



PLATINUM HEALTH MEDICAL SCHEME

Plat Cap

REGISTERED BY ME ON
2025/02/07
REGISTRAR OF MEDICAL SCHEMES

ANNEXURE A1

Contributions 2025

Effective on 1st January 2025

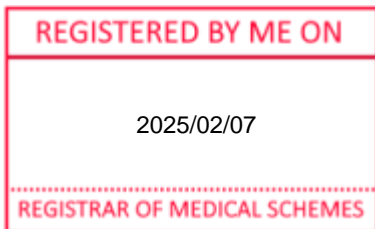
Salary Band	R0 - R14 156	R14 157 - R22 074	R22 075 +
Principal	R 1 424	R 1 729	R 3 253
Adult	R 1 424	R 1 729	R 3 253
Child	R 581	R 727	R 1 130

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.



PLATINUM HEALTH MEDICAL SCHEME

Plat Comprehensive



ANNEXURE A2

Contributions 2025

Effective on 1st January 2025

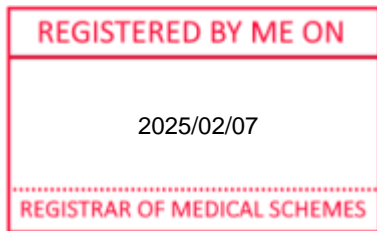
Salary Band	R0 - R22 283	R22 284 - R33 630	R33 631 +
Principal	R 1 909	R 2 761	R 3 273
Adult	R 1 909	R 2 761	R 3 273
Child	R 646	R 983	R 1 137

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.



PLATINUM HEALTH MEDICAL SCHEME

Plat Freedom ANNEXURE A3



Contributions 2025

Effective on 1st January 2025

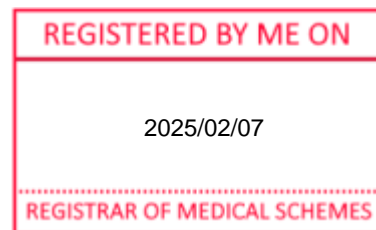
Salary Band	R0-R15465	R15 466 - R22 980	R22 981 - R31 662	R31 663 - R64 220	R64 221+
Principal	R 2 687	R 3 435	R 3 720	R 4 644	R 5 503
Adult	R 2 108	R 2 707	R 2 858	R 3 598	R 4 370
Child	R 721	R 926	R 999	R 1 105	R 1 293

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.



PLATINUM HEALTH MEDICAL SCHEME BENEFITS (Plat Cap) 2025

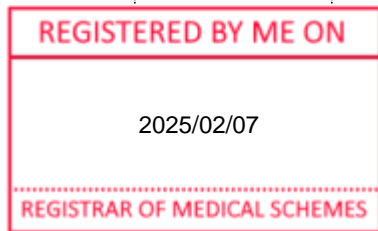
ANNEXURE B1



Plat Cap Option
Effective 1st January 2025



Service		% Benefits	Annual Limits	Conditions/Remarks
A STATUTORY PRESCRIBED MINIMUM BENEFITS				
1		100% of cost	Unlimited	All services rendered by a public hospital or the schemes DSP at costs. No levy or co-payment shall apply.
B DAY-TO-DAY BENEFITS				
1	GP Consultations and visits	100% of Scheme tariff	Unlimited	<p>Members located within a 50km radius of Scheme DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 – 200km radius of Scheme DSPs may utilise any GPs and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</p> <p>Consultations during normal working hours: R80 levy per patient visit will apply. Consultations after normal working hours: R80 levy per patient visit will apply. Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.</p>
2	Acute medication	100% of Scheme tariff	Unlimited	<p>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located outside a 50km radius of DSPs may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Plat Cap option formulary. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP.</p> <p>If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a copayment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.</p>
3	PAT/OTC	100% of Scheme tariff	R368 PB per annum, R724 PMF	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located outside a 50km radius of network provider pharmacies may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Plat Cap Option formulary. Admin fees or levies will not be covered. Subject to Plat Cap option formulary and R164 per event.



Plat Cap Option
Effective 1st January 2025

Service		% Benefits	Annual Limits	Conditions/Remarks	
B	DAY-TO-DAY BENEFITS (continue)				
4	Contraceptive benefit: Hormonal subdermal progestin-only implants	100% of Scheme tariff	One every three years	Hormonal subdermal progestin-only implants shall be limited to one every three years from anniversary of claiming PB.	Members located within a 50km radius of a Platinum Health owned pharmacy are obliged to utilise such pharmacies, subject to regulation 8(3). Members located outside a 50km radius of a Platinum Health owned pharmacy may utilise DSP pharmacies for medication.
	Levonorgestrel Intrauterine device (LNG-IUD)	100% of Scheme tariff	One every five years	Levonorgestrel Intrauterine device (LNG-IUD) shall be limited to one every five years from anniversary of claiming PB.	
	Injectable Contraception hormonal	100% of Scheme tariff	Medroxyprogesterone: every three months	Medroxyprogesterone shall be limited to one every three months from anniversary of claiming PB.	The Scheme shall accept 100% of the therapeutic reference price list as per the Scheme formulary, a co-payment might apply at the point of service when a drug priced above the therapeutic reference price is utilised.
			Norethisterone: every two months	Norethisterone shall be limited to one every two months from anniversary of claiming PB.	
	Hormonal oral, patches and locally acting contraceptives	100% of Scheme tariff	Subject to therapeutic reference price		
	Intrauterine contraceptive copper device (Copper IUCD)	100% of Scheme tariff	One every five years	Intrauterine contraceptive copper device (Copper IUCD) shall be limited to one every five years from anniversary of claiming PB.	Admin fees or levies will not be covered.

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Plat Cap Option

Effective 1st January 2025

Service		% Benefits	Annual Limits	Conditions/Remarks
B	DAY-TO-DAY BENEFITS (continue)			
5	Specialist Consultations	100% of Scheme tariff	3 visits or R4,378 per beneficiary, up to 5 visits or R6,350 per family	<p>Pre-authorisation needs to be obtained prior to consulting any specialist.</p> <p>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 - 200km radius who elect to utilise non-DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</p> <p>Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. Subject to clinical protocol approval and regulation 8(3).</p>
6	Occupational Therapy, Physiotherapy & Biokinetics	100% of cost/ negotiated tariff	R4,989 PMF	<p>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</p> <p>Members to be referred by general practitioners or specialists. Subject to clinical protocol approval.</p>
7	General radiology	100% of Scheme tariff	Unlimited	<p>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</p> <p>Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. Subject to clinical protocol approval. Approved black and white X-rays and soft tissue ultrasound.</p>
8	Pathology	100% of Scheme tariff	Unlimited	<p>Members are obliged to utilise DSPs, subject to regulation 8(3).</p> <p>Subject to referral by Scheme's DSP Medical Practitioner, clinical protocol approval and according to a list of approved tests.</p>

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Service		% Benefits	Annual Limits	Conditions/Remarks
B DAY-TO-DAY BENEFITS (continue)				
9	Conservative Dentistry	100% of Scheme tariff	One consultation PB per annum, with exception of extractions which are unlimited	One preventative treatment PB per annum for cleaning, fillings, and x-rays with exception of extractions which are unlimited. One consultation shall be limited to one every year from anniversary of claiming PB. List of approved codes, Subject to Scheme DSP utilisation and clinical protocol approval.
10	Emergency Dentistry	100% of Scheme tariff	One-episode PB per annum	One-episode PB for pain and sepsis only for in-or-out of network emergency dentistry per annum. One emergency consultation shall be limited to one every year from anniversary of claiming PB.
11	Specialised Dentistry	80% of Scheme tariff	Dentures only One set of plastic dentures PB	Dentures shall be limited to one set every three years from anniversary of claiming PB. Applicable over age of 21 years. (Twenty percent co-payment applies). Subject to Scheme DSP utilisation and clinical protocol.
12	Optometry	100 % of Scheme tariff	Combined 2-year benefit limit of R1,511 . One set of spectacles per beneficiary.	Two-year benefit from anniversary of claiming PB. Subject to Scheme DSP utilisation.
	Examination			One optometric consultation PB. Subject to Scheme DSP utilisation.
	Frames			Range of Scheme approved frames every 24 months. One set of frames PB. Subject to Scheme DSP utilisation.
	Lenses			Single vision lens Subject to Scheme DSP utilisation.
	Contact Lenses		No benefit	
13	Screening for Vision affecting Chronic Diseases	100% of Scheme tariff	One screening consultation per annum PB	Screening for vision affecting chronic diseases shall be limited to one every year from anniversary of claiming PB. Subject to Scheme DSP utilisation and clinical protocol approval.

Plat Cap Option
Effective 1st January 2025

Service		% Benefits	Annual Limits	Conditions/Remarks
C	PREVENTATIVE HEALTHCARE			
	Cancer screening (Pap smears, PSA and Mammogram)	100% of Scheme tariff	Annually	Cancer screening (Pap smears, PSA and Mammogram) shall be limited to one every year from anniversary of claiming PB. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff and subject to clinical protocol approval and regulation 8(3). Members to be referred by a general practitioner or specialist.
	Malaria prophylaxis	100% of Scheme formulary	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to regulation 8(3). Members located outside a 50km radius of DSPs may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.
	Obesity Management	100% of scheme tariff and formulary	Non-Surgical Weight management	
	Vaccines (HPV, Flu & Covid-19)	100% of Scheme formulary	Subject to formulary	
D	CHILD IMMUNISATION			
1	Child Immunisation Benefit	100% of Scheme tariff	Limited to PH Child Immunisation programme	Subject to Scheme protocols (excludes consultation cost) <div>REGISTERED BY ME ON</div>

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REGISTRAR OF MEDICAL SCHEMES

Plat Cap Option
Effective 1st January 2025

	Service	% Benefits	Annual Limits	Conditions/Remarks
E	IN-AND-OUT OF HOSPITAL BENEFITS			
1	Maternity Care (ante and post-natal)	100% of Scheme tariff	Antenatal consultations are subject to the GP consultations and specialist consultation benefit	Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). Subject to registration on the Maternity Programme.
2	Neonatal Care	100% of Scheme tariff	Limited to R61,881 per family, except PMBs	Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
3	Mental Health In-hospital	100% of cost/ negotiated tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). No cover for physiotherapy in mental health facilities.
	Out-of-hospital	100% of Scheme tariff	PMBs only	Four consultations per annum PMF. To be referred by a medical practitioner. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).
4	Specialised Radiology (in-and-out of hospital)	100% of Scheme tariff	R15,829 per family	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.
5	Emergency medical transportation	100% of Scheme tariff	Unlimited	Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).
6	General medical appliances (wheelchairs and hearing aids)	100% of Scheme tariff	R7,409 per family	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
7	Oxygen and Cylinders	100% of Scheme tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).

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Plat Cap Option
Effective 1st January 2025

Service		% Benefits	Annual Limits	Conditions/Remarks
F	IN-HOSPITAL BENEFITS			
1	GP Consultations	100% of Scheme tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
2	Specialist Consultations	100% of Scheme tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
3	Pathology	100% of Scheme tariff	Limited to R36,684 per family per annum	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval and regulation 8(3)
4	General Radiology	100% of Scheme tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
5	Physiotherapy	100% of Scheme tariff	R5,902 PB	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
6	Oncology	100% of cost/ negotiated tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.
7	Organ Transplant	100% of cost/ negotiated tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.
8	Renal Dialysis	100% of cost/ negotiated tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.
9	Prosthesis (Internal)	100% of cost/ negotiated tariff	PMBs only <u>The following surgical procedures are not covered:</u> Back and neck surgery, Joint replacement surgery, Caesarian sections done for non-medical reasons, Functional nasal and sinus surgery, Varicose vein surgery, Hernia repair surgery, Laparoscopic or keyhole surgery, Endoscopies and Bunion surgery	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.

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Plat Cap Option
Effective 1st January 2025

Service		% Benefits	Annual Limits	Conditions/Remarks
G CHRONIC MEDICINE BENEFIT				
1	Chronic Medicine	100% of Plat Cap option formulary <div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/02/07 ***** REGISTRAR OF MEDICAL SCHEMES </div>	Unlimited for CDL conditions	<p>Only CDLs covered and Prescribed Minimum Benefits (PMBs) unlimited as per Chronic Diseases Reference Price List (CDRPL).</p> <p>The Scheme shall accept liability of 100% of Therapeutic Reference Price List as per the formulary. In all instances chronic medication shall be obtained from the Scheme's DSP, subject to registration on the Chronic Medication Programme.</p> <p>If a member elects to utilise a non-formulary drug, then the member is liable for 20% copayment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP.</p> <p>If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.</p>
H HOSPITALISATION				
<i>Designated Service Provider Hospitals (100% agreed and negotiated Tariffs – unlimited)</i>				
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of negotiated tariff	Unlimited	<p>Where possible, own facilities shall be utilised. No levy is applicable for hospitalisation at a DSP hospital provided that the Scheme's Medical Practitioner has referred the member and that the hospitalisation is authorised. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 – 200km radius who elect to utilise non-DSPs will be covered 100% of negotiated tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of negotiated tariff, subject to clinical protocol approval and regulation 8(3).</p> <p>Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.</p>
2	Theatre fees and materials			
3	Ward, Theatre drugs and hospital equipment			

Plat Cap Option
Effective 1st January 2025



	Service	% Benefits	Annual Limits	Conditions/Remarks
I	HOSPITALISATION (continue)			
	<i>Designated Service Provider Hospital (100% agreed and negotiated Tariffs – unlimited)</i>			
4	Medication-to-take-out (TTO)	100% of Scheme tariff	7-day supply PB , per admission	Subject to Plat Cap option formulary. Admin fees or levies will not be covered.
5	Alternative to hospitalisation (step-down or home nursing)	100% of Scheme tariff	Limited to R19,461 per family per annum	Where possible, own facilities shall be utilised. Members are obliged to utilise DSPs, subject to regulation 8(3). Subject to referral by Scheme's DSP Medical Practitioner, authorisation, and clinical protocol approval. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.
6	Physical rehabilitation	100% of Scheme tariff	Limited to R69,479 per family per annum	Where possible, own facilities shall be utilised. Members are obliged to utilise DSPs, subject to regulation 8(3). Subject to referral by Scheme's DSP Medical Practitioner, authorisation, and clinical protocol approval. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.

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Plat Cap Option
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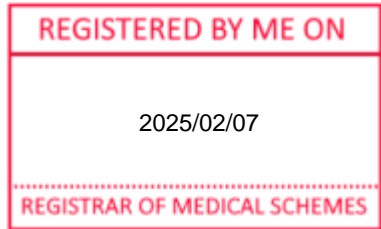
LEGEND	
AIDS	Acquired immunodeficiency syndrome
CDL	Chronic disease list
CDRP list	Chronic disease reference price list
Copper IUD	Copper intrauterine device
CT Scan	Computed tomography scan
DSP	Designated service provider
GP	General practitioner
HIV	Human immunodeficiency virus
HPV	Human papillomavirus infection
LNG-IUD	Levonorgestrel Intrauterine device
MRI Scan	Magnetic resonance imaging
OTC	Over the counter
PAT	Pharmacist advised therapy
PB	Per beneficiary
PMBs	Prescribed minimum benefits
PMF	Per member family
Plat Cap Formulary	List of medicine inclusive of all classes on a reference price
PSA	Prostate-specific antigen
Scheme Tariff	National reference price list (NHRPL) 2010 + 5%, escalated by percentage increase every benefit year
SEP	Single exit price
Medicine TTO	Medicine to-take-out
TRP list	Therapeutic reference price list

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REGISTRAR OF MEDICAL SCHEMES



PLATINUM HEALTH MEDICAL SCHEME

BENEFITS (Plat Comprehensive) 2025

ANNEXURE B2

Plat Comprehensive Option
Effective 1st January 2025



Service		% Benefits	Annual Limits	Conditions/Remarks
A STATUTORY PRESCRIBED MINIMUM BENEFITS				
1		100% of cost	Unlimited	Services rendered by a public hospital or the Scheme’s DSP at cost. No levy or co-payment shall apply.
		100% Scheme tariff		Subject to regulation 8(3) any service rendered by a non-DSP on a voluntary basis will be paid at 100% of Scheme tariff.
B GENERAL PRACTITIONER SERVICES				
1	Consultations and visits (in-and-out of hospital)	100% of Scheme tariff	Unlimited	Members located within a 50km radius of Scheme DSPs are obliged to utilise scheme DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 – 200km radius of Scheme DSPs may utilise any GPs and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Consultations during normal working hours: R80 levy per patient visit will apply. Consultations after normal working hours: R80 levy per patient visit will apply. Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.
C SPECIALIST SERVICES				
1	Consultations and visits (in-and-out of hospital)	100% of Scheme tariff/ negotiated rate.	Unlimited	Pre-authorisation needs to be obtained prior to consulting any specialist. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times.
		100% of Scheme tariff	Unlimited	Pre-authorisation needs to be obtained prior to consulting any specialist. Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntarily obtained services (including Psychiatric Services) in which case the Scheme will cover 100% of Scheme tariff, subject to

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				clinical protocol approval and regulation 8(3). Members to be referred by a general practitioner or specialist.
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Plat Comprehensive Option
Effective 1st January 2025



Service		% Benefits	Annual Limits	Conditions/Remarks
D HOSPITALISATION				
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of Scheme tariff/ negotiated rate	Unlimited	Where possible, own facilities shall be utilised. Members to be referred by general practitioners or specialists. Subject to clinical protocol approval. No levy is applicable for hospitalisation at a DSP hospital provided that the Scheme's DSP practitioner or specialist has referred the member, and that the hospitalisation is authorised. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to regulation 8(3). Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.
2	Theatre fees and materials			
3	Ward, Theatre drugs and hospital equipment			
4	Medication to-take-out (TTO)	100% of Scheme tariff	7-day supply PB, per admission	Subject to Scheme formulary and regulation 8(3).
Non-Designated Service Provider Hospital				
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of Scheme tariff	R172,428 PMF	Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services. Members to be referred by general practitioners or specialists. Pre-authorisation is required subject to clinical protocol approval and regulation 8(3).
2	Theatre fees and materials			
3	Ward, Theatre drugs and hospital equipment			

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4	Medication to-take-out (TTO)	100% of Scheme tariff	7-day supply PB, per admission	Subject to Scheme formulary and regulation 8(3).
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In all instances authorisation shall be obtained prior to admission and in the event of an emergency, the Scheme shall be notified of such an emergency within one working day after admission.

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Effective 1st January 2025

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REGISTRAR OF MEDICAL SCHEMES

Service	% Benefits	Annual Limits	Conditions/Remarks
E MEDICATION			
1 Acute	100% of Scheme formulary	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to regulation 8(3). Members located outside a 50km radius of DSPs may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary. If a member elects to utilise a nonformulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a copayment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.
2 PAT/OTC	100% of Scheme formulary	R401 PB, subject to a limit of R1,083 PMF	Subject to Platinum Health network pharmacy and R194 per event. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located outside a 50km radius of network provider pharmacies may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Scheme formulary. Admin fees or levies will not be covered.
3 Chronic	100% of Scheme formulary	Unlimited for CDL conditions and additional chronic disease list	The Scheme shall accept liability of 100% of Therapeutic Reference Price List as per the formulary. In all instances chronic medication shall be obtained from the Scheme's DSP, subject to registration on the Chronic Medication Programme. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP. If a member elects to

			utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.
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Service	% Benefits	Annual Limits	Conditions/Remarks
E MEDICATION <i>continue</i>			
4 Contraceptive benefits:			
Hormonal subdermal progestin-only implants	100% of Scheme tariff	One every three years	Hormonal subdermal progestin-only implants shall be limited to one every three years from anniversary of claiming PB.
Levonorgestrel Intrauterine device (LNG-IUD)	100% of Scheme tariff	One every five years	Levonorgestrel Intrauterine device (LNG-IUD) shall be limited to one every five years from anniversary of claiming PB.
Injectable Contraception hormonal	100% of Scheme tariff	Medroxyprogesterone: every three months	Medroxyprogesterone shall be limited to one every three months from anniversary of claiming PB.
		Norethisterone: every two months	Norethisterone shall be limited to one every two months from anniversary of claiming PB.
Hormonal oral, patches and locally acting contraceptives	100% of Scheme tariff	Subject to therapeutic reference price	
Intrauterine contraceptive copper device (Copper IUCD)	100% of Scheme tariff	One every five years	Intrauterine contraceptive copper device (Copper IUCD) shall be limited to one
<p>Members located within a 50km radius of a Platinum Health owned pharmacy are obliged to utilise such pharmacies, subject to regulation 8(3). Members located outside a 50km radius of a Platinum Health owned pharmacy may utilise DSP pharmacies for medication.</p> <p>The Scheme shall accept liability of 100% of the Scheme tariff.</p> <p>The Scheme shall accept 100% of the therapeutic reference price list as per the Scheme formulary, a co-payment might apply at the point of service when a drug priced above the therapeutic reference price is utilised.</p> <p>If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply.</p> <p>Admin fees or levies will not be covered.</p>			

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			every five years from anniversary of claiming PB.	
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Service		% Benefits	Annual Limits	Conditions/Remarks
F	DENTAL SERVICES			
1	Conservative Dentistry	100% of Scheme tariff	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located further than 50km radius from DSPs would be covered at 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). No levy for consultations. General anaesthetic and hospitalisation for conservative dental work excluded, except in the case of trauma, patients under the age of eight years and impacted third molars.
2	Specialised Dentistry	85% of Scheme tariff	R13,914 PMF	<p>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located further than 50km radius from DSPs would be covered at 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Authorisation required for specialised dentistry, subject to clinical protocol approval.</p> <p>A 15% co-payment of the benefit limit shall apply in respect of the repair and replacement of dentures. Dentures shall be limited to one set every three years from anniversary of claiming PB subject to benefit limit. Orthodontic treatment benefit limited to patients under 21 years, subject to scheme clinical protocol. The Scheme will accept liability for the under mentioned treatment and a 15% co-payment of the benefit limit shall apply:</p> <ul style="list-style-type: none"> • Internal and External orthodontic treatment • Prosthodontics, periodontics, and endodontic treatment • Porcelain veneers and inlays • Crown and Bridge work • Metal Dentures • External laboratory services

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Service		% Benefits	Annual Limits	Conditions/Remarks
G	RADIOLOGY			
1	In-and-out of hospital	100% of Scheme tariff/ negotiated rate	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times. Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to clinical protocol approval and regulation 8(3).
		100% of Scheme tariff	Unlimited	Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services in which case the scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members to be referred by a general practitioner or specialist. Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols.
H	PATHOLOGY			
1	In-and-out of hospital	100% of Scheme tariff/ negotiated rate	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members to be referred by a general practitioner or specialist and Scheme DSPs shall be utilised at all times. If the Scheme authorises hospitalisation at a DSP, the laboratory costs will be covered 100% of Scheme tariff.
		100% of Scheme tariff	Unlimited	Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as to have voluntary obtained services. Members to be referred by a general practitioner or specialist, subject to clinical protocol approval and regulation 8(3).

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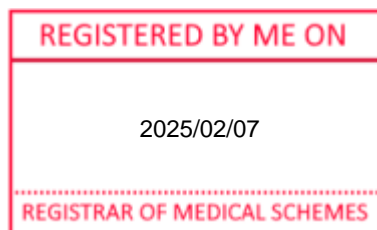
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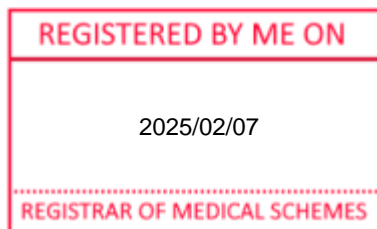
Service		% Benefits	Annual Limits	Conditions/Remarks
I PHYSIOTHERAPY AND BIOKINETICS				
1	In-hospital	100% of Scheme tariff/ negotiated rate	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities.
		100% of Scheme tariff	Unlimited	Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as to have voluntary obtained services in which case the Scheme will cover 100% of Scheme tariff, subject to Scheme clinical protocol and regulation 8(3). Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities
2	Out-of-hospital	100% of Scheme tariff	R5,159 PMF	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities.
J CHEMOTHERAPY, RADIOTHERAPY, ORGAN TRANSPLANT AND KIDNEY DIALYSIS				
1		100% of Scheme tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
K EMERGENCY MEDICAL TRANSPORT (ROAD-AND-AIR)				
1		100% of Scheme tariff	Unlimited	Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).



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Service		% Benefits	Annual Limits	Conditions/Remarks
L	BLOOD TRANSFUSIONS			
1		100% of Scheme tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). Includes the cost of blood, blood equivalents, blood products and the transport of blood.
M	MEDICAL AND SURGICAL APPLIANCES			
1	Wheelchairs	100% of Scheme tariff	R7,971 PB	Wheelchairs shall be limited to one every three years from anniversary of claiming PB, up to benefit limit. Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
2	Oxygen and Cylinders		Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
3	Nebulisers and Glucometers		R723 PB	Nebulisers and Glucometers shall be limited to one every three years from anniversary of claiming PB, up to benefit limit. Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
4	General		R4,514 PMF	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
N	PACEMAKER, PROSTHETIC VALVES, VASCULAR PROSTHESIS AND ORTHOPAEDIC PROSTHESIS			
1		100% of Scheme tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). The following surgical procedures are not covered: <ul style="list-style-type: none">Finger/Toe joint replacementPain pump/Neurostimulator for chronic back pain.Da Vinci Surgical System



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Service		% Benefits	Annual Limits	Conditions/Remarks
O	PREVENTATIVE HEALTHCARE			
1	Cancer screening (Pap smears, PSA and Mammogram)	100% of Scheme tariff	Annually	Cancer screening (Pap smears, PSA and Mammogram) shall be limited to one every year from anniversary of claiming PB. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject protocol approval and regulation 8(3). Members located between 50 - 200km radius who DSPs will be covered 100% of Scheme tariff, subject to scheme protocol approval. Members located further than 200km radius from DSPs shall be deemed to have obtained involuntary in which case the Scheme will cover 100% of Scheme tariff and subject to approval and regulation 8(3). Members to be referred by a general practitioner or specialist.
2	Malaria prophylaxis	100% of Scheme formulary	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject protocol approval and regulation 8(3). Members located outside a 50km radius of DSPs may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference list as per the Scheme formulary. If a member elects to utilise a non-formulary drug, then is liable for 20% co-payment of SEP (single exit price) except if the medicine has motivated for and been approved by the Scheme – in which case the Scheme shall be of SEP. If a member elects to utilise an original drug for which a generic drug exists, then a co-payment (price difference between formulary drug and original drug) shall apply. or levies will not be covered.
3	Obesity Management	100% scheme tariff and formulary	Non-Surgical Weight management	
4	Vaccines (HPV, Flu & Covid-19)	100% of Scheme formulary	Subject to formulary	
P	CHILD IMMUNISATION			
1	Child Immunisation Benefit	100% of Scheme tariff	Limited to PH Child Immunisation programme	Subject to Scheme protocols (excludes consultation cost).

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Service		% Benefits	Annual Limits	Conditions/Remarks
Q	OPTOMETRY SERVICES			
1	Eye examination, frames, lenses, contact lenses and disposable contact lenses	100% of Scheme tariff	Combined 2-year benefit limit of R3,018 PB	Limited to one set of spectacles or range of contact lenses per beneficiary, every 2 years from anniversary of claiming PB, up to benefit limit. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).
2	Correction of vision surgery	100% of Scheme tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). The benefit excludes excimer laser treatment.
3	Screening for Vision affecting Chronic Diseases	100% of Scheme tariff	One screening consultation PB per annum	Screening for vision affecting chronic diseases shall be limited to one every year from anniversary of claiming PB. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).
R	AUXILIARY SERVICES			
1	Audiology (excluding Hearing aids), Speech therapy, Occupational therapy	100% of Scheme tariff	Combined limit R8,717 PMF	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Subject to referral by medical practitioner.

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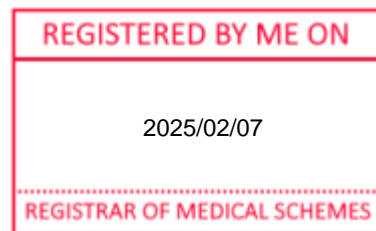
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Service		% Benefits	Annual Limits	Conditions/Remarks
R	AUXILIARY SERVICES (continue)			
2	Hearing Aids	100% of Scheme tariff	R14,560 PB	Hearing aids shall be limited to one every three years from anniversary of claiming PB, up to benefit limit. Subject to referral, authorisation, Scheme DSP utilisation and clinical protocol approval by the Scheme. Subject to regulation 8(3).
S	CLINICAL PSYCHOLOGY (EXCLUDING SCHOLASTIC AND FORENSIC RELATED TREATMENT)			
1	Clinical Psychology (excluding scholastic and forensic related treatment)	100% of Scheme tariff	R8,717 PMF	To be referred by a medical practitioner. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).



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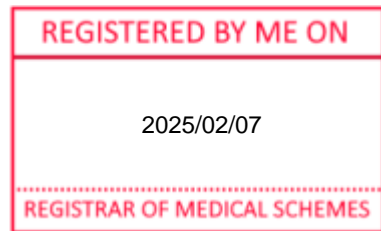
LEGEND	
AIDS	Acquired immunodeficiency syndrome
CDL	Chronic disease list
Copper IUCD	Intrauterine contraceptive copper device
CT Scan	Computed tomography scan
DSP	Designated service provider
GP	General practitioner
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
LNG-IUD	Levonorgestrel Intrauterine device
MRI Scan	Magnetic resonance imaging
OTC	Over the counter
PAT	Pharmacist advised therapy
PB	Per beneficiary
PET Scan	Positron emission tomography scan
PMB	Prescribed minimum benefits
PMF	Per member family
PSA	Prostate-specific antigen
RSA	Republic of South Africa
Scheme Formulary	List of medicine inclusive of all classes on a reference price
Scheme Tariff	National reference price list (NHRPL) 2010 + 5%, escalated by percentage increase every benefit year
SEP	Single exit price

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PLATINUM HEALTH MEDICAL SCHEME BENEFITS (Plat Freedom Option) 2025

ANNEXURE B3

Plat Freedom Option
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BENEFIT CATEGORY		RATE	LIMIT	AUTHORISATION
	Overall Annual Limit (OAL)		R1,221,241 per member family. All limits are subject to the Overall Annual Limit (OAL)	
A ALTERNATIVE HEALTHCARE				
1	Homeopathic consultations and medicine only	80% of the lower of cost or Scheme rate	R9,474 per Member family	
B AMBULANCE SERVICE				
1		100% if authorised by preferred provider		Subject to approval by preferred provider
C APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS				
1	General medical and surgical appliances and appliance repairs	100% of the lower of cost or negotiated Scheme rate	R23,119 per member family (Appliance's limit)	
2	CPAP (Continuous Positive Airway Pressure)		Subject to the Appliances limit	
3	Glucometers		R1,379 per beneficiary, included in the Appliances limit	
4	Peak flow meters		R593 per beneficiary, included in the Appliances limit	
5	Nebulisers		R1,585 per beneficiary, included in the Appliances limit	
6	Foot orthotics		R5 863 per beneficiary, included in the Appliances limit	
7	Keratoconus contact lenses		Subject to the Appliances limit	Authorisation required
8	Oxygen therapy and home ventilators		Subject to OAL	Authorisation required
9	Incontinence products	100% of the lower of cost or negotiated fee	Subject to OAL	Authorisation required

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BENEFIT CATEGORY		RATE	LIMIT	AUTHORISATION
D	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS			
1		100% of negotiated fee	Subject to OAL	Authorisation required
E	CONSULTATIONS AND VISITS - General Practitioners and Medical Specialists			
1	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	M0: R6,865 M1: R10,297 M2: R13,717 M3+: R17 161 Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services, and physiotherapy.	
F	DENTISTRY			
1	Basic: Includes 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	R16,800 per member family Subject to clinical protocol approval.	Authorisation required for all dental treatment in-hospital
2	Advanced: Oral surgery, plastic/metal base dentures, inlays, crowns, bridges, study models, orthodontics, periodontics, prosthodontics, Osseo integrated implants, orthognathic surgery, and dental technician fees	100% of the lower of cost or Scheme rate	R17,391 per member family Dentures shall be limited to one set every three years from anniversary of claiming PB. Subject to benefit limit. Orthodontic treatment benefit limited to patients under 21 years, subject to scheme clinical protocol.	Authorisation required for advanced dentistry, subject to clinical protocol approval

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BENEFIT CATEGORY		RATE	LIMIT	AUTHORISATION
G	HOSPITALISATION			
1	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
H	ALTERNATIVES TO HOSPITALISATION			
1	Physical rehabilitation facilities, hospice, nursing services and sub-acute facilities	100% of the lower of cost or Scheme rate	R92,882 per member family	Authorisation required
I	IMMUNODEFICIENCY SYNDROME (HIV/AIDS)			
1		100% of cost		Authorisation required
J	INFERTILITY			
1		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
K	MATERNITY			
1	Hospital: Accommodation, theatre fees, labour ward fees, dressings, medicines, and materials. Note: 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 <div data-bbox="1478 941 1848 1173" style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/02/07 REGISTRAR OF MEDICAL SCHEMES </div>	Authorisation required
2	Related maternity services: 12 antenatal consultations, two (2) 2D scans, pregnancy related tests and procedures	100% of the lower of cost or Scheme rate	R10,830 per member family, 3D scan paid up to cost of 2D scan	
3	Amniocentesis	80% of the lower of cost or Scheme rate	R10,900 per member family and further limited to one test for a family each year	

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BENEFIT CATEGORY		RATE	LIMIT	AUTHORISATION
L	MEDICINE AND INJECTION MATERIAL			
1	Acute medicine: including malaria prophylactics	100% of the approved price	M0: R6,889 M+1: R11,965 M+2: R15,952 M3+: R18,490 (Acute Medicine limit)	Refer to general Scheme exclusions
2	Medicine on discharge from hospital	100% of the approved price	R617 per beneficiary per admission, included in the Acute Medicine limit	Refer to general Scheme exclusions
3	Over-the-counter medicine	100% of the approved price	R2,055 per member family; maximum R509 maximum of 2 items per script. Included in the Acute Medicine limit	Refer to general Scheme exclusions
4	Chronic medicine	Chronic Disease List conditions 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) Additional Disease List conditions Up to 100% of MMAP for approved chronic medicine	Subject to OAL	Authorisation required Refer to general Scheme exclusions
5	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)

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BENEFIT CATEGORY		RATE	LIMIT	AUTHORISATION
M	MENTAL HEALTH			
1	Psychiatric and psychological treatment in-hospital (including hospitalisation costs and procedures)	100% of the lower of cost or Scheme rate	R56,100 per member family (Mental Health limit)	Authorisation required
2	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
3	Out-of-hospital: Clinical Psychologist consultations, visits, assessments, therapy, treatment, and counselling	100% of the lower of cost or Scheme rate	R9,475 per member family.	Subject to referral by medical practitioner.
N	NON-SURGICAL PROCEDURES AND TESTS			
1	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	R11,421 per member family	Authorisation required
O	OPTOMETRY			
1	Eye examination	100% of the lower of cost or SAOA rate	One (1) examination per beneficiary each year, clinically essential lenses every 2 years from anniversary of claiming PB and one (1) frame per beneficiary subject to combined limit of R3,820 per beneficiary	No benefit for lens add-ons
2	Lenses	100% of the lower of cost or SAOA rate		
3	Frames	100% of the lower of cost or SAOA rate		
4	Contact lenses	100% of the lower of cost or SAOA rate	R3,820 per beneficiary, every 2 years (from claiming PB) instead of spectacle lenses above.	
5	Readers	100% of the lower of cost or SAOA rate	Limited to and included in the frames/lenses limit above, if obtained from a registered practice	
6	Refractive eye surgery	80% of the lower of cost or Scheme rate	R23,119 per member family	Authorisation required
7	Screening for Vision affecting Chronic Diseases	100% of the lower of cost or SAOA rate	One screening consultation per beneficiary per annum from anniversary of claiming PB.	

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BENEFIT CATEGORY		RATE	LIMIT	AUTHORISATION
P	ORGAN AND TISSUE TRANSPLANTS			
1	Harvesting of organ/s, tissue, and the transplantation of them (limited to RSA)	100% of the lower of cost or Scheme rate	R266,452 per member family (Organ Transplant limit)	Authorisation required
2	Immunosuppressive medication	100% of the approved price	Included in the Organ Transplant Limit	Authorisation required
3	Corneal grafts. Organ harvesting not limited to RSA	100% of the lower of cost or Scheme rate	R35,529 per beneficiary, included in the Organ Transplant limit	Authorisation required
Q	ONCOLOGY (CANCER)			
1	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	
2	Brachytherapy	100% of the lower of cost or Scheme rate	R63,251 per member family	Authorisation required
R	PREVENTATIVE HEALTHCARE			
1	Cancer screening (Pap smears, PSA and Mammogram)	100% of the lower of cost or Scheme rate	Subject to Pathology and Radiology limits	
2	Malaria prophylaxis	100% of approved price	Subject to Acute Medicine limit	
3	Vaccines (HPV, Flu & Covid-19)	100% of approved price	Subject to Acute Medicine limit	
S	CHILD IMMUNISATION			
1	Child Immunisation Benefit	100% of the lower of cost or Scheme rate	According to the Department of Health protocols (excludes consultation cost)	
T	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	R12,062 per member family	

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BENEFIT CATEGORY		RATE	LIMIT	AUTHORISATION
U	ADDITIONAL MEDICAL SERVICES			
1	In-hospital: Dietetics, occupational therapy, speech therapy and social workers	100% of the lower of cost or Scheme rate	R16,750 per member family	Subject to referral by medical practitioner
2	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	R5,984 per member family	Subject to referral by medical practitioner
V	PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS (EXCLUDING X-RAYS)			
1	In-hospital: Physiotherapy and biokinetics	100% of the lower of cost or Scheme rate	Subject to OAL	Subject to referral by medical practitioner
2	Out-of-hospital: Physiotherapy, biokinetics and chiropractics	100% of the lower of cost or Scheme rate	R10,479 per member family	Subject to referral by medical practitioner
W	PROSTHESIS AND DEVICES (INTERNAL AND EXTERNAL)			
1		100% of the authorised cost	R73,341 per member family	Authorisation required
X	RADIOLOGY AND RADIOGRAPHY			
1	In-hospital	100% of the lower of cost or Scheme rate	Subject to OAL	
2	Out-of-hospital	100% of the lower of cost or Scheme rate	R13,221 per member family	
3	Specialised (in- and out-of-hospital)	100% of the lower of cost or Scheme rate	R25,101 per member family	Authorisation required
4	PET and PET-CT scans	100% of the lower of cost or Scheme rate	One (1) for a family	Authorisation required
Y	RENAL DIALYSIS (CHRONIC)			
1		100% of the lower of cost or Scheme rate	R266,452 per member family	Authorisation required
Z	SURGICAL PROCEDURES (INCLUDING MAXILLO-FACIAL SURGERY)			
1		100% of the lower of cost or Scheme rate	Subject to OAL	Authorisation required

Plat Freedom Option

Effective 1st January 2025



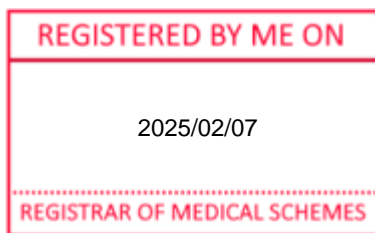
LEGEND	
AIDS	Acquired immunodeficiency syndrome
CDL	Chronic disease list
CPAP	Continuous positive airway pressure
CT Scan	Computed tomography scan
GP	General practitioner
HIV	Human immunodeficiency virus
HPV	Human immunodeficiency virus
MRI Scan	Magnetic resonance imaging
OAL	Overall annual Limit
OTC	Over the counter
PAT	Pharmacist advised therapy
PB	Per beneficiary
PET scan	Positron emission tomography scan
PMB	Prescribed minimum benefit
PMF	Per member family
PSA	Prostate-specific antigen
RSA	Republic of South Africa
SAOA	South African Optometry Association
Scheme Tariff	NHRPL 2010 + 5%, escalated by percentage increase every benefit year
Scheme Formulary	List of medicine inclusive of all classes on a reference price
SEP	Single exit price

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ANNEXURE C

2024 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

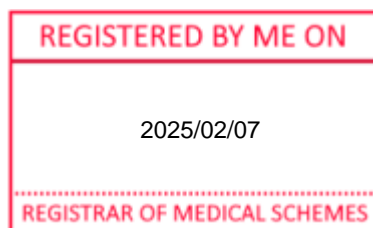
Unless otherwise approved by the Scheme (and with the express exception of medicines or treatment approved and authorised in terms of any relevant managed healthcare programme), expenses incurred in connection with any of the following will not be paid by the scheme:

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

- All costs that exceed the annual or biannual limit 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 with service providers.
- Accommodation in a private room of a hospital unless clinically indicated and prescribed by a medical practitioner and authorised by the scheme.
- Accommodation in an old-age home or other institution that provides general care for the aged and/or chronically ill patients.
- 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. Excluding therapy being approved for non-surgical weight management on the PlatComprehensive and PlatCap Options.
- Operations, treatments, and procedures, by choice, for cosmetic purposes where no pathological substance exists which proves the necessity of the procedure, and/or which is not lifesaving, life-sustaining or life-supporting: for example, breast reduction, breast augmentation, otoplasty, total nose reconstruction, lipectomy, subcutaneous mastectomy, minor superficial varicose veins treatment with sclerotherapy, abdominal bowel bypass surgery, etc.
- Reversal of sterilisation procedures.
- Sex change operations.
- Services not mentioned in the benefits as well as services which, in the opinion of the Scheme, are not aimed at the treatment of an actual or supposed illness of disablement

which impairs or threatens essential body function (the process of ageing will not be regarded as an illness or a disablement).

- 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, sunscreen agents, growth hormone, and immunisation (not part of PMB).
- General anaesthetic and hospitalisation for conservative dental work excluded, except in the case of trauma, patients under the age of eight years and impacted third molars.
- 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.
- Reports, investigations or tests for insurance purposes, admission to universities or schools, emigration or immigration, employment, legal purposes/medical court reports, annual medical surveillance, or similar services, including routine examinations.
- Pre-natal and/or post-natal exercises.
- 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).
- The artificial insemination of a person in or outside the human body as defined in the Human Tissue Act, 1983 (Act 65 of 1983) provided that, in the case of artificial insemination, the scheme’s responsibility on the treatment will be:
 - As it is prescribed in the public hospital.
 - As defined in the prescribed minimum benefits (PMBs); and
 - Subject to pre-authorisation and prior approval by the scheme.
- Experimental unproven or unregistered treatments or practices including off label use of medication.
- 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, except for 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 not catered for by Scheme protocols, for example, yellow fever for travel purposes.
- Refractive eye surgery, excimer laser treatment (excluding PlatFreedom).

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