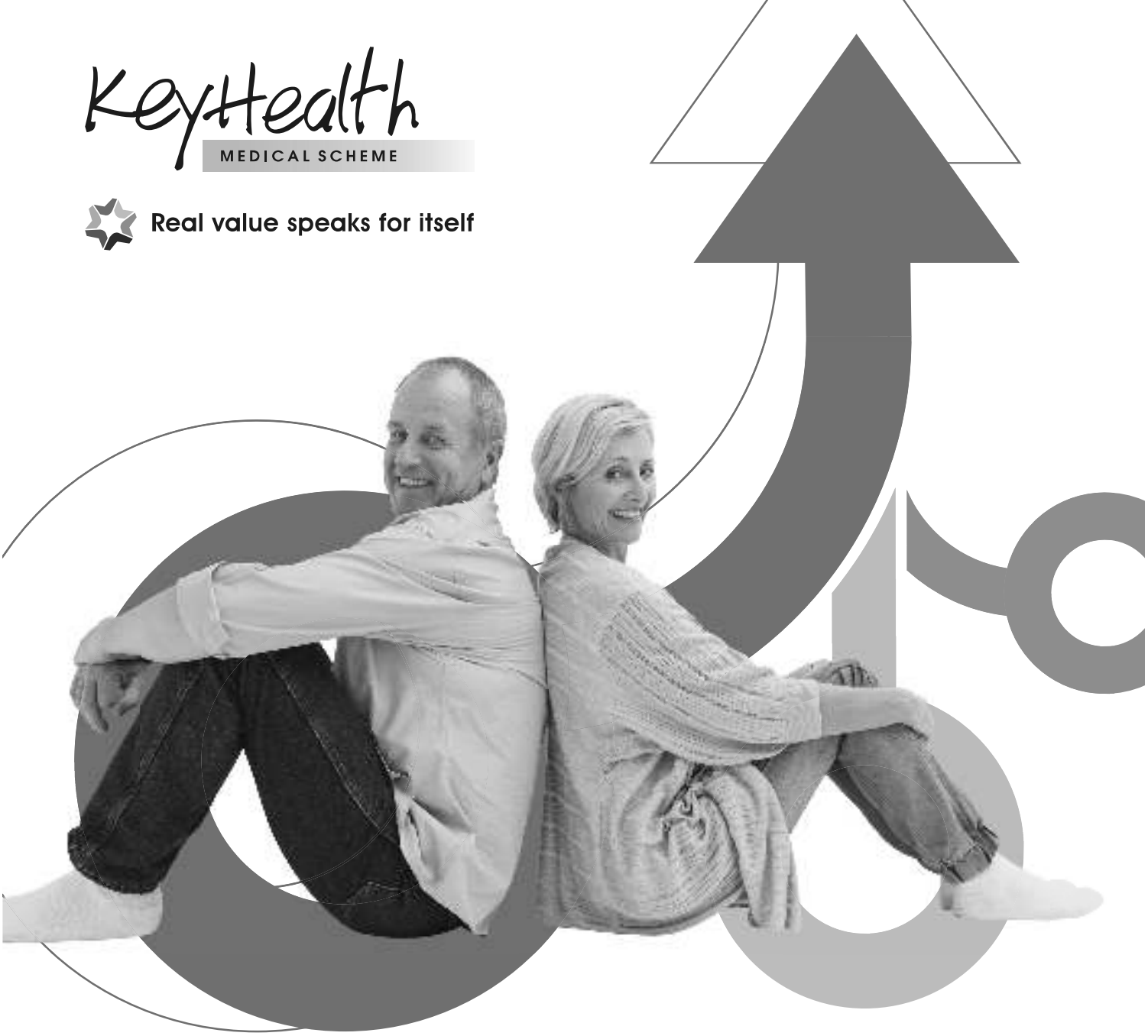
KeyHealth
MEDICAL SCHEME

Real value speaks for itself



PLATINUM

SCAN ME

BENEFITS BROCHURE

Supreme, platinum standard, highest value, comprehensive benefits.

Platinum is the top tier of medical benefits for people who want it all taken care of, now and in the future.

With a prime rate and top-drawer value, this option offers an unlimited hospital plan, superlative day-to-day benefits, self-funding gap and threshold, plus benefits for 55 chronic medical conditions as well as increased dental benefits, out-of-hospital mental health benefits, unlimited oncology and prosthesis benefits, and more.

It brings new meaning to comprehensive benefits in every way.

PLATINUM 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%	R156 000	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%	R65 100	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 R22 500. Combined in- and out-of-hospital benefit
TRANSPLANTS (solid organs, tissue and corneas) Hospitalisation, harvesting and drugs for immuno-suppressive therapy	100%		Unlimited, subject to use of DSP and case management Pre-authorisation compulsory
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%	R73 100	Pfpa. Pre-authorisation compulsory and subject to case management Combined in- and out-of-hospital benefit. Out-of-hospital treatment is limited to R30 400. Unlimited PMB benefits
DIALYSIS	100%		Unlimited. Pre-authorisation compulsory and subject to case management, use of DSP, and Scheme protocols
ONCOLOGY	100%		Unlimited. 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 (day-to-day benefits will then apply)
MRI and CT scans		R32 400	Pfpa. Combined benefit in- or out-of-hospital
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 (day-to-day benefits will then apply)
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory
IN-ROOM PROCEDURES	200%		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%		Principal Member: R14 200 pa Adult Dependant: R13 775 pa Child Dependant: R3 370 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			
Self-funding gap (SFG)			Member is responsible for payment of all day-to-day expenses, up to the value of: PM – R4 970, AD – R4 420, CD – R1 630 Expenses paid by member will accrue to the SFG at MST rates (once the SFG has been bridged, member will enter the threshold zone)
Threshold zone	100%		Further routine benefits, excluding physiotherapy, pathology and prescribed medication. The following limits apply: - Threshold zone: PM – R19 170, AD – R18 195, CD – R5 000 - Prescribed medication: PM – R11 720, AD – R5 290, CD – R2 610 - Physiotherapy: R18 550 pfpa - Pathology: R18 550 pfpa
Over-the-counter medicine	100%	R3 990	Pfpa sublimit. Subject to day-to-day and threshold zone
Over-the-counter reading glasses		R270	Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit
PATHOLOGY	100%		Subject to day-to-day and threshold zone
CHRONIC MEDICATION			
Category A (CDL)	100%		Unlimited, subject to reference pricing and protocols Registration on Chronic Disease Risk Programme compulsory
Category B (other)	100%	R24 900	Pbpa. Subject to chronic benefit to a maximum of R50 900 pfpa
OPTICAL SERVICES			
Eye test / consultation	100%		1 test pbp2a, included in the combined benefit, subject to day-to-day benefit and threshold zone
Materials / components	100%	R6 850	Pbp2a total optical benefit. Subject to day-to-day benefit, threshold zone 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		R26 080	Per beneficiary once per lifetime. Pre-authorisation compulsory
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%		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%	R5 700	Pbpa limitation on cost. DENIS pre-authorisation compulsory
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			DENIS protocols and Scheme rules apply
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			DENIS protocols and Scheme rules apply
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			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%	R15 100	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%	R45 800	No authorisation required. Pfp5a. Subject to maximum of R22 800 per ear
Hearing aids and maintenance (batteries included)	100%	R1 745	Pbpa

MONTHLY CONTRIBUTION

MONTHLY CONTRIBUTION	Principal Member	Adult Dependant	Child Dependant
	R13 840	R9 704	R2 924