

# **EQUILIBRIUM**



### Our new generation, hybrid comprehensive cover option

Why this is the right option for you – smart reasons for a simple choice

You understand that paying a little bit more for a lot more cover will give you peace of



# EQUILIBRIUM OPTION

MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HOSPITALISATION			Unlimited. Pre-authorisation compulsory.
Varicose vein and reflux surgery			PMB entitlement only.
Private hospitals			Unlimited. 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and Mediclinic in Western Cape only). (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%	R575	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%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
TRANSPLANTS (Solid organs, tissue and corneas) Hospitalisation, 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. PMB entitlement only.
ONCOLOGY	100%	R169 000	Pfpa. Pre-authorisation compulsory and subject to case management, Scheme protocols and use of DSP.
PALLIATIVE CARE	100%		In lieu of hospital admission. Pre-authorisation compulsory and subject to case management and Scheme protocols.
RADIOLOGY	100%		Pre-authorisation: specialised radiology, including MRI, CT and PET scans. Hospitalisation not covered if radiology is for investigative purposes only. (MSA / day-to-day benefits will then apply)
MRI and CT scans		R17 800	Pfpa. Combined benefit in- or out-of-hospital.
X-rays			Unlimited.
PET scans			No benefit.
PATHOLOGY	100%		Unlimited.

<b>OUT-OF-HOSPITAL BENEFITS</b>	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES  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 and biokinetics  (This is a family benefit, which means that one member of the family can use the total benefit allocation)	100%		Annual Medical Savings Account (MSA): Principal Member: R2 064 pa Adult Dependant: R1 272 pa Child Dependant: R636 pa  Additional day-to-day benefits: Principal Member: R3 090 pa Adult Dependant: R2 125 pa Child Dependant: R945 pa
Over-the-counter medication	100%		Subject to MSA / day-to-day benefit.
Over-the-counter reading glasses		R120	Pbpa. 1 pair per year. Subject to MSA / day-to-day benefit.
PATHOLOGY	100%		Subject to MSA / day-to-day benefit.
OPTICAL SERVICES	100%		Optical management applicable. Benefit confirmation compulsory.
Frames			Subject to MSA / day-to-day benefit.
Lenses			Subject to MSA / day-to-day benefit.
Eye test			Subject to MSA / day-to-day benefit.
Contact lenses			Subject to MSA / day-to-day benefit.
Refractive surgery			No benefit. Subject to MSA.
DENTISTRY  Subject to DENIS protocols, managed care interventions and So			
CONSERVATIVE DENTISTRY			Subject to DENIS protocols, managed care interventions and Scheme rules.  Exclusions apply in accordance with Scheme rules.
Consultations	100%		1 check-up pbpa. 3 specific (emergency) consultations pbpa.
X-rays: Intra-oral	100%		4 intra-oral radiographs pbpa.
X-rays: Extra-oral	100%		1 pbp3a.
Preventative care	100%		1 scale and polish treatment pbpa.
Fillings	100%		1 per tooth per 720 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 plastic dentures (upper and lower jaw) pbp4a. DENIS pre-authorisation compulsory.

DENTISTRY		
SPECIALISED DENTISTRY		
Orthodontics (non-cosmetic treatment only)	100%	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 aged 9-18 years.
Maxillo-facial and oral surgery	100%	Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
Surgery in dental chair	100%	DENIS pre-authorisation not required. Removal of impacted teeth only.
Surgery in-hospital (general anaesthesia)	100%	DENIS pre-authorisation compulsory. (See hospitalisation below)
Hospitalisation and anaesthetics		Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
Hospitalisation (general anaesthesia)	100%	DENIS pre-authorisation compulsory. Limited to extensive dental treatment for children <5 years, and the removal of impacted teeth.
Inhalation sedation in dental rooms	100%	DENIS pre-authorisation not required.
Moderate / deep sedation in dental rooms	100%	DENIS pre-authorisation compulsory. Limited to extensive dental treatment.

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

	CHRONIC BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	CHRONIC MEDICATION			
	Category <b>A</b> (CDL)	100%		Unlimited – subject to reference pricing and protocols. Registration on Chronic Disease Programme compulsory.
	Category B (other)	100%		Additional 3 non-PMB / CDL conditions (acne / ADHD or ADD / rhinitis) for children up to the age of 21.

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MONTHLY CONTRIBUTION					
	Principal Member	Adult Dependant	Child Dependant		
Monthly contribution	R2 196	R1 357	R674		
Monthly savings	R172	R106	R53		
Total monthly contribution	R2 368	R1 463	R727		

\*Members only pay for a maximum of three Child Dependants

## **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:**

TYPE OF TEST

pfpa

pfp2a

2pfpa

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.

No authorisation is required for these screening tests.

MATERNITY (Pre-authorisation essential to access benefits)

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.** 

**WHO & HOW OFTEN** 

Baby registered on Scheme.

	TYPE OF TEST	WHO & HOW OFTEN	
	PREVENTIVE CARE		
<b>37.</b>	Baby immunisation	Child Dependants aged ≤6 – as required by the Department of Health.	
	Flu vaccination	All beneficiaries.	
	COVID-19 vaccination	All beneficiaries.	
	Tetanus diphtheria injection	All beneficiaries – as and when required.	
	Pneumococcal vaccination (Prevenar not included)	All beneficiaries.	
	Malaria medication	All beneficiaries – R415 once per year.	
	HPV vaccination	Female beneficiaries aged 9-14 years – 2 doses per lifetime.	
	Baby growth assessments	3 baby growth assessments at a pharmacy / baby clinic for beneficiaries aged ≥35 months – per year.	
	Contraceptive medication	Female beneficiaries aged ≥16	
	- tablets/patches  Contraceptive medication - injectables	<ul> <li>R164 every 20 days</li> <li>Female beneficiaries aged ≥16</li> <li>R492 every 72 days</li> </ul>	
	EARLY DETECTION TESTS	- R492 every 72 days	
引	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)	All beneficiaries – once per year.	
	HA: Body Mass Index (BMI), blood pressure measurement, cholesterol test (finger prick), blood sugar test (finger prick), PSA (finger prick)	All beneficiaries – once per year.	
7	WEIGHT LOSS (Pre-authorisation essential to access benefits)		
	Weight Loss Programme	All beneficiaries with HA BMI ≥30:  • 3 x dietician consultations (1 per week).  • 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).  • 1 biokineticist consultation (to create a home exercise programme for the member).  • 1 x follow-up consultation with biokineticist.	
<b>Q</b>	MATERNITY (Pre-authorisation essential to access benefits)		
4	Ante-natal 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 (#above) and birthing fees	Covered to the value of R1 290 per pregnancy.	

Paediatrician visits	2 visits in baby's 1st year. 1 visit in baby's 2nd year.	
Ante-natal vitamins	Covered to the value of R2 180 per pregnancy.	
Ante-natal classes	Covered to the value of R2 180 for first pregnancy.	
GLO	SSARY	
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])	

per family per annum (per year)

2 per family per annum (per year)

per family biennially (every 2 [second] year[s])







## CHOOSE EASY-ER – SO YOU DON'T GET HURT TWICE

- Easy-ER offers all KeyHealth members direct and free access to any hospital's emergency room (ER) for medical treatment in emergency situations.
- Easy-ER guarantees full payment without any hidden costs or unexpected fees.

#### **BENEFITS OF EASY-ER**

- No upfront payment required.
- Guaranteed payment of the full ER event in case of an emergency.
- Not paid from day-to-day benefits or medical savings accounts.

#### WHAT QUALIFIES AS AN EASY-ER EMERGENCY?

- Car accidents
- Sport injuries
- Dental injuries (from a direct external blow to the mouth or face)
- Playground accidents

Find out if an injury or illness qualifies as an Easy-ER emergency, by calling KeyHealth's free 24-hour call centre on 080 111 0215.

#### UNSURE OF WHEN TO GO TO THE ER?

- Contact Netcare 911's 24-hour Health-on-Line service on 082 911 to speak to a registered nurse about medical advice, information and your KeyHealth Easy-ER cover.
- Visit Netcare 911's website www.netcare911.co.za for information on first aid, emergencies, childhood illnesses and baby/child safety.

#### **DENTAL EMERGENCIES**

- In a dental emergency, if a tooth is broken or knocked out, Easy-ER guarantees the payment of all dental treatment needed to restore the damaged tooth to functional use.
- In the case of such a dental emergency, the beneficiary can go directly to the dental practitioner for treatment.



#### **IMPORTANT**

- Easy-ER is available to ALL KeyHealth members.
- The Easy-ER benefit does not include pharmacy or medical appliance claims.
- Any further hospitalisation needed, after emergency medical treatment, will be covered under the normal in-hospital benefit.
- If emergency transport is needed (e.g. ambulance services), KeyHealth's emergency transport provider, Netcare 911, must be called on 082 911.
- Access to emergency treatment at any hospital is guaranteed on confirmation of KeyHealth membership by a Client Service Centre agent.

### **SMART BABY PROGRAMME**

#### **GUIDANCE WHEN YOU NEED IT MOST**

KeyHealth's Smart Baby Programme offers support and general advice on health and wellness during pregnancy and peace-of-mind for mothers- and fathers-to-be.



#### THE SMART BABY PROGRAMME PROVIDES

- Health Booster cover for short/co-payments for ante-natal visits (GP, gynaecologist or midwife), scans and birthing fees.
- Information about KeyHealth's maternity benefits and how to access them.
- The New Baby and Childcare Handbook by Marina Petropulos for first-time parents.
- Access to the KeyHealth pregnancy and childcare Facebook group for information and answers to questions about pregnancy and parenthood.
- Information about baby's first year (e.g. vaccinations, Easy-ER, etc.).
- Access to **Netcare 911**'s **24-hour Health-on-Line** service on **082 911** for medical advice and information from a registered nurse.

#### **SMART BABY PROGRAMME BENEFITS**

The benefits available to mothers (and babies) on the Smart Baby programme are part of KeyHealth's Health Booster and therefore free and separate from day-to-day benefits and medical savings accounts.

Ante-natal visits (GP / gynaecologist) and dipstick urine test)	12 visits, 1 of which is following baby's birth	
Ultrasound (scans)	2 pregnancy ultrasounds	
Paediatrician visits (once baby is a registered member)	2 visits in baby's first year	
Ante-natal vitamins	R2 180 per pregnancy	
Ante-natal classes	R2 180 for first pregnancy	

#### HOW TO BENEFIT FROM THE SMART BABY PROGRAMME

- Register on the Smart Baby programme during the first trimester (first 12 weeks of the pregnancy).
- Make use of KeyHealth's Designated Service Provider (DSP) network of hospitals and specialists to avoid short payments.
- Make sure the DSP hospital and / or specialist clearly indicates the relevant diagnosis code (ICD10 code) on claims.
- Verify tariff codes or maximum rand values with the KeyHealth Client Service Centre on 0860 671 050.
- Get pre-authorisation for the delivery after the second trimester (after week 24 of the pregnancy) by calling the Pre-authorisation Department on 0860 671 060.
- Register baby as a KeyHealth member after birth

## HOW TO REGISTER FOR THE SMART BABY PROGRAMME

- Register using the KeyHealth mobi app which can be downloaded on Android, iOS and Huawei operating systems, or
- Complete the registration form online at www.keyhealthmedical.co.za

