



# PLATFREEDOM OPTION 2021



**PLATINUM  
HEALTH**



# PLATINUM HEALTH

## Our vision:

To provide appropriate healthcare of high quality, cost efficiently, to the satisfaction of stakeholders.

## Our mission:

To practice and administer appropriate medicine of such a high standard, which optimises health care and quality of life amongst all stakeholders. To effectively manage our environment and future by becoming and remaining financially self-supporting within acceptable cost constraints set for us. To attract and retain membership through service excellence by delivering quality, appropriate, equitable healthcare. To ensure that stakeholders are consistently provided with relevant information.

## Platinum Health Abbreviations

AIDS	Acquired immunodeficiency syndrome	PB	Per beneficiary
CDL	Chronic diseases list	PET scan	Positron emission tomography scan
CPAP	Continuous positive airway pressure	PMB	Prescribed minimum benefits
CT scan	Computed tomography scan	PMF	Per member family
DSP	Designated service provider	RSA	Republic of South Africa
DTP	Diagnosis and treatment pairs	SAOA	South African Optometry Association
GP	General practitioner	Scheme Tariff	NHRPL 2010 + 5%, escalated by percentage increase every benefit year
HIV	Human Immunodeficiency virus	Scheme Formulary	List of medicine inclusive of all classes on a reference price
MMAP	Maximum Medical Aid Price	SEP	Single exit price
MRI scan	Magnetic resonance imaging scan	TRP list	Therapeutic reference price list
OAL	Overall annual limit	Medication TTO	Medication to-take-out
OTC	Over-the-counter		
PAT	Pharmacist advised therapy		

# PLATFREEDOM OPTION

## Benefits for 2021

PlatFreedom offers members complete freedom of choice to see service providers they prefer; however, members will be liable for the full cost once the limit is reached. Most benefits have limits and is subject to an Overall Annual Limit (OAL) of R1 million.

Hospitalisation is subject to the OAL at 100% of the lower of cost or Scheme Rate and authorisation must be obtained from the Scheme in all instances. There is a limit on Acute medication inclusive of the over-the-counter (OTC) benefit. Prescribed Minimum Benefits (PMBs), as required by the Medical Schemes Act, are covered both in-and-out of hospital at 100% of cost/negotiated Tariff; subject to services rendered by a public hospital or the scheme's DSPs at cost and no levy or co-payment shall apply.



BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
Overall Annual Limit (OAL)		<b>R1 050 000 for a family. All limits are subject to the Overall Annual Limit (OAL)</b>	
ALTERNATIVE HEALTHCARE			
Homeopathic consultations and medicine only	80% of the lower of cost or Scheme Rate	<b>R8 146</b> for a family	
AMBULANCE SERVICE			
	100% if authorised by preferred provider		Subject to approval by preferred provider
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
General medical and surgical appliances and appliance repairs	100% of the lower of cost or negotiated Scheme Rate	<b>R19 877</b> for a family (Appliances limit)	
CPAP (Continuous Positive Airway Pressure)		Subject to the Appliances limit	
Glucometers		<b>R1 185</b> for a beneficiary, included in the Appliances limit	
Peak flow meters		<b>R510</b> for a beneficiary, included in the Appliances limit	
Nebulisers		<b>R1 362</b> for a beneficiary, included in the Appliances limit	
Foot orthotics		<b>R5 040</b> for a beneficiary, included in the Appliances limit	
Keratoconus contact lenses		Subject to the Appliances limit	Authorisation required
Oxygen therapy and home ventilators		Subject to OAL	Authorisation required
Incontinence products	100% of the lower of cost or negotiated fee	Subject to OAL	Authorisation required

BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS			
	100% of negotiated fee	Subject to OAL	Authorisation required
CONSULTATIONS AND VISITS - GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS			
In-hospital	100% of the lower of cost or Scheme Rate	Subject to OAL. Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.	
Out-of-hospital	100% of the lower of cost or Scheme Rate	<b>M0: R5 902</b> <b>M1: R8 853</b> <b>M2: R11 793</b> <b>M3+: R14 754</b> Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.	
DENTISTRY			
<b>Basic:</b> Includes plastic dentures and basic dentistry performed in-hospital for children under eight (8) and for removal of impacted wisdom teeth.	100% of the lower of cost or Scheme Rate	<b>R14 443</b> for a family	Authorisation required for all dental treatment in-hospital
<b>Advanced:</b> Oral surgery, metal base dentures, inlays, crowns, bridges, study models, orthodontics, periodontics, prosthodontics, osseointegrated implants, orthognathic surgery and dental technician fees	100% of the lower of cost or Scheme Rate	<b>R14 952</b> for a family	Authorisation required for advanced dentistry in-hospital
HOSPITALISATION			
Accommodation in a general ward, high-care ward and intensive care unit, theatre fees, ward drugs and surgical items	100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required
ALTERNATIVES TO HOSPITALISATION			
Physical rehabilitation facilities, hospice, nursing services and sub-acute facilities	100% of the lower of cost or Scheme Rate	<b>R79 858</b> for a family	Authorisation required
IMMUNODEFICIENCY SYNDROME (HIV/AIDS)			
	100% of cost		Authorisation required

BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
INFERTILITY			
	100% of the lower of cost or negotiated fee for public hospitals	Limited to interventions and investigations as prescribed by the regulations to the Medical Scheme Act	Authorisation required
MATERNITY			
<b>Hospital:</b> Accommodation, theatre fees, labour ward fees, dressings, medicines and materials. <b>Note:</b> For confinement in a registered birthing unit or out-of-hospital, four (4) post-natal midwife consultations for a family each year	100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required
Related maternity services: 12 antenatal consultations, two (2) 2D scans, pregnancy related tests and procedures	100% of the lower of cost or Scheme Rate	<b>R9 310</b> per family, 3D scan paid up to cost of 2D scan	
Amniocentesis	80% of the lower of cost or Scheme Rate	<b>R9 372</b> for a family and further limited to one test for a family each year	
MEDICINE AND INJECTION MATERIAL			
Acute medicine: including malaria prophylactics	100% of the approved price	<b>M0: R5 923</b> <b>M1: R10 286</b> <b>M2: R13 715</b> <b>M3+: R15 897</b> (Acute Medicine limit)	Refer to general Scheme exclusions
Medicine on discharge from hospital	100% of the approved price	<b>R530</b> for a beneficiary per admission, included in the Acute Medicine limit	Refer to general Scheme exclusions
Over-the-counter medicine	100% of the approved price	<b>R1 767</b> for a family; maximum <b>R437</b> per script. Included in the Acute Medicine limit	Refer to general Scheme exclusions
Chronic medicine	<b>Chronic Disease List conditions</b> Up to 100% of Scheme Rate for approved chronic medicine on the medicine list (formulary) Up to 80% of MMAP for approved chronic medicine not on the medicine list (formulary) <b>Additional Disease List conditions</b> Up to 100% of MMAP for approved chronic medicine	Subject to OAL	Authorisation required Refer to general Scheme exclusions
Contraceptive benefits: Oral, injectable, patches, rings, devices and implants	100% of approved price	Subject to OAL	Only if prescribed for contraception (not approved for skin conditions)

BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
MENTAL HEALTH			
Psychiatric and psychological treatment in-hospital (including hospitalisation costs and procedures)	100% of the lower of cost or Scheme Rate	<b>R41 457</b> for a family (Mental Health limit)	Authorisation required
Rehabilitation for substance abuse	100% of the lower of cost or Scheme Rate	21 days for a person each year, included in the Mental Health limit	Authorisation required
Out-of-hospital: Consultations, visits, assessments, therapy, treatment and counselling	100% of the lower of cost or Scheme Rate	<b>R8 146</b> for a family, included in the Mental Health limit	
NON-SURGICAL PROCEDURES AND TESTS			
In-hospital	80% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required
Out-of-hospital	100% of the lower of cost or Scheme Rate	<b>R9 819</b> for a family	Authorisation required
OPTOMETRY			
Eye examination	100% of the lower of cost or SAOA Rate	One (1) examination for a beneficiary each year	
Lenses	100% of the lower of cost or SAOA Rate	Clinically essential every 2 years. Every 2 years from anniversary of claiming PB.	No benefit for lens add-ons
Frames	100% of the lower of cost or SAOA Rate	One (1) frame for a beneficiary, further limited to <b>R1 601</b> for a beneficiary, every 2 years from anniversary of claiming PB.	
Contact lenses	100% of the lower of cost or SAOA Rate	<b>R3 284</b> for a beneficiary, every 2 years (from anniversary of claiming PB) instead of spectacle lenses above.	
Readers	100% of the lower of cost or SAOA Rate	Limited to and included in the frames limit above, if obtained from a registered practice	
Refractive eye surgery	80% of the lower of cost or Scheme Rate	<b>R19 877</b> for a family	Authorisation required
ORGAN AND TISSUE TRANSPLANTS			
Harvesting of organ/s, tissue and the transplantation of them (limited to RSA)	100% of the lower of cost or Scheme Rate	<b>R229 090</b> for a family (Organ Transplant limit)	Authorisation required
Immunosuppressive medication	100% of the approved price	Included in the Organ Transplant Limit	Authorisation required
Corneal grafts. Organ harvesting not limited to RSA	100% of the lower of cost or Scheme Rate	<b>R30 547</b> for a beneficiary, included in the Organ Transplant limit	Authorisation required

BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
ONCOLOGY (CANCER)			
Active treatment period. Includes approved pathology and post active treatment for 12 months	100% of the lower of cost or Scheme Rate	Subject to OAL	
Brachytherapy	100% of the lower of cost or Scheme Rate	<b>R54 382</b> for a family	Authorisation required
PREVENTATIVE CARE			
Childhood Immunisation Benefit	100% of lower of cost or Scheme Rate	According to the Department of Health protocols (excludes consultation cost)	
PATHOLOGY AND MEDICAL TECHNOLOGY			
In-hospital	100% of the lower of cost or Scheme Rate	Subject to OAL	
Out-of-hospital	100% of the lower of cost or Scheme Rate	<b>R10 370</b> for a family	
ADDITIONAL MEDICAL SERVICES			
In-hospital: Dietetics, occupational therapy, speech therapy and social workers	100% of the lower of cost or Scheme Rate	<b>R14 401</b> for a family	
Out-of-hospital: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nurse practitioners, speech therapy and social workers	100% of the lower of cost or Scheme Rate	<b>R5 144</b> for a family	
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS (EXCLUDING X-RAYS)			
In-hospital: Physiotherapy and biokinetics	100% of the lower of cost or Scheme Rate	Subject to OAL	
Out-of-hospital: Physiotherapy, biokinetics and chiropractics	100% of the lower of cost or Scheme Rate	<b>R9 009</b> for a family	
PROSTHESIS AND DEVICES (INTERNAL AND EXTERNAL)			
	100% of the authorised cost	<b>R63 057</b> for a family	Authorisation required



BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
<b>RADIOLOGY AND RADIOGRAPHY</b>			
In-hospital	100% of the lower of cost or Scheme Rate	Subject to OAL	
Out-of-hospital	100% of the lower of cost or Scheme Rate	<b>R11 367</b> for a family	
Specialised (in- and out-of-hospital)	100% of the lower of cost or Scheme Rate	<b>R21 581</b> for a family	Authorisation required
PET and PET-CT scans	100% of the lower of cost or Scheme Rate	One (1) for a family	Authorisation required
<b>RENAL DIALYSIS (CHRONIC)</b>			
	100% of the lower of cost or Scheme Rate	<b>R229 090</b> for a family	Authorisation required
<b>SURGICAL PROCEDURES (INCLUDING MAXILLO-FACIAL SURGERY)</b>			
	100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required

## Contributions for 2021

### EFFECTIVE ON 1ST MARCH 2021



Beneficiary	R0 – R12 000	R12 001 – R18 000	R18 001 – R24 800	R24 801 – R50 300	R50 301+
Principal	R2 001	R2 558	R2 769	R3 458	R4 097
Adult	R1 569	R2 016	R2 128	R2 680	R3 254
Child	R536	R689	R743	R822	R962

In the event that a member's income changes during the course of a benefit year, placing the member in a higher/lower income band for contribution purposes, the member shall immediately inform the Scheme of such change and the Scheme shall effect such adjustment to the higher/lower income band from 1 January of the following benefit year except in cases of promotion and demotion wherein the Scheme shall effect such change immediately.





# EXCLUSIONS



## PRESCRIBED MINIMUM BENEFITS

The Scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefits as per regulation 8 of the Act. Furthermore, where a protocol or a formulary drug preferred by the Scheme has been ineffective or would cause harm to a beneficiary, the Scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Act.

## GENERAL SCHEME EXCLUSIONS

Unless otherwise approved by the Scheme (and with the express exception of medicines or treatment approved and authorised in terms of any relevant managed healthcare programme), expenses incurred in connection with any of the following will not be paid by the scheme:

### **The following are excluded by the Scheme unless authorised by the Board of Trustees:**

- All costs that exceed the annual or biennial maximum allowed for the particular benefit set out in the Scheme Rules.
- Claims that are submitted more than four months after the date of treatment.
- Interest charges on overdue accounts, legal fees incurred as a result of delay on non-payment accounts and/or any administration fee charged by provider.
- Charges for appointments which a member or dependant fails to keep.
- Accommodation in a private room of a hospital unless clinically indicated and prescribed by a medical practitioner and authorised by the scheme.
- Accommodation in convalescent or old-age homes or similar institutions.
- Accommodation and/or treatment in headache and stress-relief clinics, spas and resorts for health, slimming, recuperative or similar purposes.
- Treatment of obesity – slimming preparations and appetite suppressants, any surgical procedure to assist in weight loss.
- All costs for operations, medicines, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or condition.
- Services rendered by any person who is not registered to provide health services as defined in the Medical Schemes Act and medicines that have been prescribed by someone who is not a registered health services provider.
- The purchases of bandages, syringes (other than for diabetics) and instruments, patent foods, tonics, vitamins, sun-screen agents, growth hormone, and immunisation (not part of PMB).
- Gum guards for sport purposes, gold in dentures and the cost of gold as an alternative to non-precious metal in crowns, inlays and bridges and bleaching of teeth.
- Examinations for insurance, school camps, visas, employment, legal purposes, annual medical surveillance or similar services, including routine examinations.
- Travelling and accommodation/lodging costs, including meals as well as administration costs of a beneficiary and/or service provider.
- The cost of holiday for recuperative purposes, whether considered medically necessary or not, and travelling cost (this travelling is the patients travelling cost, not the provider).
- Prophylactic treatment – “stop” Smoke, Disulfiram treatment (Antabuse).
- In vitro, IVF treatment for infertility (not part of PMB).
- Experimental unproven or unregistered treatments or practices.
- Aptitude, intelligence/IQ and similar tests as well as the treatment of learning problems.
- Costs for evidence in a lawsuit.
- Sclerotherapy
- All costs for healthcare services if, in the opinion of the medical or dental adviser, such healthcare services are not appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition at an affordable level of service and cost.
- All costs for medicine for the treatment of chronic conditions not on the list of conditions covered, with the exception of medicine for the treatment of an excluded chronic condition which the Scheme has specifically determined needs to be treated to achieve overall cost-effective treatment of the beneficiary.
- Alternative healthcare: (excluding PlatFreedom)
  - Homeopathic consultation and medication that have valid NAPPI codes
  - Podiatry (not part of PMB)
- Vaccinations (excluding PlatFreedom)
- Refractive eye surgery, excimer laser treatment. (excluding PlatFreedom)

# CHRONIC MEDICINE

- 27 Chronic Disease List (CDL) conditions.
- Chronic Disease List conditions up to 100% of scheme rate for approved chronic medicine on the medicine list.
- Subject to Overall Annual Limit (OAL).
- Up to 80% of Maximum Medical Aid Price (MMAP) for approved chronic medicine not on the medicine list.
- Additional Disease List conditions up to 100% of MMAP for approved chronic medicine.
- Subject to registration on the Chronic Medication Programme.
- Authorisation required.
- Refer to general Scheme exclusions.

## The following CDL conditions are covered, subject to authorisation:

1. Addison's disease
2. Asthma
3. Bipolar mood disorder
4. Bronchiectasis
5. Cardiac failure
6. Cardiomyopathy
7. Chronic renal disease
8. Chronic obstructive pulmonary disease (COPD)
9. Coronary artery disease
10. Crohn's disease
11. Diabetes insipidus
12. Diabetes mellitus type 1
13. Diabetes mellitus type 2
14. Dysrhythmias
15. Epilepsy
16. Glaucoma
17. Haemophilia
18. HIV/AIDS
19. Hyperlipidaemia
20. Hypertension
21. Hypothyroidism
22. Multiple sclerosis
23. Parkinson's disease
24. Rheumatoid arthritis
25. Schizophrenia
26. Systemic lupus erythematosus
27. Ulcerative colitis

## Additional Chronic Disease List (CDL) Conditions (non-PMBs)

There are further Additional Disease List conditions. There is no medicine formulary for these conditions. Cover is subject to benefit entry criteria and approval. Approved medicine for these conditions will be funded up to Maximum Medical Aid Price (MMAP).

1. Acne
2. Allergic Rhinitis
3. Alzheimers Disease
4. Ankylosing Spondylitis
5. Attention Deficit Hyperactivity Disorder (ADHD)
6. Bechet's disease
7. Cystic Fibrosis
8. Depression
9. Dermatomyositis
10. Eczema
11. Gastro-oesophageal Reflux Disease
12. Generalised Anxiety Disorder
13. Gout/Hyperuricaemia
14. Migraine
15. Motor Neuron Disease
16. Myasthenia Gravis
17. Obsessive Compulsive Disorder
18. Osteoarthritis
19. Osteopenia
20. Osteoporosis
21. Paget's Disease
22. Panic Disorder
23. Polyarteritis Nodosa
24. Post Traumatic Stress Disorder
25. Psoriasis
26. Pulmonary Interstitial Fibrosis
27. Sjogren's Syndrome
28. Systemic Sclerosis
29. Urinary Incontinence
30. Urticaria
31. Venous Thrombotic Disorders
32. Wegener's Granulomatosis

# CONTACT DETAILS



**Medical emergency services  
(ambulance): 0861 746 548 Europ Assistance  
After-hours Case Management: 082 800 8727**

## CASE MANAGEMENT

**Tel:** 014 590 1700 or 080 000 6942 (toll free)  
**A/H emergency:** 082 800 8727  
**Fax:** 086 233 2406 or 086 247 9497  
**Email:** plathealth@platinumhealth.co.za (**specialist authorisation**)  
hospitalconfirmations@platinumhealth.co.za (**hospital pre-authorisation and authorisation**)  
ZZGPlatinumHealthCaseManagement@platinumhealth.co.za (**alternative email address for both specialist and hospital authorisation**)  
**Office hours:** Monday to Thursday 09:00 – 17:00  
Friday 09:00 – 16:00

## CLIENT LIAISON (CUSTOMER SERVICES)

### CLIENT LIAISON CALL CENTRE/ WALK-IN CENTRE

*Situated at 175 Beyers Naudé Avenue, Rustenburg*

**Tel:** 014 590 1700 or 080 000 6942 (toll free)  
**Fax:** 086 591 4598  
**Email:** phclientliaison@platinumhealth.co.za  
**Office hours:** Monday to Friday 08:00 – 16:00

## CHRONIC MEDICATION

**Tel:** 014 590 1700  
**Fax:** 014 590 1752 / 086 577 0274  
**Email:** ZZGPlatinumHealthChronicMedication@platinumhealth.co.za (**orders, applications and general enquiries**)  
**Office hours:** Monday to Friday 08:30 – 16:00

## Employee Assistance Programme (EAP) Councilor Line 010 133 0525

At the start of the COVID-19 pandemic, Platinum Health established an Employee Assistance Programme (EAP) Counsellor Line to offer support, guidance and encouragement to all its members.

The dedicated EAP Counselor number is manned 24 hours per day, 7 days per week and all telephone calls are private and confidential.





# PLATINUM HEALTH

## Complaints and disputes

Members must first try and resolve their complaint with the Scheme and only contact The Council for Medical Schemes if they are still in disagreement with their medical scheme.

## The Council for Medical Schemes

Block A Eco Glades 2 Office Park

420 Witch-Hazel Street, Ecopark

Centurion, 0157

Telephone: 012 431 0500

Fax: 012 431 0500

Customer Care call-share number: 0861 123 267

Email: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com)

Website: [www.medicalschemes.com](http://www.medicalschemes.com)

## DISCLAIMER

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme.

All benefits in accordance with the Registered Rules of the Scheme.

Terms and conditions of membership apply as per Scheme Rules.