specific Clinical Limitations on Primary Care

The following conditions will only be covered on the Primary Care Option as PMBs at a DSP:

- advanced laparoscopic procedures
- reconstructive surgery
- cardiac surgery
- joint replacements
- spinal surgery
- breast reconstruction surgery
GLOSSARY

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

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

**AIDS**: Acquired Immune Deficiency Syndrome

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

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

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

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

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

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

**HIV**: Human Immunodeficiency Virus.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UPFS Rates: Uniform Patient Fee Schedule - the tariffs charged by public hospitals.
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*Global Credit Rating
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DENTAL BENEFIT MANAGEMENT
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DISEASE RISK MANAGEMENT PROGRAMME – HELPLINE FOR RESPIRATORY, CARDIAC DISEASE, DIABETES AND MENTAL HEALTH CONDITIONS
TEL: 0860 103 455 | FAX: 011 221 5238
EMAIL: wellnessqueries@sizwemedfund.co.za

SIZWE BABY PROGRAMME
EMAIL: sizwebaby@healthichoices.com
FAX: 011 221 5218

TIP-OFFS ANONYMOUS FRAUD LINE
TEL: 0800 20 47 02 | FAX: 0800 007 788
EMAIL: sizwemedical@tip-offs.com

HIV/AIDS MANAGEMENT PROGRAMME
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46