



Be Smart. Keep it Simple.

SILVER

BENEFITS BROCHURE 2022

Our substantial comprehensive cover option









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





You're raising a young family and you know all about the laughter and the tears that come with it. You believe that getting the best value for your money means choosing the most competitive products and services. Life has taught you that its growing pains and many milestones often require substantial out-of-hospital benefits. KeyHealth's Silver Option offers comprehensive in- and out-of-hospital cover for you and your growing family. You get unlimited private hospital cover, day-to-day benefits, a separate, conservative dentistry and orthodontics benefit, and cover for 29 chronic medical conditions. Plus, once your day-to-day benefits have run out, you still benefit from three free doctor's visits for your children. Keep things simple, the smart way, with Silver.



KeyHealth
MEDICAL SCHEME

SILVER OPTION

	MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	HOSPITALISATION			Unlimited. Pre-authorisation compulsory.
	Varicose vein surgery, facet joint injections, hysterectomy, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement			PMB entitlement only for varicose vein surgery and reflux surgery. The other procedures will be covered at 100% of agreed tariff.
	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%	R32 100	Pre-authorisation compulsory and subject to case management and Scheme protocols. Pfpa. Wound care is included in this benefit, up to an amount of R10 300. Combined in- and out-of-hospital benefit.
	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%	R189 500	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. 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 medication optical and auxiliary services, e.g. physiotherapy, occupational therapy and biokinetics	100%		Principal Member: R8 315 pa Adult Dependand: R6 045 pa Child Dependand: R1 680 pa
	(This is a family benefit, which means that one member of the family can use the total benefit allocation)			Additional general practitioner consultations (3 pfpa) after depletion of available day-to-day benefit for Child Dependand/s up to the age of 21.
	Over-the-counter medication	100%	R1 790	Pfpa sublimit. Subject to day-to-day benefit.
	Over-the-counter reading glasses		R135	Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit.
	PATHOLOGY	100%		Subject to day-to-day benefit.
	OPTICAL SERVICES	100%	R1 690	Pbp2a total optical benefit. Subject to day-to-day benefit and optical management. Benefit confirmation compulsory.
	Frames		R560	Per frame, 1 frame pbp2a. Subject to overall optical benefit.
	Lenses			1 pair single vision lenses pbp2a. Subject to overall optical benefit.
	Eye test			1 test pbp2a. Subject to overall optical benefit.
	Contact lenses		R755	Pbpa. Subject to overall optical benefit.
	Refractive surgery			No benefit.
	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.
	Preventative care	100%		2 scale and polish treatments 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 (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. 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 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. 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 A (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.

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 / PROTHESIS (Internal, external, fixation devices and implanted devices)	100%	R6 900	Pfpa. Pre-authorisation compulsory and subject to case management, reference pricing, DSP and Scheme protocols.
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.
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%	R8 200	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 (batteries included)			Subject to medical appliances 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	R4 084	R2 197	R852

***Members only pay for a maximum of 3 Child Dependents.**

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: <ul style="list-style-type: none"> • 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.
-----------------------	---

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.
Short payments / co-payments for services rendered (#above) and birthing fees	Covered to the value of R1 290 per pregnancy.

TYPE OF TEST WHO & HOW OFTEN

MATERNITY (Pre-authorisation essential to access benefits)	
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 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 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 (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)