



Be Smart. **Keep it Simple.**

ORIGIN

BENEFITS BROCHURE 2022

Our entry-level, traditional comprehensive cover option












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


You're sensible and clever with your money, and you know that comprehensive medical cover is not only possible but also affordable. Whether you're enjoying the single life, planning a family or already raising one, you're looking for cover that will meet your own, and your family's, in- and out-of-hospital needs. KeyHealth's Origin Option offers unlimited private hospital cover, limited day-to-day benefits and cover for 26 chronic medical conditions. It's the perfect place to start enjoying a simple medical aid journey, the smart way.












KeyHealth
MEDICAL SCHEME

ORIGIN OPTION

| | MAJOR MEDICAL BENEFITS | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY |
|--|---|--------|------------------------------------|--|
|  | HOSPITALISATION | | | Pre-authorisation compulsory. |
| | Varicose vein surgery, facet joint injections, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement | | | PMB entitlement only. Hysterectomies will be covered at 100% of agreed tariff. |
| | Private hospitals | | | Unlimited, up to 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 compulsory for specialised radiology, including MRI and CT scans. Hospitalisation not covered if radiology is for investigative purposes only. (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. |
| | OUT-OF-HOSPITAL BENEFITS | 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 medicine, 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% | | Principal Member: R2 815 pa Adult Dependant: R1 640 pa Child Dependant: R865 pa |
| | Over-the-counter medicine | 100% | | Subject to day-to-day benefit. |
| | Over-the-counter reading glasses | | R120 | Pbpa. 1 pair per year. Subject to day-to-day benefit. |
| | PATHOLOGY | 100% | | Subject to day-to-day benefit. |
|  | OPTICAL SERVICES | 100% | | Subject to day-to-day benefit. |
| | Frames | | | Subject to day-to-day benefit. |
| | Lenses | | | Subject to day-to-day benefit. |
| | Eye test | | | Subject to day-to-day benefit. |
| | Contact lenses | | | Subject to day-to-day benefit. |
| | Refractive surgery | | | No benefit. |
|  | DENTISTRY | | | |
| | CONSERVATIVE DENTISTRY | | | Subject to day-to-day benefit. Scheme rules and protocols apply. |
| | 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. | |

| DENTISTRY | | | |
|---|---|------|---|
|  | 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 | 100% | Subject to day-to-day benefit. |
| | Plastic dentures | | No benefit. |
| SPECIALISED DENTISTRY | | | |
| Maxillo-facial and oral surgery | | | |
| | Surgery in dental chair | | DENIS protocols and Scheme rules apply. |
| | Surgery in-hospital (general anaesthesia) | | DENIS pre-authorisation compulsory. Removal of impacted teeth only. |
| Hospitalisation and anaesthetics | | | |
| | Hospitalisation (general anaesthesia) | | DENIS pre-authorisation compulsory. Removal of impacted teeth only. |
| | Inhalation sedation in dental rooms | | DENIS pre-authorisation required. Removal of impacted teeth only. |
| | Moderate/deep sedation in dental rooms | | DENIS pre-authorisation compulsory. Removal of impacted teeth only. |

| CHRONIC BENEFITS | | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY |
|---|--------------------|---------------|----------------|---|
| CHRONIC MEDICATION | | | | |
|  | Category A (CDL) | 100% | | Unlimited – subject to reference pricing and protocols. Registration on Chronic Disease Programme compulsory. |
| | Category B (other) | | | No benefit. |

| SUPPLEMENTARY BENEFITS | | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY |
|---|---|---------------|----------------|---|
|  | PSYCHIATRIC TREATMENT | 100% | R21 500 | Pfpa. Pre-authorisation compulsory and subject to case management. In-hospital benefit only. Out-of-hospital: PMB entitlement. |
|  | BLOOD TRANSFUSION | 100% | | Unlimited. Pre-authorisation compulsory. |
|  | PROSTHETICS / PROSTHESIS (Internal, external, fixation devices and implanted devices) | 100% | | Subject to pre-authorisation and Scheme protocols. PMB entitlement only. |
|  | DOCUMENT BASED CARE (DBC) (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. PMB entitlement only. |
|  | HIV / AIDS | 100% | | Unlimited. Chronic Disease Programme managed by LifeSense. |
|  | AMBULANCE SERVICES | 100% | | For emergency transport contact 082 911. Unlimited, subject to protocols. |
|  | MEDICAL APPLIANCES | | | |
| | Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices) | 100% | R7 900 | Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorisation required. |
| | Oxygen / nebuliser / glucometer / blood pressure monitor | | | Pre-authorisation compulsory and subject to protocols. |
| | Hearing aids and maintenance | | | No benefit. |
|  | 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 | R1 939 | R1 381 | R631 |

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.

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

| 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. |
| 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 - tablets/patches | Female beneficiaries aged ≥16 – R164 every 20 days |
| Contraceptive medication - injectables | Female beneficiaries aged ≥16 – R492 every 72 days |

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) | All beneficiaries – once per year. |
| HA: Body mass index, blood pressure measurement, cholesterol test (finger prick), blood sugar test (finger prick), PSA (finger prick) | All beneficiaries – once per year. |

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 biokinetics consultation (to create a home exercise programme for the member). • 1 x follow-up consultation with biokineticist. |
|-----------------------|--|

MATERNITY (Pre-authorisation essential to access benefits)

| | |
|--|--|
| 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. |

TYPE OF TEST WHO & HOW OFTEN

| TYPE OF TEST | WHO & HOW OFTEN |
|---|---|
| MATERNITY (Pre-authorisation essential to access benefits) | |
| Short payments / co-payments for services rendered (#above) and birthing fees | Covered to the value of R1 290 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 R2 180 per pregnancy. |
| Ante-natal classes | Covered to the value of R2 180 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 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 Key-Health 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 |
| Medication on discharge | Medication 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 2 [second] year[s]) |
| pfpa | per family per annum (per year) |
| pfp2a | per family biennially (every 2 [second] year[s]) |
| 2pfa | 2 per family per annum (per year) |

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

