KeyHealth
MEDICAL SCHEME

Real value speaks for itself

SCAN ME

BENEFITS BROCHURE

GOLD

Super-value, gold standard, smartly priced comprehensive benefits and savings.

Gold offers superior medical benefits for individuals and families who demand both substantial benefits and security from their plans.

With a premium rate and loaded value, this option features an unlimited hospital plan, superior day-to-day benefits, and benefits for 44 chronic medical conditions

It sets the new standard in gold medical benefits.

GOLD OPTION

MAJOR MEDICAL BENEFITS	MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HOSPITALISATION			**Pre-authorisation compulsory**
Private hospitals			Unlimited, up to 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and selected Mediclinics in Western Cape, Bloemfontein and Polokwane). 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
Prosthetics / prosthesis Internal, external, fixation devices and implanted devices	100%	R61 400	Pfpa. Pre-authorisation compulsory and subject to case management, reference pricing, use of DSP, and Scheme protocols
Medication on discharge	100%	R695	Per admission
MAJOR MEDICAL OCCURRENCES			
MATERNITY	100%		Private ward for 3 days for natural birth Pre-authorisation compulsory and subject to case management, use of DSP, and Scheme protocols
Antenatal visits (GP, gynaecologist or midwife) and urine test (dipstick)#			Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 12 visits. Additional screening tests. Subject to use of DSP. Subject to Health Booster benefits
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. Subject to use of DSP Subject to the Health Booster benefits
Short payments / co-payments for services rendered (#above) and birthing fees			Covered to the value of R1 570 per pregnancy Subject to the Health Booster benefits
Antenatal vitamins			Covered to the value of R2 650 per pregnancy Subject to the Health Booster benefits
Antenatal classes			Covered to the value of R2 650 for first pregnancy Subject to the Health Booster benefits
RSV vaccine			1 per pregnancy from week 27 of gestation but no later than 30 days before expected date of delivery
SUB-ACUTE FACILITIES AND WOUND CARE Hospice, private nursing, rehabilitation, step-down facilities and wound care	100%	R52 900	Pre-authorisation compulsory and subject to case management, use of DSP, and Scheme protocols. Pfpa. Wound care is included in this benefit, up to an amount of R17 400. 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 level of care / entitlement in DSP hospitals only
MACULAR DEGENERATION	100%		Pre-authorisation compulsory and subject to case management, reference pricing, use of DSP, and Scheme protocols. PMB level of care / entitlement only
PSYCHIATRIC TREATMENT	100%	R52 900	Pfpa. Pre-authorisation compulsory and subject to case management Combined in- and out-of-hospital benefit Out-of-hospital treatment is limited to R21 700 Unlimited PMB benefits
DIALYSIS	100%		Pre-authorisation compulsory and subject to case management, use of DSP, and Scheme protocols. PMB level of care / entitlement only
ONCOLOGY	100%	R527 000	Per family per rolling 12-month cycle. 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, 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		R22 900	Pfpa. Combined benefit in- or out-of-hospital. R1 710 co-payment per scan in- or out-of-hospital (except for confirmed PMBs)
X-rays			Unlimited
PET scans			2 scans pbpa. Maximum of R52 100 per scan
PATHOLOGY	100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only (MSA / day-to-day benefits will then apply)
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory
IN-ROOM PROCEDURES	175%		Pre-authorisation compulsory and subject to Scheme protocols Cover for a list of approved procedures performed in the specialist's rooms R5 000 co-payment per hospital admission (no co-payment if done in rooms or day hospitals) Defined list available on the KeyHealth website and on request
OUT-OF-HOSPITAL BENEFITS	**MST (≤)**	**BENEFIT**	**EXPLANATORY NOTES / BENEFIT SUMMARY**
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES General practitioners, family physicians, including virtual 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 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: R9 156 pa Adult Dependant: R6 192 pa Child Dependant: R1 800 pa **Additional day-to-day benefits** Principal Member: R6 255 pa Adult Dependant: R4 655 pa Child Dependant: R1 495 pa

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*Subject to Scheme rules, clinical protocols, and use of DSPs.

OUT-OF-HOSPITAL BENEFITS	MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
Over-the-counter medicine	100%	R2 670	Pfpa sublimit. Subject to MSA / day-to-day benefit
Over-the-counter reading glasses		R245	Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit
PATHOLOGY	100%		Subject to MSA / day-to-day benefit
CHRONIC MEDICATION			
Category A (CDL)	100%		Unlimited, subject to reference pricing and protocols Registration on Chronic Disease Risk Programme compulsory
Category B (other)	100%	R11 200	Subject to chronic benefit with a maximum pfpa
OPTICAL SERVICES			
Eye test / consultation	100%		1 test pbp2a, included in the combined benefit, subject to MSA / day-to-day benefit
Materials / components	100%	R4 100	Pbp2a total optical benefit. Subject to MSA / day-to-day benefit and optical management. Benefit confirmation compulsory. Combined benefit – one pair spectacles (single vision, bifocal, or base multifocal lenses, including frames) and / or contact lenses
Refractive surgery			Pre-authorisation compulsory. Subject to overall optical 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: Intraoral	100%		
X-rays: Extra-oral	100%		1 pbp3a (Additional benefit may be granted where specialised dental treatment / planing / follow-up is required)
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. Retreatment of a tooth subject to clinical protocols
Tooth extractions and root canal treatment	100%		Root canal therapy on primary (milk) teeth and 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
SPECIALISED DENTISTRY			
Partial chrome cobalt frame dentures	80%		DENIS pre-authorisation compulsory 1 partial metal frame (upper or lower jaw) pbp5a
Crowns and bridges	80%		DENIS pre-authorisation compulsory. A treatment plan and X-rays may be requested Limited to 2 crowns, with a 30% co-payment for the 2nd crown. 1 per tooth pbp5a
Implants	80%		No benefit. Subject to MSA
Orthodontics (non-cosmetic treatment only)	80%		DENIS pre-authorisation compulsory. Cases will be clinically assessed using orthodontic indices where function is impaired. Not for cosmetic reasons Laboratory costs excluded. Only 1 beneficiary per family may commence treatment per calendar year. Limited to beneficiaries aged 9-18 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			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. Limited to extensive dental treatment for children <5 years and the removal of impacted teeth R2 060 co-payment per hospital admission (no co-payment for day hospitals)
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			
SUPPLEMENTARY BENEFITS	**MST (≤)**	**BENEFIT**	**EXPLANATORY NOTES / BENEFIT SUMMARY**
DOCUMENT BASED CARE (DBC) Conservative back and neck treatment	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 Risk 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%	R11 700	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities, replacement periods and Scheme protocols. No pre-authorisation required No benefit for maintenance and batteries
Oxygen / nebuliser / glucometer / blood pressure monitor			Pre-authorisation compulsory, subject to quantities, replacement periods and Scheme protocols. No benefit for maintenance and batteries
Hearing aids	100%	R20 950	No authorisation required. Pfp5a. Subject to maximum of R10 500 per ear
Hearing aids and maintenance (batteries included)	100%	R1 320	Pbpa

MONTHLY CONTRIBUTION

	Principal Member	Adult Dependant	Child Dependant
MONTHLY CONTRIBUTION	R7 912	R5 351	R1 555
MONTHLY SAVINGS	R763	R516	R150
TOTAL MONTHLY CONTRIBUTION	R8 675	R5 867	R1 705