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Medical Aid Consultant



Edward de Klerk
General Secretary – SATU



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1. INTRODUCTION

The Sizwe Medical Fund is currently the main medical aid scheme for SATU members. The participation policy on the scheme is voluntary and members joining might be subject to underwriting. This means that you may have a **3-month general waiting period** and/or a **12-month condition specific waiting period** when joining.

The scheme also has the right to impose a **Late Joiner Penalty (LJP)** if you are over the age of 35 and have no or limited previous medical scheme membership.

Alexander Forbes Health will no longer be the medical aid consultants and will be replaced by Transparent Financial Services as the new consultants for SATU and its members.

2. REGIONAL MEMBER PRESENTATIONS

Come and enjoy a cup of tea or coffee with some biscuits with us and have your medical aid questions answered by the panel in your region. We are interested to know your thoughts on these matters.

Region	Date and time	Address	Representatives
Johannesburg 011 834 1261	2018-11-05 12h30 – 13h30	81 Main Street, 5 th Floor, Nedbank Building, Cnr Main & Simmons Streets, Marshalltown	Edward Ngobeni Stephen Jacobs
Cape Town 021 461 1180	2018-11-06 10h00 – 11h00 15h00 – 16h00	Ground Floor, McIntyre Place, C/O Picton and King Edward streets, Parow	Arthur Hartley Stephen Jacobs
Port Elizabeth 041 484 1490	2018-11-07 11h00 – 12h00	33 6 th Avenue, Newton Park, Port Elizabeth	Thaakira Hendricks Stephen Jacobs
Durban 031 301 7634	2018-11-08 10h00 – 12h00 12h30 – 13h30	13th Floor Mercury House, 320 Smith Street (Anton Lambede), Durban	Andrew Michael Stephen Jacobs

3. SIZWE MEDICAL FUND CONTRIBUTIONS AND BENEFIT CHANGES FOR 2019

A summary of the new contributions for 2019 and the benefit changes are detailed in the section titled **2019 CONTRIBUTIONS** and **PRODUCT HIGHLIGHTS** on pages 5 and 6.

4. BRIEF DESCRIPTION OF THE SIZWE BENEFIT OPTIONS

Hospital Care Option

This option provides **in-hospital cover only (this means that there are no benefits for day to day out of hospital expenses**, such as doctor visits, medicines from the pharmacy, spectacles, dentist visits, etc.) Cover is provided for 26 chronic conditions as per the Prescribed Minimum Benefits (PMB's).

One of the proposed changes for 2019 is to add an 18% 'Medical Savings Account' to this option, to cover day to day out of hospital expenses. However, at the time of compiling this newsletter approval from the Council for Medical Schemes (CMS) for this change is still outstanding.

Gomomo Care Option

This option utilises a network of contracted providers (known as 'Designated Service Providers' – DSP's) to provide access to the various benefits. Both in-hospital and out of hospital benefits are covered on a limited basis and will be subject, where applicable, to DSP's, managed care, clinical protocols, formularies and pre-authorisation. Some of the day to day, out of hospital benefits include, amongst others, doctor visits, acute medication, optical and dentistry. Cover is provided for 26 chronic conditions as per the Prescribed Minimum Benefits (PMB's).

Primary Care Option

This option provides for a greater choice of providers, both in and out of hospital as well as preventative care benefits. The benefits are subject to various sub limits. Day to day is paid from an “overall day to day pool”, the amount is determined by the family size. There are sub-limits within the pool for doctors, specialists, physiotherapy, radiology, pathology and acute medicines. Other day to day benefits, such as, dentistry, optometry and auxiliary services are over and above the “overall day to day pool” limit. Cover is provided for 27 chronic conditions as per the Prescribed Minimum Benefits (PMB’s).

Affordable Care Option

The structure of this option is the same as the Primary Care Option except that it has higher benefit limits, 27 chronic conditions plus an additional 10 conditions which do not form part of the PMB’s. This option is also more expensive than the Primary Care Option and is the most popular option for SATU members.

Full Benefit Care Option

The structure of this option is the same as the Affordable Care Option except that it has even higher benefit limits, 27 chronic conditions plus an additional 32 conditions which do not form part of the PMB’s. Top-up cover, when in hospital, is also included on this option and it pays the difference between the Sizwe rate and the amount charged by Practitioners up to 200% of the Sizwe rate. This option is the most expensive option available under the Sizwe Medical Fund.

5. HOW DO I SELECT THE BEST MEDICAL AID OPTION FOR ME AND MY FAMILY?

- Consider what you can afford to pay toward the medical aid and whether or not you receive a medical aid subsidy.
- Familiarise yourself with the benefit differences between the various options and consider whether or not you wish to eliminate those which are either unaffordable or too restrictive for you.
- Most options provide very similar in-hospital benefits but you need to determine whether or not you (and your family) have conditions which may require hospitalisation over the next 12 months. Look at the level of the limits applicable to that procedure, if there are any restrictions / limitations and if you will be required to utilise a network or any provider.
- Establish if you (and your family) suffer from any one of the chronic conditions under the ‘Prescribed Minimum Benefits’ (PMB’s) and/or any of those additional conditions which are provided by some of the options.
- It is also important to consider the cost of the medicine of the additional condition/s and whether or not it will be financially better to select the higher option or carry the cost yourself.
- Consider the amount of day to day out of hospital cover required. Did you run out of benefit last year for any specific condition / procedure? Will your usage be more or less the same for next year or will there be additional procedures required? Are you happy to use networks or do you require greater freedom of choice of provider? Remember the higher the benefit limits the higher the cost of that option.
- It is also important to assess whether the cost difference of moving from one option to another is justified by the benefit differences.

6. UNDERSTANDING THE SIZWE MEDICAL FUND - IMPORTANT INFORMATION

- Always obtain **pre-authorisation** prior to any in-hospital admission / dental procedure, otherwise a R1 500 co-payment will apply.
- EUROP ASSIST SA is the contracted provider for **ambulance services** and if any other provider is used the account will not be paid by Sizwe.
- The **reimbursement rate** is 100% of the Sizwe rate and **not 100% of cost**. This means that should the provider charge more than a 100% of the Sizwe rate then you will be liable for the difference (except under the Full Benefit Option where the Top-up cover applies).
- **Top-up cover** under the Full Benefit Option must be claimed within 3 months of hospitalisation (this cover do not apply to day to day out of hospital benefits).
- If your **chronic condition** is one of those listed on your option then you must arrange for the Practitioner to complete the chronic application form and submit this to Sizwe for approval. If not, then the cost of the medication will be treated as acute and will reduce your day to day acute medication limit instead of your chronic benefit.
- All medical schemes apply a **formulary** for medication which means that if the Practitioner prescribed a medication which is not on the formulary then, even if approved by the scheme, the cost will not be covered in full and a co-payment will apply.
- Various **Management Programmes** apply and it is imperative to register on these programmes (where applicable) if you wish to enjoy the benefits under the programme.
 - Maternity (Sizwe Baby) Programme
 - HIV / AIDS Management Programme
 - Chronic Medication Programme
 - Wellness Programme
- If you are ever in doubt if a certain procedure will be covered or to what extent a claim will be paid, then it is best to obtain confirmation from the call centre (0860 100 871) prior to going for the procedure.

7. ZEST REWARDS – LOYALTY PROGRAMME

Zest rewards are a loyalty programme exclusive to Sizwe Medical Fund Members. Benefits include, home emergency assist, debt assist, bail protect, legal assist, Wills and Trust and SOS assist. In addition, members qualify for discounted gym membership and discounts at other partners. Cost is as follows:

Single member – R34	Member and adult – R66	Member, adult and 3 children – R110
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DISCLAIMER

All the 2019 benefits and contributions are subject to approval by the Council for Medical Schemes. All the information covered in this newsletter is for information purposes only and will be subject to the Rules of the Sizwe Medical Fund.

18 September 2018

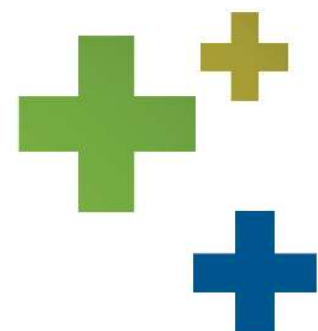
2019 CONTRIBUTIONS

	Income Bracket	Principle Member	Adult Dependant	Child Dependant
HOSPITAL CARE	ALL	R1 955	R1 433	R 651
GOMOMO CARE	R0 - R7 540	R902	R892	R376
	R7 541 - R8 796	R1 258	R1 258	R456
	R8 797 - R11 309	R1 795	R1 733	R500
	R11 310	R2 230	R1 820	R533
PRIMARY CARE	R 0 - R 9 803	R2 140	R1 668	R 638
	R9 804+	R2 395	R1 703	R 702
AFFORDABLE CARE	R 0 - R16 833	R3 065	R2 816	R772
	R16 834 - R32 499	R3 188	R2 927	R804
	R32 500+	R3 418	R3 272	R868
FULL BENEFIT CARE	R0 - R32 499	R4 722	R4 290	R 964
	R32 500+	R5 273	R4 987	R1 052

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

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2019 PRODUCT HIGHLIGHTS	
BENEFIT LIMITS	5.5% Inflationary increase across all plans.
HEARING AIDS	Introduction of pre-authorization process for hearing aid benefit applications on all options.
SPINAL SURGERY	Allow for more levels for Spinal surgery subject to Managed Care Protocols.
ONCOLOGY	Allows for specialised Radiology benefits on Oncology across all options.
PSYCHIATRIC CONSULTATIONS	Allows for 4 additional Psychiatric consultations in lieu of hospitalisation for ALL options subject to Managed Care Protocols.
MATERNITY	Additional tests on Maternity (Sizwe Baby) programme 1 HIV test 12 Urine tests 1 Full Blood Count (FBC) R 100 worth of Vitamins
VACCINATIONS	Child immunisations for children six (6) years old and younger HPV vaccine.
HOSPITAL CARE	
BENEFIT OPTION ENHANCEMENT	Introduction of 18% Medical Savings Account on Hospital Care option.
PRIMARY CARE	
OPTOMETRY	Increase Optical Frame benefit from R 320 to R 550 for Primary Care option.
GP VISITS	2 additional visits for Principal member with no dependents for Primary Care option.
DENTISTRY	Introduction of pre-authorization of dentures to be implemented on Primary Care option.
CONTRIBUTIONS	Removal of the lowest income band on the Primary Care option, targeted at students Increase child dependent contribution on higher income band. Principal member rate adjusted downwards on the high-income bands.
AFFORDABLE CARE	
DENTISTRY	Introduction of pre-authorization of dentures to be implemented on Affordable Care options.
CONTRIBUTIONS	Middle-income band for Affordable Care is expanded.
BLOOD PRESSURE MONITOR	Allow benefits for Blood Pressure monitors for Affordable Care options.
FULL BENEFIT CARE	
REFRACTIVE SURGERY	50% increase on Refractive surgery on Full Benefit Care Option.
BLOOD PRESSURE MONITOR	Allow benefits for Blood Pressure monitors for Full Benefit Care option.
CONTRIBUTIONS	We have expanded the lower income band for Full Benefit Care. Lower increase for the highest income bracket.

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