

# SIZWE MEDICAL FUND

Member Guide 2019



**SIZWE**  
MEDICAL FUND  
Your health in caring hands



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# OUR CORE VALUES

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## 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.



# WHY SIZWE?

Sizwe Medical Fund stands as one of the top 10 open medical schemes in South Africa, with just under 50 000 members. The Fund is financially sound, with an excellent global credit rating, and provides a wide array of affordable, exceptional products to all South Africans, just as its founders dreamed of.

## PRODUCT OFFERING

Sizwe offers a range of products with excellent benefits making it attractive to all South Africans who place value in their health and the healthcare needs of their families. The traditional range of options works on a fee-for-service basis i.e. a provider bills the medical scheme for the service they have provided. The member is given generous limits for groups of benefits and can use these benefits up to the limit specified in the benefit guide. (Please refer to next page for a list of product offerings.)



**SIZWE MEDICAL FUND IS AN OPEN  
MEDICAL FUND WITH AFFILIATION TO ALL  
THE LABOUR AND UNION MEMBERSHIP**



## FINANCIALS

**Sizwe is a financially sound scheme and has a solvency ratio well above the 25% requirement by Council for Medical Schemes:**

2018	
GCR	AA-
RESERVES ACCUMULATED FUNDS	OVER R1 269 BILLION
SOLVENCY RATIO	53,9%

### Why choose Sizwe?:

- Financially sound – healthy solvency and reserves
- Stable fund – over 40 years' experience in caring for the health of the nation
- Rich benefits options – value for money private medical cover
- Top 10 medical fund – big enough to count, small enough to care
- Clear benefit structure – simple to use and understand
- Commitment to the member and the community
- Established relations with both labour and management



# 2019 HEALTHCARE OFFERINGS

Sizwe also has preferred providers agreements in place with pharmacies, including Clicks Pharmacies, with which we have negotiated special rates to help members to stretch their chronic, HIV and oncology medicine benefits further in the year (across all options). Should a member choose to use a pharmacy other than those with which we have negotiated special rates for your chronic, HIV and oncology medicines, a co-payment may be charged. All optometry benefits are managed by PPN. A full and up to date list of the hospital network and Preferred Pharmacies is available on our website ([www.sizwe.co.za](http://www.sizwe.co.za))

HOSPITAL CARE	PRIMARY CARE NETWORK OPTION (NEW)
<p>Hospital Care allows you to manage your day-to-day healthcare costs through a Medical Savings Account (MSA) at 18%, giving you extensive medical cover, for those looking for peace of mind in case of hospitalisation. Targeted to fit the young, healthy and the adventurous.</p>	<p>The new Primary Care Network option offers reduced contributions, unlimited hospitalisation through a network of private hospitals at the same level of cover. For a full list of network hospitals please visit <a href="http://www.sizwe.co.za">www.sizwe.co.za</a></p>
GOMOMO CARE	AFFORDABLE CARE
<p>Gomomo care is our network option. It offers good value for money and the peace of mind linking you with your own selected quality service providers. This option offers rich benefits and unsurpassed day-to-day benefits that meet your healthcare needs.</p>	<p>Affordable Care offers comprehensive cover with generous chronic and day-to-day benefits. it offers excellent value for growing families and individuals who want the freedom to access affordable healthcare.</p>
PRIMARY CARE	AFFORDABLE CARE NETWORK OPTION (NEW)
<p>Primary Care offers good value for money with unlimited hospitalisation at any private hospital. This traditional option has generous day-to-day benefits which cover acute medicines, general practitioners (GPs), specialists, radiologists, pathologists and more to meet the needs of young families with evolving healthcare needs.</p>	<p>The new Affordable Care Network option offers reduced contributions and with comprehensive cover with generous chronic and day-to-day benefits through a network of private hospitals. For a full list of network hospitals please visit <a href="http://www.sizwe.co.za">www.sizwe.co.za</a></p>
	FULL BENEFIT CARE
	<p>Full Benefit Care is an executive plan which offers full cover with generous day-to-day benefits, to families and individuals with established healthcare needs and needing access to unlimited private hospitalisation.</p>

# YOUR HOW-TO GUIDE

## 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 our 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. Some doctors offer a discount if you settle the account immediately. If you have already paid the account, attach your receipt and mark the account "Refund Member".
3. All accounts must show full details of your membership.
  - Principal member's 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.

## PLEASE CHECK THAT YOUR ACCOUNT REFLECTS THE FOLLOWING:

- Healthcare provider's name and practice number.
- Principal (main) member's name and initials.
- Principal member's medical aid number.
- Treatment date.
- Patient's name (as per membership card). If the patient is not the main member, please list their date of birth and ID number.

- Amount charged.
- Tariff code (the doctor will fill in the ICD-10 code).
- Diagnosis made by the doctor or specialist

## 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

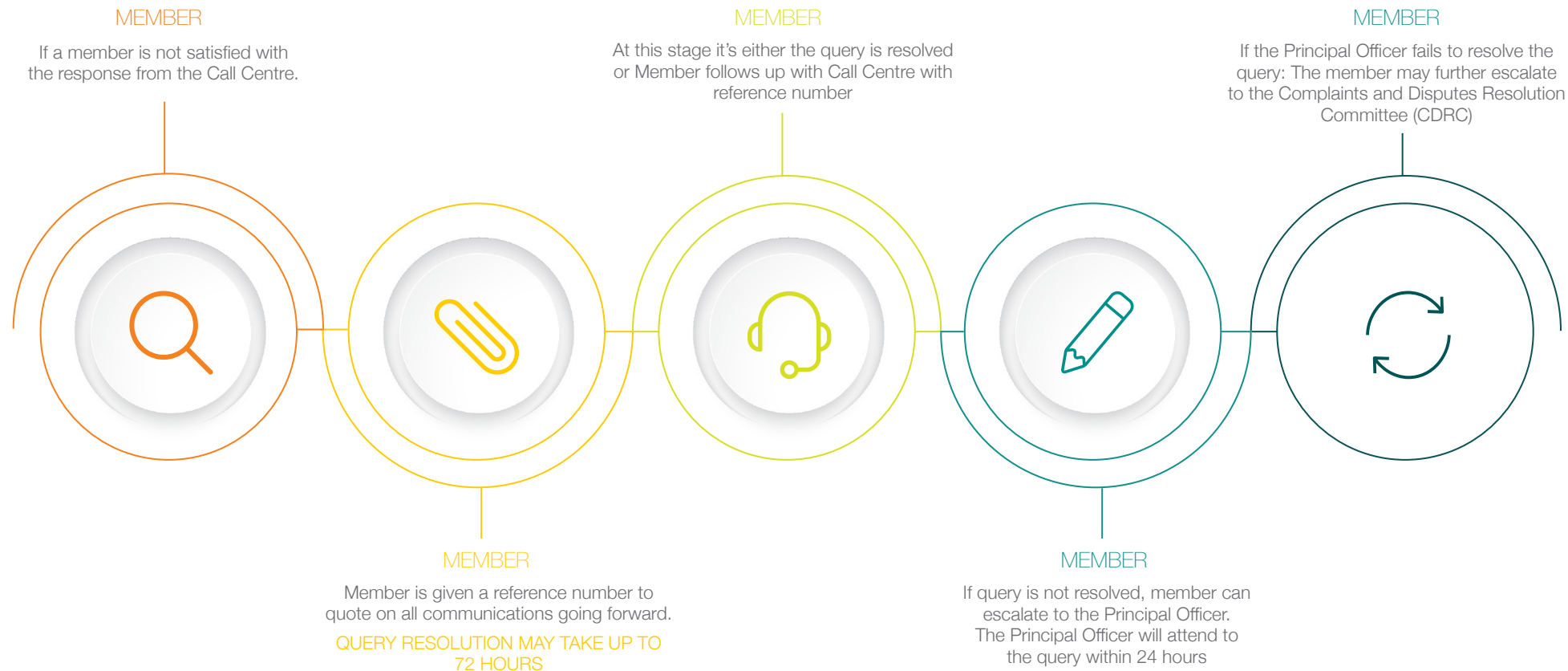
According to the Medical Schemes Act, a scheme can impose late joiner penalties on any person who is older than 35 years and who has either never belonged to a medical scheme or who has had a break in membership of more than three months with any medical scheme before joining Sizwe Medical Fund. When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

THE LATE JOINER PENALTIES SHALL NOT EXCEED THE FOLLOWING BANDS:	
Penalty Bands	Maximum Penalty
• 1 – 4 years	0.05 x contribution
• 5 – 14 years	0.25 x contribution
• 15 – 24 years	0.50 x contribution
• 25 + years	0.75 x contribution



# COMPLAINTS ESCALATION PROCESS

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



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

IF YOUR QUERY HAS NOT BEEN ATTENDED TO, THEN THE MATTER CAN BE ESCALATED FURTHER TO THE COMPLAINTS AND DISPUTES RESOLUTION COMMITTEE (CDRC), ALL THE ABOVE ACTIONS MUST BE TAKEN BEFORE ESCALATION. CDRC ESCALATIONS TO BE SENT TO [PRINCIPAL.OFFICER@SIZWEMEDFUND.CO.ZA](mailto:PRINCIPAL.OFFICER@SIZWEMEDFUND.CO.ZA)

# HOSPITAL ADMISSION PROCEDURE



## HOSPITAL PRE-AUTHORISATION 0860 100 871

Before you are admitted to hospital, you must obtain an authorisation for the admission by calling our call centre on **0860 100 871** or emailing us: [authorisations.jhb@sechabamedical.co.za](mailto:authorisations.jhb@sechabamedical.co.za). The information required to facilitate your request for authorisation is the following:

- Your membership number
- Date of birth
- Doctors practice number
- Hospital name or practice number
- Date of the admission
- Procedure codes
- ICD 10 codes

This information is important and it will assist us in allocating the correct benefits to your hospitalisation. A case manager will also be assigned to manage your hospital event, to ensure that the treatment given to you in hospital is appropriate; and in line with your medical condition and your selected benefit option. In the event of a life-threatening medical emergency, the hospital will contact us on your behalf to obtain authorisation for your admission. We do however encourage you to check if this has been done within 72 hours of your admission.

### **SPECIALIST REFERRALS PROCEDURE** (PRIMARY AND AFFORDABLE CARE OPTIONS)

If you are on the abovementioned options, before you consult with a specialist you need to obtain authorisation. You will require a referral note from your GP which should include the following:

- Your membership details
- ICD 10 code
- Date of the consultation
- Date of birth
- Practice number (Specialist)

This procedure is applicable for all specialist approvals.



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

- Follow up visits;
- Emergency visits;
- Gynaecologist visits; and
- 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.

@ [primary.referrals@sechabamedical.co.za](mailto:primary.referrals@sechabamedical.co.za)

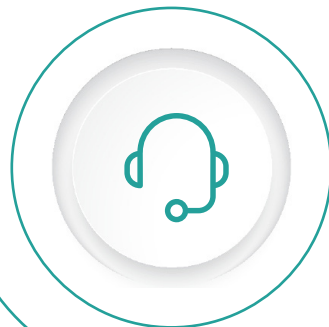
Tel: 0860 100 871

Fax: 011 221 5290



# GOT A QUERY?

QUERIES  
**0860 100 871**



For fund related queries call the National Call Centre  
National Call Centre: 0860 100 871  
Email: [queries@sizwe.co.za](mailto:queries@sizwe.co.za)

For specific contact numbers of our Benefit and Wellness Programmes, refer to the back of this booklet.

## TIP-OFFS ANONYMOUS

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.

## TIP-OFFS ANONYMOUS FRAUD LINE

@ [sizwemedical@tip-offs.com](mailto:sizwemedical@tip-offs.com)

Tel: 0800 204 702

Fax: 0800 007 788



THE BEST THINGS IN LIFE ARE  
**SIMPLE**

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We offer a range of medical aid products which are simple to understand with generous and unlimited benefits\*. Let us take care of your medical aid needs.





# BENEFIT MANAGEMENT PROGRAMMES



1. Hospital Benefit Management Programme
2. Chronic Medicine Programme
3. HIV/AIDS Management Programme
4. Disease Risk Management Programme
5. Oncology Risk Management
6. Maternity Benefit Programme
7. Dental Management Programme
8. Emergency Medical Services

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. These programmes are managed by the administrator, Sechaba Medical Solutions.



# 1. HOSPITAL BENEFIT MANAGEMENT PROGRAMME

HOSPITAL PRE-AUTHORISATION  
**0860 101 176**



The Hospital Benefit Management Programme is designed to ensure that you receive the appropriate treatment and care during your hospital stay. Once your hospital admission has been approved, a case manager along with the rest of the clinical team monitors the treatment provided to you during your stay in hospital. Where necessary the designated case manager will engage the hospital case manager and your doctor to obtain a better understanding of your treatment to ensure that you receive the best possible level of care and appropriate treatment for your health condition. All hospitalisation is subject to case management and clinical protocols.

## PLEASE NOTE

All hospital admissions must be pre-authorised. You, your doctor or the hospital should contact us at least 72 hours before your planned procedure. In the event of an emergency or life threatening situation you may proceed to obtain medical attention, however pre-authorisation must be obtained within 48 hours after the event should you be admitted to hospital. Authorisation is subject to scheme rule and clinical protocols.

## 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 MEDECINE

CHRONIC MEDECINE  
**0860 103 455**



The Chronic Medicine Programme allows you to obtain certain chronic medication through a benefit that is separate from your every day acute benefit. You can join by registering on the programme for this chronic (extended) medicine benefit. To join the programme, phone our chronic department or your nearest Sizwe Medical Fund branch and ask for an application form. With your permission, your GP, specialist and pharmacist 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 with supporting documentation (e.g. pathology results). It takes three working days to review an application. You will receive a letter via email indicating whether your application has been accepted. 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](http://www.sizwe.co.za)).

### IMPORTANT!

Chronic related queries:

@ [chronic@sizwe.co.za](mailto:chronic@sizwe.co.za)

☎ Tel: 0860 010 3455/54



### 3. HIV/AIDS MANAGEMENT PROGRAMME

HIV/AIDS MANAGEMENT  
**0860 103 454**

**HIV  
AIDS**

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 taught to manage their health so that they can remain active and healthy members of their family, community and workplace.

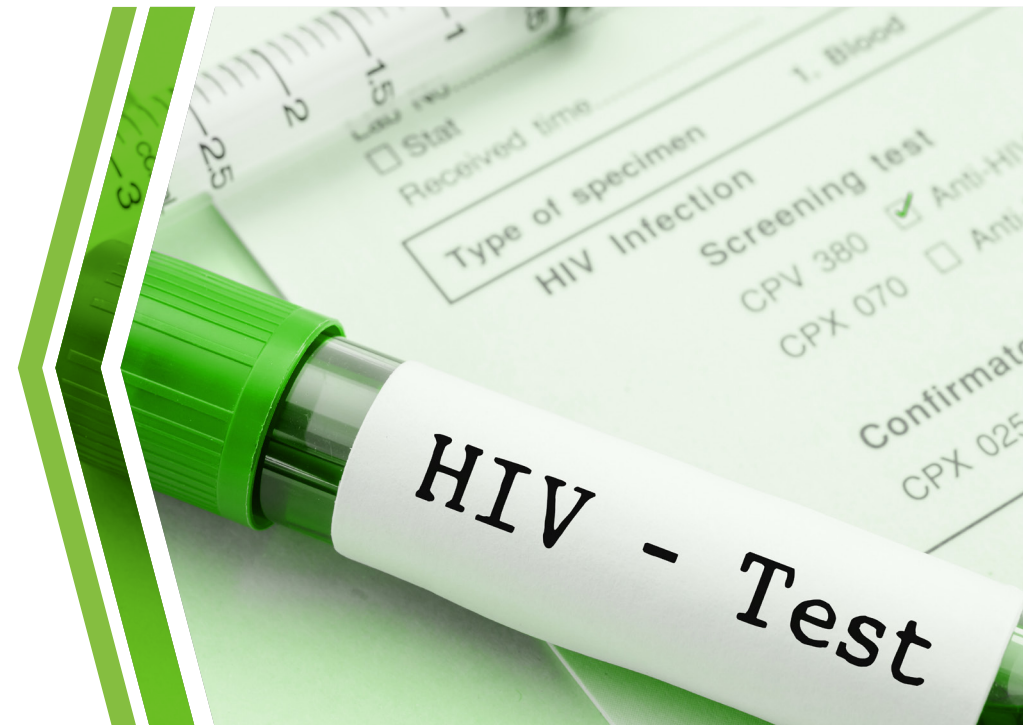
HIV is a manageable disease, which, if properly treated, will enable those infected to live productive lives. Medication is available to improve the quality of your life, but it must be prescribed and taken in the early stages. If you know that you are infected, or think that you may be, call the HIV/Aids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

#### HOW TO GET HELP?

- Call the HIV/AIDS Management Programme call centre or your doctor for advice.
- Visit your doctor or clinic for counselling and testing.
- Once your test results are available, call the confidential helpline for advice on what to do with your test results.
- 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

DISEASE RISK MANAGEMENT  
**0860 100 871**



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

## ONCOLOGY RISK MANAGEMENT 0860 100 871



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 the South African Oncology Consortium (SAOC) 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 SAOC's standard protocols and formularies.

### WHAT IS FUNDED FROM THIS BENEFIT?

- Radiation and chemotherapy; and
- 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:

- "Treatable" Cancers: In general non-solid and solid organ malignant tumours (excluding lymphomas) will be regarded as treatable where there is no evidence of spread to either adjacent or distant organs.

### 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 do not fall within the scheme exclusion category
- Benefits have been exceeded and the condition is a non-PMB
- Pathology and Radiology tests are related to the cancer condition

SAOC is contracted to more than 80% of oncology specialists around the country. Members are therefore encouraged to consult with an SAOC network doctor for any cancer condition. The list of SAOC doctors can be accessed on:

 Tel: 012 667 2067  [www.soac.org.co.za](http://www.soac.org.co.za)



## 6. MATERNITY BENEFIT PROGRAMME

MATERNITY BENEFIT  
**0860 100 871**



The Maternity Benefit Programme provides additional benefits for members on traditional options, (Primary Care, Affordable Care, Full Benefit Care) who register on the programme within 24 weeks of falling pregnant. Once registered, the member is covered for additional GP or midwife and specialist visits. These visits will not affect the member's day-to-day benefits. Gomomo Care is subject to Network Provider Clinical Protocols and formulary.



Fax: 011 221 5218



[sizwebaby@healthichoice.com](mailto:sizwebaby@healthichoice.com)





## 7. DENTAL MANAGEMENT PROGRAMME

DENTAL QUERIES AND AUTHORISATIONS  
**0860 109 556**



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. Additionally, if your dental treatment requires that you go to hospital, you must also obtain pre-authorisation from DENIS.





# 7. DENTAL MANAGEMENT PROGRAMME

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

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.

- 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 authorisations:

## 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. (This is applicable to the Affordable and Full Benefit Care plans).

## ORTHODONTICS (BRACES)

This benefit is subject to managed care protocols and will only be funded from date of authorisation. Subject to pre-authorisation, (This is applicable to the Affordable and Full Benefit Care plans). 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.

GENERAL ENQUIRIES: [customercare@denis.co.za](mailto:customercare@denis.co.za)

CLAIMS SUBMISSION: [claims@denis.co.za](mailto:claims@denis.co.za)

ORTHODONTIC RELATED MATTERS: [ortho@denis.co.za](mailto:ortho@denis.co.za)

CROWN RELATED MATTERS: [crown@denis.co.za](mailto:crown@denis.co.za)

HOSPITAL ENQUIRIES: [hospitalenq@denis.co.za](mailto:hospitalenq@denis.co.za)

## 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

## 8. EMERGENCY MEDICAL SERVICES

EMERGENCY MEDICAL SERVICES  
**0860 117 799**



### 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.









# DESIGNATED SERVICE PROVIDERS

## 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. 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](http://www.sizwe.co.za)*



# PRESCRIBED MINIMUM BENEFITS (PMBs)

## WHAT IS A PMB?

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 Chronic Disease List).



# PMBs & CHRONIC CONDITIONS

ADDISON'S DISEASE	EPILEPSY
ASTHMA	GLAUCOMA
BIPOLAR MOOD DISORDER	HAEMOPHILIA
BRONCHIECTASIS	HYPERLIPIDAEMIA
CARDIAC FAILURE	HYPERTENSION
CARDIOMYOPATHY	HYPOTHYROIDISM
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	MULTIPLE SCLEROSIS
CHRONIC RENAL DISEASE	PARKINSON'S DISEASE
CORONARY ARTERY DISEASE	RHEUMATOID ATHRITIS
CROHN'S DISEASE	SCHIZOPHRENIA
DIABETES INSIPIDUS	SYSTEMIC LUPUS ERYTHMATOSUS
DIABETES MELLITUS TYPES 1 & 2	ULCERATIVE COLITIS
DYSRHYTHMIAS	HIV/AIDS

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



<div> <div>ADDITIONAL NON-CDL CHRONIC CONDITIONS COVERED (AFFORDABLE &amp; FULL BENEFIT OPTIONS)</div> <div>ADDITIONAL NON-CDL CHRONIC CONDITIONS COVERED (FULL BENEFIT OPTION)</div> </div>		
ALLERGIC RHINITIS	ALZHEIMER'S DISEASE	MOTOR NEURON DISEASE
ANAEMIA: VITAMIN B12 DEFECT	ANKYLOSING SPONDYLITIS	MYASTHENIA GRAVIS
ANTI-PHOSPHOLIPID SYNDROME	ATTENTION DEFICIT DISORDER/ HYPERACTIVITY	OSTEOPOROSIS
APLASTIC ANAEMIA	CHRONIC URINARY TRACT INFECTION	OBSESSIVE COMPULSIVE DISORDER
BENIGN PROSTATIC HYPERTROPHY	CRYOGLOBULINEMIA	PAGET'S DISEASE
ENDOCARDITIS	DELUSIONAL DISORDERS	PANCREATIC INSUFFICIENCY
GOUT	DERMATOMYOSITIS	PERIPHERAL VASCULAR DISEASE
HYPOPARATHYROIDISM	ENURESIS/ INCONTINENT	PSORIASIS
IRON DEFICIENCY ANAEMIA	GASTRO OESOPHAGEAL REFLUX	PITUITARY ADENOMAS
OSTEO-ARTHRITIS	MIGRAINE	PULMONARY INTERSTITIAL FIBROSIS
STROKE	HYPERTHYROIDISM	
ADDITIONAL PMBs ON THE AFFORDABLE AND FULL BENEFIT OPTIONS		
MAJOR DEPRESSION	HRT (HORMONE REPLACEMENT THERAPY)	

# PRESCRIBED MINIMUM BENEFITS (PMBs)

## 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

NB: Kindly note that this list is not exhaustive, for details of all exclusions across all options refer to Annexure C of the scheme rules or visit the Sizwe Medical Fund website at [www.sizwe.co.za](http://www.sizwe.co.za)

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. Household and biochemical remedies.
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 LIMITATIONS ON PRIMARY CARE

The following conditions will only be covered on the Primary Care as Prescribed Minimum Benefits and at a Designated Service Provider:

- Advanced laparoscopic procedures
- Reconstructive surgery
- Cardiac surgery
- Joint replacements
- Spinal surgery
- Breast reconstruction surgery

# LIST OF LIMITATION OF BENEFITS AND BENEFITS EXCLUSIONS

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## 1. LIMITATION OF BENEFITS AND BENEFIT EXCLUSIONS

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefits as per regulation 8 of the Act. Furthermore, where a protocol or a formulary drug preferred by the scheme has been ineffective or would cause harm to a beneficiary, the scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Act.

### THE FOLLOWING LIMITATIONS WILL APPLY ON ALL BENEFIT OPTIONS:

- 1.1 The maximum benefits to which a member and his dependants shall be entitled in any financial year shall be limited set out in Annexure B.
- 1.2 All new members admitted during the course of a financial year shall be entitled to the benefits set out in Annexure B with the maximum benefits being adjusted in proportion to the period of membership from the admission date to the last day of such financial year.
- 1.3 In cases of illness of a protracted nature, the Board shall have the right to insist upon a member or a dependant of a member consulting any particular specialist the Board may nominate in consultation with the attending practitioner.
- 1.4 Unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month's supply (or to the nearest unbroken pack) for every such prescription or repeat thereof.
- 1.5 Where the Fund has Designated Service Providers in place, the benefits will be limited in accordance to the rules specified in Annexure B for each of the registered options.

## 2. BENEFITS EXCLUDED ON ALL BENEFIT OPTIONS, SUBJECT TO PMBs

### EXCLUSIONS (all options)

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

- 2.1 The surgical treatment for obesity;
- 2.2 The surgical treatment of infertility unless it is classified as a PMB;
- 2.3 Operations, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease;
- 2.4 Surgical treatment of keloids, unless such keloids are a result of a complication from a PMB condition resulting in functional impairment;
- 2.5 Cosmetic surgery;
- 2.6 Frail care;
- 2.7 Breast reconstructive surgery for Primary Care unless it is classified as a PMB;
- 2.8 Injuries arising from speed contests and speed trials unless it is classified as a PMB;
- 2.9 Such costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules, unless otherwise agreed by the Board;
- 2.10 The purchase of medicines not included in a prescription from a person legally entitled to prescribe, unless otherwise provided for in Annexure B;



## 2. BENEFITS EXCLUDED ON ALL BENEFIT OPTIONS, SUBJECT TO PMBs

### 2.11 Unless otherwise provided for in Annexure B, services rendered by:

2.11.1 Any other person not registered with the Health Professions Council of South Africa or with the Chiropractors Homeopaths and Allied Health Services Professions Council of South Africa;

2.11.2 Any person not registered with the South African Nursing Council as a nurse; or

2.11.3 Any person not registered with the South African Dental Technicians Council as a dental technician;

2.11.4 Any place, nursing or similar institution, 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, provided that if a member incurs a cost for services rendered outside the Republic of South Africa for which, as per the discretion of the Board 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 or Rule 16.5; and

#### 2.11.4 Medical Scientist

- Psychometry and Registered Counselling
- Industrial and Research Psychologist.

### 2.12 Other exclusions

- Anabolic steroids;
- Anti-diarrhoeal micro-organism;
- Anti-malarials for prophylactic use;
- Aphrodisiacs;
- Contact lens preparations;
- Cosmetic preparations, medicated or otherwise;
- Diagnostic monitors and appliances,
- Essential fatty acid preparations and combinations;

- Household remedies or preparations of the type generally promoted to the public to increase consumption;
- Household type bandages and dressings;
- Immune sera and immunoglobulins;
- Medicines used specifically to promote fertility unless classified as a PMB;
- Medicines used specifically to treat alcoholism and addiction, subject to PMBs;
- Minerals (single and combined);
- Musculo-skeletal topical agents;
- Nutritional supplements, including baby foods, and formulas unless it is specially authorised as part of a scheme approved treatment protocol;
- Preparations used specifically to treat and or prevent obesity;
- Preparations to treat smoking dependency;
- Sanitary products (nappies, sanitary pads etc.);
- Items appearing on the Scheme's non-covered items list for hospitals;
- Section 21 products;
- Soaps, shampoos and other applications (medical or non-medicated);
- Stimulant laxatives;
- Surgical appliances and devices for use out of hospital;
- Syringes and needles for use out of hospital (except for use by diabetics and if classified as a PMB);
- Tonics and stimulants;
- Topical acne facial wash preparations;
- Topical sun screening, sun tanning and after sun agents;
- Travel vaccines;
- Treatment not proven safe and effective, such as natural remedies, herbs, and treatment prescribed by non-licensed practitioners etc.;
- Treatment prescribed for indicated use (off label);
- Vaccines, oral and parenteral (except childhood and flu vaccines);
- Vitamins, multivitamins and combinations;
- Voluntary withdrawn products and treatment that might be harmful or unsafe; and
- Acupuncture and Chinese Medicine
  - o Naturopath
  - o Osteopathy.

#### 2.12.1 Holidays for recuperative purposes

- 2.12.2 Travelling expenses incurred by a member Traveling expenses claimed by medical or dental practitioners will be provided for in line with Rule P of the NHRPL
- 2.12.3 Charges for appointments cancelled or which a member or dependant or a member fails to keep.
- 2.12.4 The use of gold in dentures or the cost of gold as an alternative to non-precious metal in crowns, inlays and bridges, and metal frame on full dentures.
- 2.12.5 The payment of interest on arrear accounts.

### 3. DENTAL EXCLUSIONS

#### 3.1 Oral Hygiene/Prevention

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

#### 3.2 Fillings/Restorations

- 3.2.1 Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis.
- 3.2.2 Resin bonding for restorations charged as a separate procedure to the restoration.
- 3.2.3 Polishing of restorations
- 3.2.4 Gold foil restorations
- 3.2.5 Ozone therapy

#### 3.3 Root Canal Therapy and Extractions

- 3.3.1 Root canal therapy on primary (milk) teeth
- 3.3.2 Direct and indirect pulp capping procedures
- 3.3.3 Root canal therapy on wisdom teeth (third molars).

#### 3.4 Plastic Dentures/Snoring appliances/Mouth-guards

- 3.4.1 Diagnostic dentures and the associated laboratory costs
- 3.4.2 Snoring appliances and the associated laboratory costs
- 3.4.3 Provisional dentures and associated laboratory costs.
- 3.4.4 The clinical fee of dental repairs, denture tooth replacements and the addition of a soft base to new dentures (The laboratory fee will be covered at the Scheme Dental Tariff where managed care protocols apply.)
- 3.4.5 The laboratory cost associated with mouth guards (The clinical fee will be covered at the Scheme Dental Tariff where managed care protocols apply.)
- 3.4.6 High impact acrylic
- 3.4.7 Cost of gold, precious metal, semi-precious metal and platinum foil
- 3.4.8 Laboratory delivery fees

#### 3.5 Partial Metal Frame Dentures

- 3.5.1 Metal base to full dentures, including the laboratory cost.
- 3.5.2 High impact acrylic
- 3.5.3 Cost of gold, precious metal, semi-precious metal and platinum foil
- 3.5.4 Laboratory delivery fees

### 3.6 Crown and Bridge

- Crown and crown retainers on wisdom teeth (3rd molars)
- Pontics on 2nd molars
- Crown and bridge procedures for cosmetic reasons and the associated laboratory costs
- Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs
- Occlusal rehabilitations and the associated laboratory costs
- Provisional crowns and the associated laboratory costs
- Porcelain veneers and inlays/onlays and the associated laboratory costs
- Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs.
- Cost of gold, precious metal, semi-precious metal and platinum foil
- Laboratory delivery fees

### 3.7 Implants

- 3.7.1 Implants on wisdom teeth (3rd molars).
- 3.7.2 Dolder bars and associated abutments on implants including the associated laboratory costs.
- 3.7.3 Laboratory delivery fees.

### 3.7 Orthodontics

- 3.8.1 Orthodontic treatment for cosmetic reasons and associated laboratory costs
- 3.8.2 Orthognathic (jaw correction) surgery, other orthodontic related surgery and any related hospital cost including associated laboratory costs.
- 3.8.3 Orthodontic re-treatment and the associated laboratory costs
- 3.8.4 Cost of invisible retainer material
- 3.8.5 Laboratory delivery fees

### 3.9 Periodontics

- 3.9.1 Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemi-section of a tooth.

- 3.9.2 Perio chip placement

### 3.10 Maxillo-Facial Surgery and Oral Pathology

- 3.10.1 Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.
- 3.10.2 Bone augmentations
- 3.10.4 Cost of bone regeneration material
- 3.10.5 The auto-transplantation of teeth
- 3.10.6 Sinus lift procedures
- 3.10.7 The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8943 and 8945).

### 3.11 Hospitalisation (general anaesthetic)

- 3.11.1 Where the reason for admission to hospital is dental fear or anxiety.
- 3.11.2 Multiple hospital admissions.
- 3.11.3 Where the only reason for admission to hospital is to acquire a sterile facility.
- 3.11.4 The cost of dental materials for procedures performed under general anaesthetic.



3.11.5 The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia:

- Apicectomies
- Dentectomies
- Frenectomies
- Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for adults
- Professional oral hygiene procedures
- Implantology and associated surgical procedures, and
- Surgical tooth exposure for orthodontic reasons.

### 3.12 Additional scheme exclusions

#### 3.12.1 Special reports

#### 3.12.2 Dental testimony, including dentolegal fees

#### 3.12.3 Behaviour management

#### 3.12.4 Intramuscular and subcutaneous injections

#### 3.12.5 Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures

#### 3.12.6 Appointments not kept

#### 3.12.7 Treatment plan completed (code 8120)

#### 3.12.8 Electrognathographic recordings, pantographic recordings and other such electronic analyses

#### 3.12.9 Caries susceptibility and microbiological tests

#### 3.12.10 Pulp tests

#### 3.12.11 Cost of mineral trioxide



# GLOSSARY

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

## CHRONIC BENEFIT ENTRY CRITERIA:

Diagnostic tests to confirm a chronic illness, e.g. blood tests or ECG reports, etc.

## CHRONIC DISEASE LIST:

A list of chronic illnesses that are covered in terms of legislation.

## CHRONIC MEDICINES:

Medicines used to manage conditions as listed on the Sizwe chronic conditions list.

## CONSERVATIVE DENTISTRY:

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

## CONSULTATION:

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

## CT AND MRI SCANS:

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

## DAY-TO-DAY BENEFIT:

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

## DENTAL BENEFIT MANAGEMENT PROGRAMME:

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

## DESIGNATED SERVICE PROVIDER:

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

## FORMULARY:

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

## GENERIC:

A medicine that has the same ingredients and which works the same as a well-known brand medicine.

## HIV:

Human Immunodeficiency Virus.

## MEDICAL EMERGENCY:

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

## MMAP:

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

## NETWORK OPTIONS:

This is an option with the exact same benefits as its main option; however with reduced contributions due to restrictions placed on members to only use certain healthcare providers or provider groups.

# GLOSSARY

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## OCCUPATIONAL THERAPY:

Mental or physical activity designed to help you recover from an injury or a disease.

## ONCOLOGY:

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

## PHARMACY ADVISED THERAPY (PAT):

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

## PRE-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.



**HOSPITAL PRO-AUTHORISATION  
HOSPITAL BENEFIT MANAGEMENT PROGRAMME**

TEL : 0880 101 176

**DENTAL BENEFIT MANAGEMENT - DENIS**

TEL : 0880 109 556

FAX : 0880 770 336

EMAIL : [sizweenq@denis.co.za](mailto:sizweenq@denis.co.za)

**OUT OF HOSPITAL\DAY-TO-DAY  
BENEFITS NETWORK PROVIDERS**

UITENHAGE : UDIPA

TEL : 041 991 0455

PORT ELIZABETH: ECIPA

TEL : 041 395 4482

ALL OTHER AREAS : ENABLEMED

TEL : 0860 00 24 00

**WELLNESS PROGRAMME –  
HELPLINE FOR ASTHMA, CARDIOVASCULAR  
DISEASE, DIABETES AND MENTAL HEALTH**

TEL : 0860 103 454

FAX : 011 221 5238

EMAIL : [wellnessqueries@sizwemedfund.co.za](mailto:wellnessqueries@sizwemedfund.co.za)

**HIV/AIDS MANAGEMENT PROGRAMME**

TEL : 0860 103 454

FAX : 011 221 5235 / 56

**EUROP ASSISTANCE SA, MEDICAL EMERGENCIES,  
24-HOUR AMBULANCE SERVICES AND MEDICAL  
ADVICE**

TEL : 0860 117 799

**SIZWE BABY PROGRAMME**

FAX : 011 221 5218

EMAIL : [sizwebaby@healthchoices.com](mailto:sizwebaby@healthchoices.com)

**TIP-OFFS ANONYMOUS FRAUD LINE**

TEL : 0800 204 702

FAX : 0800 007 788

EMAIL : [sizwemedical@tip-offs.com](mailto:sizwemedical@tip-offs.com)

**CHRONIC MEDICATION PROGRAMME**

TEL : 0860 103 455 /  
011 353 0030

FAX : 011 353 0352  
/ 0076

EMAIL : [chronic@sizwe.co.za](mailto:chronic@sizwe.co.za)

UITENHAGE : UDIPA

FAX : 041 991 1915

EMAIL : [admin@udipa.co.za](mailto:admin@udipa.co.za)

PORT ELIZABETH: ECIPA

FAX : 086 680 8855

EMAIL : [pbm@providence.co.za](mailto:pbm@providence.co.za)

ALL OTHER AREAS : ENABLEMED

FAX : 086 666 0228

EMAIL : [chronic@enablemed.com](mailto:chronic@enablemed.com)

## NATIONAL CALL CENTRE

Monday to Friday  
8am - 5pm

0860 100 871

[queries@sizwe.co.za](mailto:queries@sizwe.co.za)

### POLOKWANE

Regus 58 - 60 Landros Mare Street  
Thabakgolo Building, 3rd Floor  
Polokwane, Limpopo, 0700  
015 101 0546 | 015 101 0547

### JOHANNESBURG

7 West Street  
Houghton Estate  
Johannesburg, 2198  
011 725 0040

### EMALAHLENI (WITBANK)

71 Mandela Drive  
Cnr. Plumer & 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  
Cnr. 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 Riebeek Street  
Cape Town, 8000  
021 402 9600 | 021 418 1400



Sizwe Medical Fund is regulated by the Council for Medical Schemes. Sizwe Medical Fund number 0000, administered by Sechaba Medical Solutions (Pty) Ltd; registration number 0000/000000/00, an authorised financial services provider. Tel: 0860 100 871 | Email: [queries@sizwe.co.za](mailto:queries@sizwe.co.za) | [www.sizwe.co.za](http://www.sizwe.co.za)

**Disclaimer:**

This Members Guide is for information purposes only and does not supersede the rules of the Fund. A full set of rules is available on our website: [www.sizwe.co.za](http://www.sizwe.co.za)