



Be Smart. **Keep it Simple.**



BENEFITS BROCHURE 2017
PLATINUM

KeyHealth
MEDICAL SCHEME

PLATINUM OPTION

MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HOSPITALISATION			Pre-authorisation compulsory.
Private Hospitals			Unlimited; up to 100% of Agreed Tariff.
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. Wound care is included in this benefit up to an amount of R14 500.
Hospice, private nursing, rehabilitation, step-down facilities and wound care.		R41 600	Pfpa; combined in- and out-of-hospital benefit.
ORGAN TRANSPLANT			
Hospitalisation, organ harvesting and drugs for immuno-suppressive therapy.	100%		Unlimited, subject to use of DSP Provider. Pre-authorisation compulsory and subject to case management.
DIALYSIS	100%		Unlimited. Pre-authorisation compulsory and subject to case management and Scheme protocols.
ONCOLOGY	100%		Unlimited. 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, CT and PET scans. Hospitalisation not covered if radiology is for investigative purposes only. (Day-to-day benefits will then apply.)
MRI and CT scans		R20 800	Pfpa. R1 400 co-payment per scan (in- or out-of-hospital), excluding confirmed PMBs.
X-rays		R30 800	Unlimited.
PET scans			2 Scans pbpa. Paid up to a maximum of R15 400 per scan.
PATHOLOGY	100%		Unlimited

OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES			
General Practitioner and Specialist consultations, Radiology (including Nuclear 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. (This is a family benefit which means that one member of the family can use the total benefit allocation.)	100%		Principal Member: R9 115 p.a. Adult Dependant: R8 840 p.a. Child Dependant: R2 160 p.a. (When the Routine benefits have been depleted, Member will enter the Self-funding Gap.)
Self-funding Gap (SFG)			Member is responsible for payment of all day-to-day expenses up to the value of: PM: R3 190 AD: R2 840 CD: R1 045
Threshold Zone	100%		Expenses paid by Member will accrue to the SFG at MST rates. (Once the SFG has been bridged, Member will enter the Threshold Zone.) Member will be granted further unlimited Routine benefits excluding physiotherapy, pathology and prescribed medication. The following benefits will be limited: <ul style="list-style-type: none"> • Prescribed medication PM: R7 520 AD: R3 410 CD: R1 670 • Physiotherapy R11 900 pfpa • Pathology R11 900 pfpa
Over-the-counter medicine	100%	R2 560	Pfpa sublimit. Subject to day-to-day and Threshold Zone.
Over-the-counter reading glasses		R1 75	Pbpa; one (1) pair per year. Subject to the over-the-counter medicine sublimit.
PATHOLOGY	80%		Pfpa. Subject to day-to-day benefit and Threshold Zone. (Co-payment payable directly to the service provider involved.)
OPTICAL SERVICES	100%		Pbp2a total optical benefit. Subject to day-to-day benefit, Threshold Zone and Optical Management. Benefit confirmation compulsory.
Frames		R1 315	Per frame, one (1) frame pbp2a. Subject to overall optical benefit.
Lenses			One (1) pair pbp2a. Subject to overall optical benefit.
Eye test			One (1) test pbp2a. Subject to overall optical benefit.
Contact lenses		R2 050	Pbpa. Subject to overall optical benefit.
Refractive surgery	100%	R8 850	Pbp2a. Pre-authorisation compulsory.
DENTISTRY			
CONSERVATIVE DENTISTRY			Subject to DENIS protocols, Managed Care interventions and Scheme Rules. Exclusions apply in accordance with Scheme Rules.
Consultations	100%		Two (2) check-ups pbpa.
X-rays: Intra-oral	100%		
X-rays: Extra-oral	100%		One (1) pbp3a. (Additional benefit may be granted where specialised dental treatment planning / follow-up is required.)
Oral hygiene	100%		Two (2) scale and polish treatments pbpa.
Fillings	100%		A treatment plan and X-rays may be required for multiple fillings. Re-treatment of a tooth subject to clinical protocols.
Root canal treatment and tooth extractions	100%		
Plastic dentures	100%		One (1) set (an upper and a lower jaw) pbp4a.

PLATINUM OPTION

DENTISTRY			
SPECIALISED DENTISTRY			
Partial metal frame dentures Crowns and bridges	80% 80%	R3 700	Subject to DENIS protocols, Managed Care interventions and Scheme Rules. Exclusions apply in accordance with Scheme Rules. Two (2) frames (an upper and a lower jaw) pbb5a. DENIS pre-authorisation compulsory. A treatment plan and X-rays may be requested. One (1) per tooth pbb5a.
Implants	80%		Pbpa limitation on cost of implant components. DENIS pre-authorisation compulsory.
Orthodontics	80%		DENIS pre-authorisation compulsory. Cases will be clinically assessed using orthodontic indices. Where function is impaired. Not for cosmetic reasons; laboratory costs also excluded. Only one (1) Beneficiary per family may commence treatment per calendar year.
Periodontics	80%		Limited to Beneficiaries between 9 and 18 years. DENIS pre-authorisation compulsory. Limited to conservative, non-surgical therapy (root planing) only and will be applied to Beneficiaries registered on the Perio Programme.
Maxillo-Facial and Oral surgery			
Surgery in dental chair	100%		Subject to DENIS protocols, Managed Care interventions and Scheme Rules. Exclusions apply in accordance with Scheme Rules. DENIS pre-authorisation not required. Temporomandibular Joint (TMJ) therapy limited to non-surgical intervention/treatment. Claims for oral pathology procedures (cysts, biopsies and tumour removals) only covered if supported by a laboratory report confirming diagnosis.
Surgery in-hospital (general anaesthesia)	100%		DENIS pre-authorisation compulsory. (See Hospitalisation below.)
Hospitalisation and Anesthetics			
Hospitalisation (general anaesthesia)	100%		Subject to DENIS protocols, Managed Care interventions and Scheme Rules. Exclusions apply in accordance with Scheme Rules. R1 400 co-payment per hospital admission. Extensive dental treatment for very young Child Dependents. Removal of impacted wisdom teeth. DENIS pre-authorisation compulsory.
Laughing gas in dental rooms IV conscious sedation in dental rooms	100% 100%		DENIS pre-authorisation not required. DENIS pre-authorisation compulsory. Limited to extensive dental treatment.
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	Pbpa. Unlimited once chronic benefit exhausted – subject to reference pricing. Registration on Chronic Disease Program compulsory. (10% co-payment applicable when using a non-DSP pharmacy.)
Category B (other)	90%	R16 000	Pbpa. Subject to chronic benefit with a maximum of R32 600 pfp4a. 10% co-payment applicable when using a non-DSP pharmacy. 10% co-payment not applicable to PMB conditions. (Co-payment payable directly to the service provider involved.)
SUPPLEMENTARY BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
PSYCHIATRIC TREATMENT			
	100%	R47 000	Pre-authorisation compulsory and subject to case management. Pfp4a. Combined benefit in- and out-of-hospital. Out-of-hospital treatment is included in this benefit up to an amount of R19 600.
BLOOD TRANSFUSION			
	100%		Unlimited. Pre-authorisation compulsory.
PROSTHETICS (Internal, external and fixation devices)			
	100%		Unlimited. Pre-authorisation compulsory and subject to case management, reference pricing, DSP and Scheme protocols.
HIV/AIDS			
	100%		Unlimited. Chronic Disease Management program applicable.
AMBULANCE SERVICES			
	100%		DSP - NETCARE 911 Unlimited (inter-hospital transfers subject to protocols).
MEDICAL APPLIANCES			
Wheelchairs, orthopaedic appliances and incontinence equipment (including contraceptive devices).		R9 700	Pfp4a; combined in- and out-of-hospital benefit, subject to quantities & protocols. No pre-authorisation required.
Insulin pump/Oxygen/Nebulizer/Glucometer			Pre-authorisation compulsory and subject to protocols.
HEARING AIDS			
Hearing aids Maintenance (batteries included)	100%	R29 300 R1 115	No authorisation required. Pfp4a. Subject to reference pricing and use of DSP. Pbpa.
ENDOSCOPIC PROCEDURES (SCOPES)			
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			No co-payment.
MONTHLY CONTRIBUTION			
	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R6 796	R4 764	R1 433

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 Dependents 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 Dependents 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) Body mass index, Blood pressure measurement, Cholesterol test (finger prick), Blood sugar test (finger prick) PSA (finger prick)	Adult Beneficiaries – once per year.
WEIGHT LOSS	
Weight Loss Programme	For all Beneficiaries when the Health Assessments BMI is ≥ 30: <ul style="list-style-type: none"> • 3 x Dietician consultations (one per week). • 3 x Additional dietician consultations (one per week, provided that a weight loss chart was received from dietician proving weight loss after first three weeks). • One biokineticist consultation (to create a home exercise programme for the Member). • 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)