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KeyHealth  
MEDICAL SCHEME

## PLATINUM BENEFITS BROCHURE 2021



# PLATINUM OPTION

	MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	<b>HOSPITALISATION</b>			Unlimited. Pre-authorisation compulsory.
	<b>Varicose vein surgery, facet joint injections, hysterectomy, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement</b>			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.
	Medication on discharge	100%	R550	Per admission.
	Maternity	100%		Private ward for 3 days for natural birth.
<b>MAJOR MEDICAL OCCURRENCES</b>				
	<b>SUB-ACUTE FACILITIES &amp; WOUND CARE</b>			Pre-authorisation compulsory and subject to case management and Scheme protocols. Ppfa. Wound care is included in this benefit, up to an amount of R17 700. Combined in- and out-of-hospital benefit.
	Hospice, private nursing, rehabilitation, step-down facilities and wound care	100%	R51 100	
	<b>TRANSPLANTS (Solid organs, tissue and corneas)</b>			Unlimited, subject to use of DSP. Pre-authorisation compulsory and subject to case management.
	Hospitalisation, harvesting and drugs for immuno-suppressive therapy	100%		
	<b>DIALYSIS</b>	100%		Unlimited. Pre-authorisation compulsory and subject to case management and Scheme protocols.
	<b>ONCOLOGY</b>	100%		Unlimited. Pre-authorisation compulsory and subject to case management, Scheme protocols and use of DSP.
	<b>RADIOLOGY</b>	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		R25 500	Pfpa. R1 050 co-payment per scan (in- or out-of-hospital), excluding confirmed PMBs.
	X-rays			Unlimited.
	PET scans			2 scans pbpa. Maximum of R24 100 per scan.
	<b>PATHOLOGY</b>	100%		Unlimited.

	OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
<b>DAY-TO-DAY BENEFITS</b>				
	<b>ROUTINE MEDICAL EXPENSES</b>			Principal Member: R11 170 pa Adult Dependant: R10 835 pa Child Dependant: R2 650 pa
	General practitioner and specialist consultations (virtual consultations), radiology (incl. Nuclear Medicine Study and bone density scans), prescribed and over-the-counter medication, optical and auxiliary services, e.g. physiotherapy, occupational therapy, contraceptive pills and biokinetics	100%		
	(This is a family benefit which means that one member of the family can use the total benefit allocation)			
	<b>Self-funding gap (SFG)</b>			Member is responsible for payment of all day-to-day expenses, up to the value of: PM – R3 910 AD – R3 480 CD – R1 285. Expenses paid by member will accrue to the SFG at MST rates. (Once the SFG has been bridged, member will enter the threshold zone)
	<b>Threshold zone</b>	100%		Further unlimited routine benefits, excluding physiotherapy, pathology and prescribed medication. The following benefits will be limited: • Prescribed medication PM: R9 220 AD: R4 170 CD: R2 060 • Physiotherapy R14 600 pfpa • Pathology R14 600 pfpa
	<b>Over-the-counter medication</b>	100%	R3 135	Pfpa sublimit. Subject to day-to-day and threshold zone.
	<b>Over-the-counter reading glasses</b>		R215	Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit.
	<b>PATHOLOGY</b>	80%		Pfpa. Subject to day-to-day and threshold zone. (Co-payment payable directly to the service provider involved)
	<b>OPTICAL SERVICES</b>	100%	R5 400	Pbp2a total optical benefit. Subject to day-to-day benefit, threshold zone and optical management. Benefit confirmation compulsory.
	Frames		R1 615	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 500	Pbpa. Subject to overall optical benefit.
	Refractive surgery		R10 950	Pbp2a. Pre-authorisation compulsory.
	<b>DENTISTRY</b>			Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
	<b>CONSERVATIVE DENTISTRY</b>			
	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 planing / follow-up is required)

<b>DENTISTRY</b>			
Preventative care	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 (3 <sup>rd</sup> 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.
<b>SPECIALISED DENTISTRY</b>			
Partial chrome cobalt 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 500	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.
<b>Maxillo-facial and oral surgery</b>			
Surgery in dental chair	100%		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 anesthesia)	100%		DENIS pre-authorisation compulsory. (See hospitalisation below)
<b>Hospitalisation and anesthetics</b>			
Hospitalisation (general anesthesia)	100%		DENIS protocols and Scheme rules apply.
Inhalation sedation in dental rooms	100%		R1 710 co-payment per hospital admission. DENIS pre-authorisation compulsory. Extensive dental treatment for children under the age of 5 years, and the removal of impacted teeth.
Moderate / deep sedation in dental rooms	100%		DENIS pre-authorisation not required.
			DENIS pre-authorisation compulsory. Limited to extensive dental treatment.

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

<b>CHRONIC BENEFITS</b>	<b>MST(≤)</b>	<b>BENEFIT</b>	<b>EXPLANATORY NOTES / BENEFIT SUMMARY</b>
<b>CHRONIC MEDICATION</b>			
Category A (CDL)	100%		Unlimited – subject to reference pricing, protocols and registration on Chronic Disease Programme.
Category B (other)	90%	R19 600	Pbpa. Subject to chronic benefit to a maximum of R40 100 pfpa. (Co-payment payable directly to service provider involved)

<b>SUPPLEMENTARY BENEFITS</b>	<b>MST(≤)</b>	<b>BENEFIT</b>	<b>EXPLANATORY NOTES / BENEFIT SUMMARY</b>
<b>PSYCHIATRIC TREATMENT</b>	100%	R57 600	Pre-authorisation compulsory. Pfpa. Combined benefit: in- and out-of-hospital. Out-of-hospital treatment is limited to R24 000.
<b>BLOOD TRANSFUSION</b>	100%		Unlimited. Pre-authorisation compulsory.
<b>PROSTHETICS/PROSTHESIS</b> (Internal, external, fixation devices and implanted devices)	100%		Unlimited. Pre-authorisation compulsory and subject to case management, reference pricing, DSP and Scheme protocols.
<b>DOCUMENT BASED CARE (DBC)</b> (Back and neck)	100%		Conservative back and neck treatment in lieu of surgery. Pre-authorisation compulsory and subject to case management and Scheme protocols at approved DBC facilities.
<b>HIV / AIDS</b>	100%		Unlimited. Chronic Disease Programme, managed by LifeSense, applicable.
<b>AMBULANCE SERVICES</b>	100%		DSP – Netcare 911. Unlimited, subject to use of DSP and protocols. (20% co-payment at non-DSP service provider)
<b>MEDICAL APPLIANCES</b>			
Wheelchairs, orthopedic appliances and incontinence equipment (incl. contraceptive devices)	100%	R11 900	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorisation required.
Insulin pump / oxygen / nebuliser / glucometer / blood pressure monitor			Pre-authorisation compulsory and subject to protocols.
Hearing aids	100%	R36 000	No authorisation required. Pfp5a. Subject to maximum of R17 900 per ear.
Hearing aids and maintenance (batteries included)	100%	R1 370	Pbpa.
<b>ENDOSCOPIC PROCEDURES (SCOPES)</b>	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.

<b>MONTHLY CONTRIBUTION</b>			
	<b>Principal Member</b>	<b>Adult Dependant</b>	<b>Child Dependant</b>
Monthly contribution	R9 200	R6 450	R1 941

# 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 Pre-authorisation Department on **0860 671 060** 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 (HA). 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 (HA) per calendar year and can have this done at any pharmacy.

A Health Assessment (HA) form can be obtained at any pharmacy or downloaded from [www.keyhealthmedical.co.za](http://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](mailto:disease.management@keyhealthmedical.co.za).

TYPE OF TEST	WHO & HOW OFTEN
<b>PREVENTIVE CARE</b>	
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 – R395 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.
<b>EARLY DETECTION TESTS</b>	
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)	All beneficiaries – once per year.
<b>WEIGHT LOSS</b> (Pre-authorisation essential to access benefits)	
Weight Loss Programme	For all beneficiaries when the Health Assessment BMI is ≥ 30: <ul style="list-style-type: none"> <li>• 3 x dietician consultations (1 per week).</li> <li>• 3 x additional dietician consultations (1 per week, provided that a weight loss chart was received from dietician proving weight loss after first 3 weeks).</li> <li>• 1 biokineticist consultation (to create a home exercise programme for the member).</li> <li>• 1 x follow-up consultation with biokineticist.</li> </ul>
<b>MATERNITY</b> (Pre-authorisation essential to access benefits)	
Antenatal visits (GP, gynaecologist or midwife) and 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 230 per pregnancy.
Paediatrician visits	Baby registered on Scheme. 2 visits in baby's 1st year. 1 visit in baby's 2nd year.
Antenatal vitamins	Covered to the value of R2 080 per pregnancy.
Antenatal classes	Covered to the value of R2 080 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 medication and auxiliary services, and which may include a sublimit 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 preventative healthcare
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 (medication or glasses)
MSA	Medical Savings Account
Medication on discharge	Medication given to members upon discharge from a hospital. Does not include medication obtained from a script received upon discharge.
pbpa	per beneficiary per annum (per year)
pbp2a	per beneficiary biennially (every 2 [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)