Be Smart. **Keep it Simple.**

BENEFITS BROCHURE 2020
PLATINUM

KeyHealth
MEDICAL SCHEME

PLATINUM OPTION

MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HOSPITALISATION			Unlimited. Pre-authorisation compulsory.
Varicose vein surgery, facet joint injections, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement.			Unlimited, up to 100% of Agreed Tariff.
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%	R525	Per admission.
Maternity	100%		Private ward for 3 days for natural birth.
MAJOR MEDICAL OCCURRENCES			
SUB-ACUTE FACILITIES & WOUND CARE Hospice, private nursing, rehabilitation, step-down facilities and wound care.	100%	R48 900	Pre-authorisation compulsory and subject to Case Management and Scheme Protocols. Pfpa. Wound care is included in this benefit, up to an amount of R17 000. Combined in- and out-of-hospital benefit.
TRANSPLANTS (Solid organs, tissue and corneas) Hospitalisation, 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 compulsory and subject to Case Management, Scheme Protocols and use of DSP providers.
RADIOLOGY	100%		Pre-authorisation: 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		R24 400	Pfpa. R1 000 co-payment per scan (in- or out-of-hospital), excluding confirmed PMBs.
X-rays			Unlimited.
PET scans			2 scans pbpa. Maximum of R23 100 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 (incl. 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%		PM: R10 700 p.a. AD: R10 380 p.a. CD: R2 540 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 745 AD – R3 335 CD – R1 230. Expenses paid by Member will accrue to the SFG at MST rates. (Once the SFG has been bridged, Member will enter the Threshold Zone.)
Threshold Zone	100%		Further unlimited routine benefits, excluding physiotherapy, pathology and prescribed medication. The following benefits will be limited: • Prescribed medication PM: R8 830 AD: R3 990 CD: R1 970 • Physiotherapy R14 000 pfpa • Pathology R14 000 pfpa
Over-the-counter medicine	100%	R3 005	Pfpa sublimit. Subject to day-to-day and Threshold Zone.
Over-the-counter reading glasses		R205	Pbpa. 1 pair per year. Subject to the over-the-counter medicine sublimit.
PATHOLOGY	80%		Pfpa. Subject to day-to-day and Threshold Zone. (Co-payment payable directly to the service provider involved.)
OPTICAL SERVICES	100%	R5 150	Pbp2a total optical benefit. Subject to day-to-day benefit, Threshold Zone and Optical Management. Benefit confirmation compulsory.
Frames		R1 545	Per frame, 1 frame pbp2a. Subject to overall optical benefit.
Lenses			1 pair pbp2a. Subject to overall optical benefit.
Eye test			1 test pbp2a. Subject to overall optical benefit.
Contact lenses		R2 390	Pbpa. Subject to overall optical benefit.
Refractive surgery		R10 500	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%		2 check-ups pbpa.
X-rays: Intra-oral	100%		
X-rays: Extra-oral	100%		1 pbp3a. (Additional benefit may be granted where specialised dental treatment planning / follow-up is required.)

DENTISTRY			
Oral hygiene	100%		2 scale and polish treatments pbpa.
Fillings	100%		1 per tooth per 365 days. A treatment plan and X-rays may be required for multiple fillings. Re-treatment of a tooth subject to clinical protocols.
Tooth extractions and root canal treatment	100%		Root canal therapy on primary (milk) teeth, wisdom teeth (3rd molars), as well as direct/indirect pulp capping procedures, are excluded.
Plastic dentures	100%		1 Set (upper and lower jaw) pbp4a. DENIS pre-authorisation compulsory.
SPECIALISED DENTISTRY			
Partial metal frame dentures	80%		2 frames (upper and lower jaw) pbp5a. DENIS pre-authorisation compulsory.
Crowns and bridges	80%		DENIS pre-authorisation compulsory. 1 per tooth pbp5a.
Implants	80%	R4 300	Pbpa limitation on cost. 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 1 beneficiary per family may commence treatment per calendar year. Limited to Beneficiaries between 9 and 18 years.
Periodontics	80%		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			DENIS protocols and Scheme Rules apply.
Surgery in dental chair	100%		DENIS pre-authorisation not required. Temporo-Mandibular 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 anesthesia)	100%		DENIS pre-authorisation compulsory. (See Hospitalisation below.)
Hospitalisation and anesthetics			DENIS protocols and Scheme Rules apply.
Hospitalisation (general anesthesia)	100%		R1 640 co-payment per hospital admission. DENIS pre-authorisation compulsory.
Laughing gas in dental rooms	100%		DENIS pre-authorisation not required.
IV conscious sedation in dental rooms	100%		DENIS pre-authorisation compulsory.

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

CHRONIC BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
CHRONIC MEDICATION			
Category **A** (CDL)	100%		Unlimited – subject to reference pricing, protocols and registration on Chronic Disease Programme.
Category **B** (other)	90%	R18 800	Pbpa. Subject to chronic benefit to a maximum of R38 400 pfpa.

SUPPLEMENTARY BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
PSYCHIATRIC TREATMENT	100%	R55 200	Pre-authorisation compulsory. Pfpa. Combined benefit; in- and out-of-hospital. Out-of-hospital treatment is limited to R23 000.
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory.
PROSTHETICS/PROSTHESIS (Internal, external, fixation devices and implanted devices)	100%		Unlimited. Pre-authorisation compulsory and subject to Case Management, reference pricing, DSP and Scheme Protocols.
DOCUMENT BASED CARE (DBC) (Back and neck)	100%		Pre-authorisation compulsory and subject to Case Management and Scheme Protocols at approved DBC facilities. Conservative back and neck treatment in lieu of surgery.
HIV/AIDS	100%		Unlimited. Chronic Disease Programme, managed by Lifesense, applicable.
AMBULANCE SERVICES	100%		DSP – NETCARE 911. Unlimited, subject to use of DSP and protocols. (20% co-payment at non-DSP service provider.)
MEDICAL APPLIANCES			
Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices)	100%	R11 400	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorisation required.
Insulin pump/oxygen/nebulizer/glucometer			Pre-authorisation compulsory and subject to protocols.
Hearing aids	100%	R34 500	No authorisation required. Pfp5a. Subject to maximum of R17 100 per ear.
Hearing aids and maintenance (batteries included)	100%	R1 310	Pbpa.
ENDOSCOPIC PROCEDURES (SCOPES)	100%		
Colonoscopy and/or gastroscopy			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			Pre-authorisation compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions.

MONTHLY CONTRIBUTION			
	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R8 761	R6 142	R1 848

HEALTH BOOSTER

The Health Booster provides additional benefits to Members at no extra cost. It is aimed at preventive treatment and therefore also gives access to free screening tests.

Only those 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 and Weight Loss benefits on Health Booster. Contact the Client Service Centre on **0860 671 050** to 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 programme is the Health Assessment. This assessment comprises 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 beneficiaries will be entitled to one Health Assessment per calendar year and can have this done at any pharmacy.

A Health Assessment (HA) form can be obtained at any KeyHealth DSP pharmacy or downloaded from **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 can be faxed to **0860 111 390** or emailed to **disease.management@keyhealthmedical.co.za.**

TYPE OF TEST	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 (Prevenar not included)	All beneficiaries.
Malaria medication	All beneficiaries – R360 once per year.
HPV vaccination	Female beneficiaries aged ≤9-14 – 2 doses per lifetime.
Baby growth assessments	3 baby growth assessments at a pharmacy/baby clinic for beneficiaries aged between 0 – 35 months – 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 – R141,50 once per year.
WEIGHT LOSS (Pre-authorisation essential to access benefits)	
Weight Loss Programme	For all beneficiaries when the Health Assessment BMI is ≥ 30: • 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 (Pre-authorisation essential to access benefits)	
Antenatal visits (GP, Gynaecologist or midwife) & urine test (dipstick)#	Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 12 visits.
Ultrasounds (GP or Gynaecologist) – one before the 24th week and one thereafter #	Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 2 pregnancy scans.
Short payments/co-payments for services rendered in (#) above and birthing fees	Covered to the value of R1 180 per pregnancy.
Paediatrician visits	Baby registered on Scheme. 2 visits in baby's 1st year. 1 visit in baby's 2nd year.
Ante-natal vitamins	Covered to the value of R1 990 per pregnancy.
Ante-natal classes	Covered to the value of R1 990 for first pregnancy.

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 are 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 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.
Health Booster	An additional benefit for preventive 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 2 (second) year(s)]
2pfpa	2 per family per annum (per year)