Be Smart. **Keep it Simple.**

# BENEFITS BROCHURE 2017
# **ESSENCE**

KeyHealth
MEDICAL SCHEME

## ESSENCE OPTION

| MAJOR MEDICAL BENEFITS | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY |
|---|---|---|---|
| **HOSPITALISATION** | | | Pre-authorisation compulsory. |
| **Varicose vein surgery, Facet joint injections, Hysterectomy, Rhizotomy, Reflux surgery, Back and neck surgery (incl. spinal fusion), Joint replacement.** | | | PMB entitlement only. |
| Private Hospitals | | | Unlimited; up to 100% of Agreed Tariff, subject to use of DSP hospital (Netcare or Life Healthcare). (30% co-payment at non-DSP hospital). |
| State Hospitals | | | Unlimited; up to 100% of Agreed Tariff. |
| Specialist and Anaesthetist services | 100% | | Unlimited, subject to use of DSP Provider. |
| Medicine on discharge | 100% | R450 | Per admission. |
| **MAJOR MEDICAL OCCURRENCES** | | | |
| **SUB-ACUTE FACILITIES & WOUND CARE** | 100% | | Pre-authorisation compulsory and subject to case management and Scheme protocols. |
| Hospice, private nursing, rehabilitation, step-down facilities and wound care | | | PMB entitlement only. |
| **ORGAN TRANSPLANT**<br>Hospitalisation, organ harvesting and drugs for immuno-suppressive therapy. | 100% | | Pre-authorisation compulsory and subject to case management. PMB entitlement in DSP hospitals only. |
| **DIALYSIS** | 100% | | Pre-authorisation compulsory and subject to case management and Scheme protocols.<br>PMB entitlement only. |
| **ONCOLOGY** | 100% | R131 500 | Pfpa. Pre-authorisation and use of DSP compulsory and subject to case management and Scheme Protocols. |
| **RADIOLOGY** | 100% | | Pre-authorisation compulsory for specialised radiology, including MRI and CT scans. Hospitalisation not covered if radiology is for investigative purposes only. |
| MRI and CT scans | | R 13 900 | Pfpa. R1 400 co-payment per scan (in- or out-of-hospital), excluding confirmed PMBs. |
| X-rays | | | Unlimited. |
| PET scans | | | No benefit. |
| **PATHOLOGY** | 100% | | Unlimited |

| OUT-OF-HOSPITAL BENEFITS | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY |
|---|---|---|---|
| **DAY-TO-DAY BENEFIT** | | | |
| **ROUTINE MEDICAL EXPENSES**<br>General Practitioner and Specialist consultations, Radiology (including Nucleur Medicine Study and bone density scans). Prescribed and over-the-counter medicine. Optical and auxiliary services, e.g. physiotherapy, occupational therapy, contraceptive pills and biokinetics. | At Cost | Unlimited | PMB entitlement only. |
| **Over-the-counter reading glasses** | | | No benefit. |
| **Over-the-counter medicine** | | | No benefit. |
| **PATHOLOGY** | | | No benefit, except for PMB conditions. |
| **OPTICAL SERVICES** | | | |
| Frames | | | No benefit. |
| Lenses | | | No benefit. |
| Eye test | | | No benefit. |
| Contact lenses | | | No benefit. |
| Refractive surgery | | | No benefit. |
| **DENTISTRY** | | | |
| **CONSERVATIVE DENTISTRY** | | | No benefit. (Refer to Health Booster) |
| Consultations | | | No benefit. |
| X-rays: Intra-oral | | | No benefit. |
| X-rays: Extra-oral | | | No benefit. |
| Oral hygiene | | | No benefit. |
| Fillings | | | No benefit. |
| Tooth extractions and root canal treatment | | | No benefit. |
| Plastic and metal frame dentures | | | No benefit. |

## ESSENCE OPTION

| DENTISTRY | | | |
|---|---|---|---|
| **SPECIALISED DENTISTRY** | | | No benefit. |
| **Maxillo-Facial and Oral surgery** | | | |
| Surgery in dental chair | | | No benefit. |
| Surgery in-hospital (general anesthesia) | | | No benefit. |
| **Hospitalisation and Anesthetics** | | | |
| Hospitalisation (general anesthesia) | | | No benefit. |
| Laughing gas in dental rooms | | | No benefit. |
| IV conscious sedation in dental rooms | | | No benefit. |

PAY ALL DENTAL CO-PAYMENTS DIRECTLY TO THE SERVICE PROVIDER INVOLVED

| CHRONIC BENEFITS | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY |
|---|---|---|---|
| **CHRONIC MEDICATION** | | | |
| Category **A** (CDL) | 100% | | Unlimited – subject to reference pricing.<br>Registration on Chronic Disease Program compulsory.<br>(30% co-payment applicable when using a non-DSP pharmacy.) |
| Category **B** (other) | | | No benefit. |

| SUPPLEMENTARY BENEFITS | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY |
|---|---|---|---|
| **PSYCHIATRIC TREATMENT** | 100% | R16 700 | Pfpa. In-hospital services. Pre-authorisation compulsory and subject to case management. |
| **BLOOD TRANSFUSION** | 100% | | Unlimited. Pre-authorisation compulsory. |
| **PROSTHETICS**<br>(Internal, external and fixation devices) | 100% | | No benefit for non-PMB prosthetics including hospital related costs.<br>PMB entitlement only. |
| **HIV/AIDS** | 100% | | Unlimited. Chronic Disease Management program applicable. |
| **AMBULANCE SERVICES** | 100% | | DSP - NETCARE 911<br>Unlimited (inter-hospital transfer subject to protocols). |
| **MEDICAL APPLIANCES**<br>Wheelchairs, orthopaedic appliances and incontinence equipment (including contraceptive devices). | 100% | R6 200 | Pfpa; combined in- and out-of-hospital benefit, subject to quantities & protocols. No pre-authorisation required. |
| Hearing Aids and maintenance | | | No benefit. |
| Oxygen/Nebulizer/Glucometer. | | | Pre-authorisation compulsory and subject to protocols. |
| **ENDOSCOPIC PROCEDURES (SCOPES)**<br>Colonoscopy and/or Gastroscopy | 100% | | Pre-authorisation compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions. |
| All other endoscopic procedures | | | Sigmoidoscopy and Cystoscopy: R2 000 co-payment per scope (in-hospital).<br>Hysteroscopy: R2 800 co-payment per scope (in-hospital).<br>Arthroscopy and Laparoscopy (diagnostic): R3 500 co-payment per scope (in-hospital). |

| MONTHLY CONTRIBUTION | | | |
|---|---|---|---|
| | **Principal Member** | **Adult Dependant** | **Child Dependant** |
| **Monthly contribution** | R1 278 | R1 013 | R427 |

# HEALTH BOOSTER

- The Health Booster provides additional benefits to Members at no extra cost! It is aimed at preventative treatment and therefore also gives access to free screening tests.
- Only the benefits stated in the Benefit Structure under Health Booster will be paid by the Scheme, up to a maximum rand value which is determined according to specific tariff codes.

**QUALIFICATION**

- Members qualify automatically for Health Booster Benefits according to the set criteria.
  - However, pre-authorisation is required in order to access the Maternity benefits on Health Booster. Contact the Client Service Centre on 0860 671 050 and obtain authorisation. (Failing to do this will result in the service costs being deducted from day-to-day benefits.)
  - Verify the tariff code or maximum rand value with the Call Centre Consultant.
  - Inform the service provider involved accordingly.

**SCREENING TESTS**

- One of the benefits available on the Health Booster program is the Health Assessment. This assessment comprises of the following screening tests:
  - Body Mass Index (BMI)
  - Blood sugar (finger prick test)
  - Cholesterol (finger prick test)
  - Blood pressure (systolic and diastolic)
  - Prostate Phlebotomy for PSA test
- Principal Members and their Adult Dependants will be entitled to one Health Assessment per calendar year and must have the screening tests done at a KeyHealth DSP pharmacy.
- A Health Assessment (HA) form can be obtained at any KeyHealth DSP pharmacy or download it from KeyHealth's website at www.keyhealthmedical.co.za.
- No authorisation is required for these screening tests.
- Results can be submitted by either the Member or the service provider and must be faxed to 0860 111 390.

| TYPE | WHO & HOW OFTEN? |
|---|---|
| **PREVENTIVE CARE** | |
| Baby immunisation | Child Dependants aged ≤6 – as required by the Department of Health. |
| Flu vaccination | All Beneficiaries. |
| Tetanus diphtheria injection | All Beneficiaries – as and when required. |
| Pneumococcal vaccination | All Beneficiaries. |
| Malaria medication | All Beneficiaries – R320 once per year. |
| **EARLY DETECTION TESTS** | |
| Pap smear (Pathologist) | Female Beneficiaries aged ≥15 – once per year. |
| Pap smear (including consultation and pelvic organs ultrasound; GP or Gynaecologist) | Female Beneficiaries aged ≥15 – once per year. |
| Mammogram | Female Beneficiaries aged ≥40 – once per year. |
| Prostate specific antigen (PSA) (Pathologist) | Male Beneficiaries aged ≥40 – once per year. |
| HIV/AIDS test (Pathologist) | Beneficiaries aged ≥15 – once per year. |
| Health Assessment (HA)<br>Body mass index, Blood pressure measurement, Cholesterol test (finger prick), Blood sugar test (finger prick)<br>PSA (finger prick) | Adult Beneficiaries – once per year. |
| **WEIGHT LOSS** | |
| Weight Loss Programme | For all Beneficiaries when the Health Assements BMI is ≥ 30:<br>• 3 x Dietician consultations (one per week).<br>• 3 x Additional dietcian consultations (one per week, provided that a weight loss chart was received from dietician proving weight loss after first three weeks).<br>• One biokineticist consultation (to create a home exercise programme for the Member).<br>• 1 x Follow-up consultation with biokineticist. |
| **MATERNITY*** | |
| Antenatal visits (GP, Gynaecologist or Midwife) & urine test (dipstick)# | Female Beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. Twelve (12) visits. |
| Scans (one before the 24th week and one thereafter)# | Female Beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. Two (2) pregnancy scans. |
| Short payments/co-payments for services rendered in (#) above and birthing fees | Covered to the value of R1 000 per pregnancy. |
| Paediatrician visits | Baby registered on Scheme. Two (2) visits in baby's 1st year. |
| Ante-natal vitamins | Covered to the value of R1 690 per pregnancy. |
| Ante-natal classes | Covered to the value of R1 690 for first pregnancies. |

*Pre-authorisation essential to access benefits

# GLOSSARY

| | |
|---|---|
| Agreed tariff | A tariff agreed to from time to time between the Scheme and service providers, e.g. hospital groups. |
| Chronic Disease List (CDL) | A list of chronic illness conditions that is covered in terms of legislation. |
| Day-to-day benefit | A combined out-of-hospital limit which may be used by any beneficiary in respect of General Practitioners, Specialists, radiology, optical, pathology, prescribed medicine and auxiliary services and which may include a sub-limit for self-medication. |
| DENIS (Dental Information Systems) | A service provider contracted by the Scheme to manage dental benefits on behalf of the Scheme according to protocols. |
| Designated Service Provider (DSP) | A provider that renders healthcare services to members at an agreed tariff and has to be used to qualify for certain benefits. |
| Emergency | An emergency medical condition means the sudden and un-expected 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. |
| Health Booster | An additional benefit for preventative health care. |
| Medical Scheme Tariff (MST) | Also referred to as KeyHealth tariff. A set of tariffs the Scheme pays for services rendered by service providers. |
| Optical Management | A cost and quality optical management programme provided by Opticlear. |
| Phlebotomy | The process of making an incision in a vein when collecting blood. |
| Physical Trauma | A severe bodily injury due to violence or an accident, e.g. gunshot, knife wound, fracture or motor vehicle accident. Serious and life-threatening physical injury, potentially resulting in secondary complications such as shock, respiratory failure and death. This includes penetrating, perforating and blunt force trauma. |
| OTC | Over-The-Counter (medicine or glasses) |
| MSA | Medical Savings Account |
| Medicine on discharge | Medicine given to members upon discharge from a hospital. Does not include medicine obtained from a script received upon discharge. |
| pbpa | per beneficiary per annum (per year) |
| pbp2a | per beneficiary biennially [every two (second) year(s)] |
| pfpa | per family per annum (per year) |
| pfp2a | per family biennially [every two (second) year(s)] |
| 2pfpa | two (2) per family per annum (per year) |