PLATINUM HEALTH

# INFO GUIDE

# 2025

# VISION

To provide appropriate healthcare of high quality, cost-efficiently, which will obtain the approval of all stakeholders.

# MISSION

To satisfy member and patient expectations on access, care, and outcomes.

- To fulfil participating employer, member, employee and statutory requirements on affordability and profitability.
- To distinguish PHMS as an industry and sector centre of excellence.
- To leave no room for abuse, misuse, or fraud

# VALUES

- CARE
- ACCESSIBILITY
- EQUITY
- EFFICIENCY
- AFFORDABILITY
- ACCOUNTABILITY
- ETHICAL
- AGILITY

## Platinum Health Abbreviations

| | |
|---|---|
| AIDS | Acquired immunodeficiency syndrome |
| CDL | Chronic disease list |
| CDRP list | Chronic disease reference price list |
| CMRP list | Chronic medication reference price list |
| Copper IUD | Copper intrauterine device |
| CPAP | Continuous positive airway pressure |
| CT scan | Computed tomography scan |
| DSP | Designated service provider |
| DTP | Diagnosis and treatment pairs |
| GP | General practitioner |
| HIV | Human immunodeficiency virus |
| HPV | Human papillomavirus infection |
| LNG-IUD | Levonorgestrel Intrauterine Device |
| MMAP | Maximum Medical Aid Price |
| MRI scan | Magnetic resonance imaging scan |
| OAL | Overall annual limit |
| OTC | Over-the-counter |
| PAT | Pharmacist advised therapy |
| PB | Per beneficiary |
| PET scan | Positron emission tomography scan |
| PHRPL | Platinum Health Reference Price Listing |
| PlatCap Formulary | List of medicine inclusive of all classes on a reference price |
| PMB | Prescribed minimum benefits |
| 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 |
| TRP list | Therapeutic reference price list |
| Medication TTO | Medication to-take-out |

# CONTENTS



# WELCOME NOTE

## Dear Platinum Health Member

The Platinum Health **vision** is to provide appropriate healthcare of high quality, cost efficiently which will obtain the approval of all stakeholders.

Platinum Health offers the **best benefits** in the Medical Scheme Industry at affordable contributions. The reason for this is because Platinum Health operates a Staff Model Health Maintenance Organisation **(HMO)** which means that where economically viable the Scheme appoints its **own** health service providers such as specialists, general practitioners (GPs), dentists, psychologists, optometrists, radiographers, physiotherapists and audiologists. Where it is not economically viable Platinum Health has appointed designated service providers **(DSPs)** to provide services to its members. For this reason, Plat Comprehensive and Plat Cap members located within a 50km radius of Platinum Health facilities and DSPs, are **obliged** to utilise the abovementioned healthcare service providers. Plat Freedom members may utilise any healthcare providers of their choice.

Platinum Health also manages its **own pharmacies**. All members that have chronic medical conditions must obtain chronic medicine from the Platinum Health Pharmacy in Rustenburg, which will courier medicine nationally to members. Members located within a 50km radius from Scheme-owned pharmacies and/or DSPs also have to make use of such pharmacies. In order to optimise cost efficiency, Platinum Health is a self-administered Medical Scheme, which provides managed care through its **own Case Management** Department. All members have to obtain authorisation for specialist referrals (excluding Plat Freedom), hospitalisation, managed-care programmes, specialised dentistry and specialised radiological investigations (MRI, CT and PET scans). If authorisation is not obtained, Platinum Health will not accept liability for payment of the accounts.

This Info Guide offers you an **overview** of the services Platinum Health provides, as well as the benefits you enjoy as a member and the rules and procedures which apply in each instance. I would like to call on all members to familiarise themselves with the content contained in it. The Info Guide will give members an **insight** as to how Platinum Health operates and also contains the **contact details** of all relevant departments a member may want to contact. Should you have any enquiries, do not hesitate to contact any of our Client Liaison Officers who will gladly assist with any enquiries you may have.

Welcome Mboniso
Principal Officer

# 1. Membership

Platinum Health is registered as a restricted Medical Scheme. In terms of the Rules of Platinum Health Medical Scheme (PHMS), only employer groups operating in the platinum group metals (PGM) and chrome mining industries may join Platinum Health.

## 1.1 How to change your Medical Scheme or option within the Scheme

Members may choose to switch to a different Option within the Scheme, or another Medical Scheme, during November every year. The effective date will be 1 January of the following year. Members should carefully consider the benefits, costs and implications to themselves and their dependants before exercising their choice.

Members who want to switch to another Medical Scheme must, in terms of the Platinum Health Rules, give Platinum Health one month's notice in writing. Members who wish to join Platinum Health should note that the following provisions of the Medical Scheme Act will apply when they return to Platinum Health:

- Where a member had a three-month break in Medical Scheme membership prior to applying for Platinum Health membership, a 12-month condition-specific waiting period with regards to pre-existing medical conditions (excluding PMBs) and a 3-months general waiting period may apply.
- Please note that waiting periods applicable to a member will not lapse when a member opts to change between different Options within Platinum Health. The pro-rata waiting period will be carried over to the new Option.


FAQ

**Can I belong to more than one Medical Scheme at the same time?**

In terms of Section 28 of the Medical Schemes Act, no person is permitted to be a member of more than one Medical Scheme at the same time.

# 1.2 Underwriting conditions

## What is a late joiner penalty?

A late joiner penalty is applied when a dependant, (who at the date of application for membership, is 35 years of age or older) and did not have coverage with one or more Medical Scheme, without a break in coverage that exceeds 3 months. Members are urged to supply the Scheme with proof of all previous medical aid coverage to ensure this penalty is applied correctly and in terms of the formula as per Regulation Section 13 (2) and (3).

## What are the types of waiting periods?

Waiting periods are periods during which beneficiaries are members, but do not qualify for benefits. In terms of Section 29A of the Medical Schemes Act there are two types of waiting periods i.e. General waiting period of up to 3 months and condition-specific waiting period of up to 12 months.

Platinum Health may apply two types of waiting periods:

- A general waiting period of up to three months from the date that you joined. During this time you will not be entitled to any benefits.
- A condition-specific waiting period of up to 12 months from the date that you joined. During this time, you will not be entitled to benefits for a particular pre-existing medical condition for which you were recommend to receive, or for which you received, medical advice, diagnosis, care or treatment (this excludes PMBs).

## What are the waiting periods for specific conditions?

Should a member of Platinum Health apply to add any dependant after the initial join date of the member and the dependant for whom the application is made for membership was not a member or dependant of a Medical Scheme for a period of at least 90 days preceding the date of application:

- A general waiting period of three months and a condition specific waiting period of 12 months will apply.

If a member or dependant did not previously belong to a Medical Scheme for a continuous period of up to 24 months, terminating less than 90 days immediately prior to the date of application:

- A condition specific waiting period of 12 months will apply, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits (PMBs).

## When do such waiting periods NOT apply?

- If a new-born (biological child) is registered within 30 days from date of birth, and the join date is the date of birth.
- If you have to transfer membership because of a change of employment.
- If dependants join on the same date as the principal member.
- If the dependant is registered within 30 days of getting married and join date is the date of marriage.

# 1.3 Membership cards

Members and dependants will receive a membership card once registered on the Scheme. Please look after your membership card as you would with your bank card. You may not borrow it to anyone and only you and your registered dependants may use it. Allowing anyone else to use your card is fraud and may lead to suspension and/or termination of your membership.

## What information is featured on my membership card?

Your membership card contains our unique membership number and the benefit option you are on. It also shows your membership status, your dependants' code/s, the date that you registered, your card's issued date, and the date that you can start claiming benefits (if a waiting period applies). Important numbers such as the Europ Assist emergency number, Case Management and Client Liaison Call Centre numbers also feature on the card.

## Where do I obtain a new or updated Medical Scheme card?

- Access your digital membership card on WhatsApp (080 000 6942)
- Contact the Client Liaison Call Centre or Client Liaison Officer at the sites where you work. Refer to page 79 for contact details.


### Important notes on member and dependant registration

The Medical Schemes Act is very specific as to who may be permitted to become a dependant. It is important to submit applications for dependant membership at the same time and from the same date as that of the principal member, otherwise waiting periods will apply.

# 1.4 How to apply for membership or add a dependant

## STEP 1

Visit your local Employee Walk-in Centre, HR/EB office or any Client Liaison office in your area.

## STEP 2

Complete a Platinum Health application form with the following important details:

## STEP 3

- **Section 1:** Details of applicant
- **Section 2:** Employment details
- **Section 3:** Choice of option, Banking details, Income confirmation and Card delivery
- **Section 4:** Registration of principal member
- **Section 5:** Registration of spouse/partner
- **Section 6:** Registration of dependant
- **Section 7:** Registration of dependant
- **Section 8:** Registration of dependant
- **Section 9:** Registration of dependant
- **Section 10:** Previous membership of a Medical Scheme(s)
- **Section 11:** Waiving of the three-month general waiting period
- **Section 12:** Declaration

**The application form must be signed by the principal member**

## STEP 4

Attach the following documentation to your signed application form:

- Copy of applicant's ID document;
- Copy of dependant's ID document;
- Copy of dependant's birth certificate;
- Copy of marriage certificate;
- Proof of income or study proof for dependants older than 21 (required annually).
- Proof of previous medical cover.

Cards will only be issued once all the required documentation has been received.

## 1.5 Do you want to add dependants but you're not sure who qualifies?

If you want to add dependants on the scheme but you are not sure whether they qualify, or what you should do to add them, here's what you need to know!

The following persons qualify to be added as dependants on Platinum Health:

### Spouse

- We recommend that you add your spouse as a dependant within 30 days from the date of getting married.
- If you don't add your spouse within 30 days of getting married, waiting periods may apply.
- When you complete the Membership Application form to add your spouse, remember to insert your date of marriage in the section where we ask what the join date should be.
- Remember if your spouse is younger than 21 years, he/she will pay adult membership contributions.

- For a civil marriage, provide us with the following documents:
  - Membership Application form
  - Identity document or Passport of your spouse.
  - Marriage certificate (required within 30 days of marriage).
  - Proof of previous medical scheme of your spouse.
  - The Scheme may require additional documentation to finalise the application.
- For a customary marriage, provide us with the following documents:
  - Membership Application form
  - Identity document or Passport of your spouse.
  - Proof of previous medical scheme of your spouse.
  - Lobola agreement letter OR
  - Letter from the Chief confirming the customary marriage.
  - Affidavit from you as the principal member, confirming the customary marriage.
  - Proof of previous medical scheme of your spouse.
  - Any additional information we may require from you.

### Common-law partner, Same-sex partner and Fiancée

- A Common-law partner, Same sex partner or Fiancée who is younger than 21 years, pays adult membership contributions.

Complete a Membership Application form and submit it to us, together with an Affidavit which:

- States the period of living together.
- Confirmation of the relationship.
- Proof of mutual dependency, for example Home Loan/Water and electricity account.
- Proof of previous medical scheme of your partner.
- Copy of Identity document or Passport of your partner.
- Any additional information we may require from you.

### Biological father, mother, brother or sister

- You can add your biological father, mother, brother or sister as dependant, provided that they don't earn more than the maximum social pension per month, and that they are financially dependent on you for family care and support.

Complete a Membership Application form and submit it to us, together with copies of the following documents:

- A death certificate if the dependant is a widow or widower or the parents have passed on.
- An Affidavit which states:
  - The relation of the dependant to you as the principal member.
  - That the dependant is financially dependent on you as the principal member and proof thereof per dependant.
  - That the dependant is unemployed.
  - Confirmation of all bank accounts.
  - Copy of 3 months bank statements (all bank accounts) of the dependant.
  - ITA34 (can be obtained from SARS).
  - Proof of previous medical scheme of the dependant.
  - Copy of the dependant's Identity document or Passport.
- Any additional information we may require from you.

## Biological child or stepchild

- Please note that you can add your biological child or stepchild as dependant if they don't earn more than the maximum social pension per month.
- It's also important to note that child dependants who reach 21 years, pay adult contributions.

Your newborn baby has to be registered with us within 30 days from the date of birth, otherwise waiting periods may apply. Complete a Membership Application form and remember to insert their date of birth in the section where we ask what the join date should be. Then submit it to us, together with copies of the following documents:

- Proof of birth.
- Your newborn's birth certificate which needs to be submitted to us within 30 days of birth.

To add your stepchild or biological child, complete a Membership Application form and submit it to us, together with copies of the following:

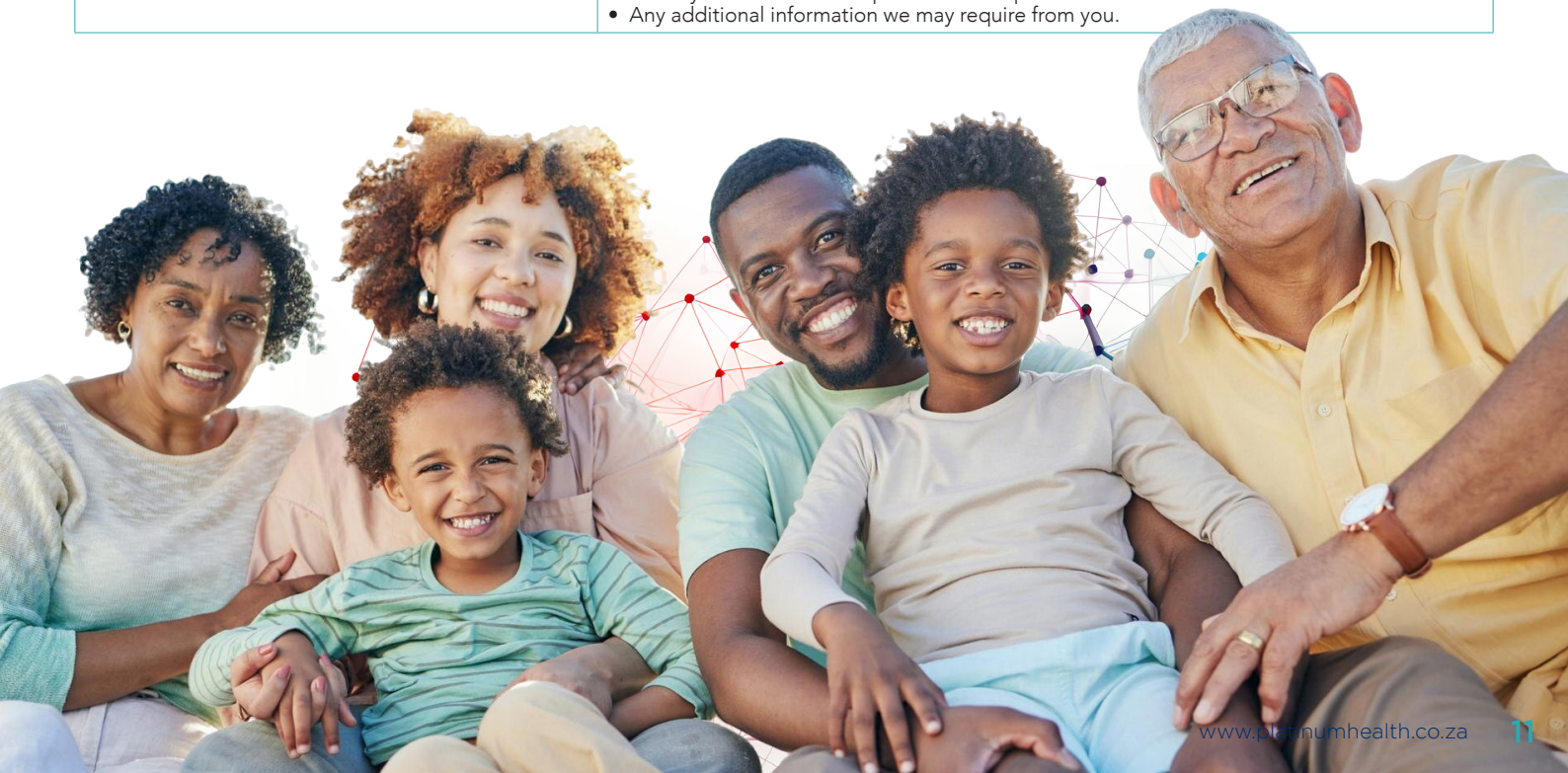
- Proof of your biological child or stepchild's previous medical scheme.
- Unabridged birth certificate
- If your biological child or stepchild is older than 21 years, or they are studying or unemployed, submit their proof of study and an affidavit confirming their employment and their financial dependency on you.
- Identity document or Passport of your biological child or stepchild.
- Any additional information we may require from you.

## Adopted Children

- You can add adopted children as dependants, provided that you as the principal member adopt them.

A newly adopted child has to be registered from the date of the court order otherwise waiting periods may apply. Complete the Membership Application form to add your adopted child and remember to insert the date of the court order in the section where we ask what the join date should be.
Also, provide us with copies of:

- Court order of legal adoption.
- Proof of previous medical scheme of the adopted child.
- Unabridged birth certificate.
- Identity document or Passport of the adopted child.
- Any additional information we may require from you.



| Grandchild | |
|---|---|
| If your child dependant gives birth to a newborn baby (grandchild) and she was registered on our maternity programme, the grandchild can be added as a dependant too. | A newborn grandchild has to be registered with the scheme within 30 days from the date of birth, otherwise waiting periods may apply. Complete a Membership Application form and remember to insert your grandchild's date of birth in the section where we ask what the join date should be.<br>Also, provide us with copies of:<br>• Proof of birth of your grandchild.<br>• Your newborn grandchild's unabridged birth certificate needs to be submitted to us within 30 days of date of birth.<br>• Any additional information we may require from you. |
| If your active child dependant has a newborn baby (grandchild), and did not utilise our maternity programme, your grandchild can be added as a dependant too. | A newborn grandchild has to be registered with the scheme within 30 days from the date of birth, otherwise waiting periods may apply. Complete a Membership Application form and remember to insert your grandchild's date of birth in the section where we ask what the join date should be.<br>Also, provide us with copies of:<br>• Proof of birth of your grandchild.<br>• Your newborn grandchild's unabridged birth certificate needs to be submitted to us within 30 days of date of birth.<br>• Affidavit from the principal member explaining the circumstances regarding the newborn.<br>• Affidavit regarding the circumstances from both biological parents.<br>• Notification of birth from the institution where the baby was born.<br>• Any additional information we may require from you. |
| Your grandchild can be added as a dependant if you as the principal member legally adopt your grandchild. | In such an instance you are required to provide us with the following documents:<br>• Complete the Membership Application form and remember to insert the date of the court order in the section where we ask what the join date should be.<br>• Submit it to us, together with the following documentation:<br>- Copy of your grandchild's Identity document or Passport or birth certificate.<br>- Court order of the legal adoption.<br>- Affidavit from you as the principal member and both parents advising the circumstances.<br>- Any additional information we may require from you. |
| You cannot add your grandchild as a dependant if:<br>• Your biological child is not registered as a dependant on the scheme unless you have not legally adopted your grandchild. | |

The following persons do not qualify as dependants of the scheme:

- Ex-spouse or partner
  - Please note that you have to provide us with 30 days' notice to terminate membership of your ex-spouse or ex-partner. You can do this by completing a Change form, indicating on the form that you want to terminate your ex-spouse or ex-partner as dependants.
- Family-in-law
- Friend
- Uncle or aunt, nephew or niece
- Foster children

**Who should I submit these documents to?**

You can submit the above documents to Client Liaison at:
Email: phclientliaison@platinumhealth.co.za
If you need assistance or have questions, reach out to our call centre on 014 590 1700.

# 1.6 Registering your new-born baby

It is the responsibility of the principal member to ensure that the new-born baby is registered with the Scheme within 30 days from date of birth and the join date is the date of birth, to avoid waiting periods.

## Documentation needed when registering your new-born:

Please take the following documentation with upon registering your baby with Platinum Health:

- Principal member's identification document.
- A registered birth certificate.
- If the baby's surname differs from the principal member's surname, an affidavit must be submitted stating the reason.
- A Hospital Confirmation/Notification document can temporarily be submitted, together with the application form, however this document is only valid for 30 days.
- As soon as the new-born baby has been registered with the Department of Home Affairs, the member is responsible to submit a copy of the birth certificate to the Scheme within 30 days of birth.
- A member has 30 days from registration of the new-born baby to submit a birth certificate to the Scheme.

## Where to register your new-born:

The new-born baby can be registered at any of the following:

- Employee Services Walk-in Centre at your workplace; OR
- Employee Benefits (EB) office at your workplace; OR
- Human Resources (HR) office at your workplace; OR
- Client Liaison Officer in your area; OR
- Client Liaison office situated at the Platinum Health Medical Centre (PHMC), Corner of Beyers Naudé and Heystek Streets, Rustenburg.

If your baby is still-born, or in the unfortunate event that the baby passes away shortly after birth, please note that the baby still needs to be registered with the Scheme to ensure that the costs relating to the baby's birth is covered.

We do realise that parents may go through an extremely difficult time in such instances, but we do not want you to be burdened with medical accounts etc, during such a sad time. Unfortunately, according to Medical Schemes rules and regulations, the baby has to be registered on the Scheme within 30 days from date of birth.

## If your baby is still-born please submit the following documentation to the Scheme:

- The principal member has to complete and sign a membership application form.
- A Hospital Confirmation of stillbirth can be submitted to the Scheme or a Death Certificate.

## If your baby passes away shortly after birth, please submit the following documentation to the Scheme:

- The principal member has to complete and sign a membership application form.
- A Hospital Confirmation can temporarily be submitted to the Scheme ((however this document is only valid for 30 days) and therefore members are urged to submit a Death Certificate within 30 days from date of death.

For more information or assistance, kindly contact the Client Liaison Call Centre on:

Tel: 014 590 1700 or 080 000 6942 OR
Email: phclientliaison@platinumhealth.co.za

## 1.7 If your dependant/s reach the age of 21

If your child dependant turns 21 years of age, the Scheme Rules stipulate that you need to supply Platinum Health annually with the following documentation:

- Affidavit that confirms the dependant is financially dependent on yourself and not in receipt of remuneration of more than the maximum social pension per month, and/or
- Affidavit that confirms your dependant is studying full time/part time, with the proof of study for which the Scheme requires a copy of the registration at a recognised tertiary establishment (student cards or accounts will not be accepted).
  - If your child is studying either full –or part-time, you need to notify the Scheme of the child's new residential address. For example: if you live in Rustenburg and your child studies and resides at the North West University in Potchefstroom, you need to notify the Scheme of the child's residential address in Potchefstroom, in order for your child to enjoy benefits in the area he/she resides.

### Important to note: Child dependants who reach 21 pay adult contributions.

Should your dependant not qualify for the above, kindly complete a termination form at your earliest convenience and submit to Client Liaison at email: phclientliaison@platinumhealth.co.za. For more information or assistance kindly talk to your Client Liaison Officer on site or contact the Client Liaison Call Centre on 014 590 1700 or 080 000 6942. Termination of adult children are not automated and a completed form is required bearing in mind that 30 days' notice will be applicable.

# 1.8 Just Married? Remember to register your spouse as your dependant

Getting married is an exciting time in one's life and whether you are married through a civil or customary marriage, it is important to remember to register your spouse with Platinum Health (PH) to ensure that your spouse enjoys the full benefits he/she deserves.

***In terms of South African Law, the definition for customary marriage is: "one that is tariff, celebrated or concluded according to any of the systems of indigenous law which exist in South Africa".***

***In terms of PHMS Scheme Rules, the definition of a spouse is:*** "The person to whom the member is married in terms of any law or custom."

| Civil marriage | Customary marriage |
|---|---|
| In order to register your spouse as dependant, you are required to provide the following documentation to the Medical Scheme within 30 days from date of marriage, and the join date is the date of marriage: | |
| **Membership Application form**<br>Download form from the website (www.platinumhealth.co.za) or request it from Client Liaison. | **Membership Application form**<br>Download the form from the website (www.platinumhealth.co.za) or request it from Client Liaison. |
| • Marriage certificate<br>• Spouse's ID document<br>• Document from the Marriage Officer confirming the marriage.<br>• Proof of previous medical scheme. | • Lobola agreement letter OR<br>• Letter from the Chief confirming the customary marriage<br>• Spouse's ID document<br>• Affidavit confirming the customary marriage.<br>• Proof of previous medical scheme. |

**SUBMIT the documentation to Platinum Health via ANY of the following channels:**

- Employee Services Walk-in Centre at your workplace; OR
- Employee Benefits (EB) office at your workplace; OR
- Human Resources (HR) office at your workplace; OR
- Client Liaison Officer/office in your area.

**Please note if you do not register your spouse with Platinum Health within 30 days from the date of marriage (and the join date is not the date of marriage) and you decide to add your spouse later on, it will result in waiting periods.**

**For assistance, kindly contact the Client Liaison Call Centre:**

Tel: 014 590 1700 or 080 000 6942 OR
Email: phclientliaison@platinumhealth.co.za
Or talk to a Client Liaison Officer in your area.

**Important note**
A spouse who is younger than 21 years, pays adult membership contributions.

# 1.9 Retirement and Continuation (Pension) Members

## What you need to do to continue membership with Platinum Health

If you are at retirement age as per your employer agreement, you and your dependents can stay on Platinum Health as continuation members. Once you have taken the decision to go on retirement, you need to notify the scheme whether you want to continue membership with Platinum Health or terminate membership by completing the **Confirmation of medical form**. This can be obtained from any of our Client Liaison offices, or you can download it from our website.

Should you wish to **terminate membership with Platinum Health**, this form needs to be handed in at one of our Client Liaison offices or emailed to phclientliaison@platinumhealth.co.za. It is important to note that should you terminate membership with the scheme, you will not be able to join Platinum Health after termination.

Should you wish to **continue membership with Platinum Health**, you will need to complete the **Confirmation of medical form**, as well as the **Continuation form** and submit them with all supporting documentation in order to finalise your continuation.

In terms of Rule 5.2.1.2 you have **30 days from your last shift** at your Employer to apply for continuation of membership. Should you not apply within 30 days, you will forfeit your right to continue.

**Another important factor to take into consideration is that all continuation members pay upfront (in advance) contributions**, so please plan your financials accordingly. The same contribution tables apply to all members, and you can view the contribution tables per Option on the Our Options Page on the Platinum Health website (www.platinumhealth.co.za).

Members need to bear in mind that employers deduct contributions in arrears. Their employer will deduct the final contribution for the month that has passed and the member at the end of the same month, now being a retiree, will have an upfront contribution for the new month.

Members receiving monthly subsidies from employers need to bear in mind that once the employer's subsidy is not in force (usually the month the member turns 60), from the month following expiring of the subsidies, the member will be deemed an upfront paying member.

Once on retirement, your income may change, compared to when you were still working. You therefore have to submit proof of income (ITA34 form) to the scheme on an annual basis to ensure you are billed the correct contributions. The ITA34 form can be obtained from any South African Revenue Service (SARS) office. Should you qualify to submit to SARS, the result of your assessment is an ITA34.

After obtaining the relevant documentation from SARS, you can submit it to Platinum Health via any of the following channels:

- Hand in at your closest Client Liaison office OR
- Email to the Membership Department (zzgengagementofficemembership@platinumhealth.co.za) OR Email to Client Liaison (phclientliaison@platinumhealth.co.za)

IT IS IMPORTANT TO NOTE that if no ITA34 is received, you will be defaulted in the highest income (salary) band and you will be billed contributions relevant to the default income (salary) band until the ITA34 is received. Once Platinum Health receives your documentation, your income (salary) band will be rectified according to the date when proof was received. New contributions will be raised from the 1st of the month following the month in which the documentation was received.

## If a principal member passes away

### What dependants need to do to continue membership

Active dependants of a deceased member are entitled to remain members of Platinum Health. It is important to note that dependants need to apply with Platinum Health to continue membership within 30 days of the deceased member's death. You forfeit your right to continue if you don't apply within 30 days.

### What dependants need to do to continue membership:

Dependants need to complete a Membership Application form which is accessible from the Platinum Health website (www.platinumhealth.co.za) or Client Liaison offices.

**The following documentation needs to be submitted to us, together with the completed Membership Application form:**

- Copy of applicant's ID document
- Copy of dependant's birth certificate or identity document (ID)
- ITA34 form - can be obtained from any South African Revenue Service (SARS)
- Copy of deceased member's death certificate
- Copy of marriage certificate (if applicable)
- Documentation that the Scheme may require in order to finalise the application

**Submit the documentation to Platinum Health via any of the following channels:**

- Hand in at your closest Client Liaison office OR
- Email to the Membership Department (zzgengagementofficemembership@platinumhealth.co.za) or
- Email to Client Liaison (phclientliaison@platinumhealth.co.za)

IMPORTANT TO NOTE: The dependant who becomes the principal member, or the beneficiaries of the deceased member, will be responsible to pay the monthly Medical Scheme contributions.

## Medically boarded

### May I remain on the Medical Scheme if I am medically boarded?

Members who are medically boarded are entitled to stay on as members of Platinum Health. Please note that medically boarded requirements are the same as for retirement.

## Retrenchment

### Can Platinum Health terminate my membership in case of retrenchment?

In respect of **retrenchments,** members are not permitted to continue being members of Platinum Health. Should employers wish to extend Medical Scheme membership of affected employees, they can apply to the Platinum Health Board of Trustees for an extension in Medical Scheme membership of up to 3 months. Such application will only be considered if membership is extended to all affected employees, and contributions are payable in advance by employers.

## Resignation

A member who resigns from the service of his employer shall on the date of such termination, cease to be a member of the Scheme and all rights to benefits shall thereupon cease.

# 1.10 Updating personal details

## Why is it important to update your contact details?

We regularly communicate with you via SMS or e-mail so it's very important that you keep your personal details updated. This includes your cellphone number, e-mail address, physical address, banking details, marital status and/or number of dependants.

## I am a dependant; can I update my contact details?

Previously, only principal members were allowed to change contact details themselves or for their dependants. But, we have changed the rule to allow dependants to change their own contact details too.

## What are the benefits of keeping your contact details updated?

If we have your correct cellphone number, you will receive the following via SMS:

- Your authorisation numbers.
- Payments made by the Scheme to suppliers, which keeps you updated of your medical expenses and of possible fraudulent activities.
- Confirmation of your dependants.
- Termination of your dependants.
- Requests for you to send us outstanding documents to finalise your application.
- Reminders of outstanding and/or arrears in contributions.
- You will be able to use our WhatsApp functionality.

Your correct residential address will ensure that there is no delay in assigning a designated service provider (DSP) to you if you need to consult with a specialist, be hospitalised or utilise any other health services. This is applicable to PlatComprehensive and PlatCap members.

## If we have your correct email address, you will receive:

- Your membership claims advice or statements, which keeps you updated of your medical expenses.
- Your tax certificates.
- Any Scheme documents or communication that we may share with you from time-to-time.

## If we have your correct banking details, it will ensure that:

- Your refund request is paid into your bank account.

# Changing your contact details is quick and easy if you follow these steps:

## STEP 1 - Complete the form

- If you are the principal member, complete the form named **"Change form for principal members"**, and complete your changes.
- If you are a dependant, complete the form named **"Change form for dependants"**, and complete your changes.
- You can access these forms via any of the following channels:
  - Download the form from our **website** (www.platinumhealth.co.za)
  - Email a request to **Client Liaison** (phclientliaison@platinumhealth.co.za)
  - Call the **Client Liaison Call Centre** on **014 590 1700** or **080 000 6942**
  - Collect the form from any Client Liaison office in your area.

## STEP 2 - Submit the documents to us

- Once you've completed the form, sign it and send it to us, together with a copy of your identity document (ID) or passport.
- You can send it to us in any of the following ways:
  Email: zzgengagementofficemembership@platinumhealth.co.za or
  phclientliaison@platinumhealth.co.za
  OR
  Submit at a Client Liaison Office closest to you

## STEP 3 - We will process your request

- Once we have received the documents from you, we'll process the changes and your new contact details will reflect on our system. You will receive an SMS confirming that your contact details have been updated.

If you have any questions, or need help, don't hesitate to call our Client Liaison Call Centre on 014 590 1700 or 080 000 6942,
email: phclientliaison@platinumhealth.co.za

FAQ

## 1.11 Membership - frequently asked questions (FAQs)

**Q Are my medical expenses covered whilst travelling outside the borders of South Africa?**
**A** No, medical expenses are not covered whilst travelling outside the borders of South Africa. Members are therefore advised to take out travel insurance whilst travelling outside the borders of South Africa.

**Q How can I prove to Platinum Health that I was a member of another Medical Scheme?**
**A** A Medical Scheme must, within 30 days of termination of membership, or at any time at the request of a former member, or of a dependant of a member, provide such person with a membership certificate stating the period of cover and other prescribed information.

**Q May I participate in the operation of Platinum Health?**
**A** Platinum Health Rules provide for one employer nominated trustee and one member elected trustee per constituency. The member elected trustees represent the membership of that constituency on the Platinum Health Board of Trustees. Members therefore can participate in the Scheme through their member elected trustees.

In terms of the Medical Schemes Act, an Annual General Meeting (AGM) has to be held where members approve the Board of Trustees Report, Annual Financial Statements, Appointment of Auditors and the Board of Trustees. Members may also submit a motion to be considered at the AGM.

# 2. PlatComprehensive OPTION

## 2.1 Benefits for 2025

Platinum Health's premium product, PlatComprehensive offers exceptional benefits, designed to meet the most demanding health-care needs. It boasts extensive benefits such as unlimited hospitalisation at designated service provider (DSP) hospitals at 100% of the Scheme's tariff. Going one step further in superiority, PlatComprehensive offers 100% cover of all acute and chronic medication subject to the Scheme's formulary. Healthcare services may be accessed via either a primary healthcare nurse or a general practitioner. Statutory 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. Services rendered by a public hospital or the Scheme's DSP at cost and no levy or co-payment shall apply. Subject to regulation 8(3) any services rendered by a non-DSP on a voluntary basis will be covered by the Scheme 100% of Scheme tariff.

| | 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% of 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).<br>• 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).<br>• 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).<br>• Consultations during normal working hours: **R80** levy per patient visit will apply.<br>• Consultations after normal working hours: **R80** levy per patient visit will apply.<br>• **Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.** |

| | Service | % Benefits | Annual Limits | Conditions/Remarks |
|---|---|---|---|---|
| **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.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• 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).<br>• 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).<br>• 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.<br>• Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services (including Psychiatric Services) in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).<br>• Members to be referred by a general practitioner or specialist. |
| **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.<br>• 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.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).<br>• Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to regulation 8(3).<br>• 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).<br>• 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). |

| | Service | % Benefits | Annual Limits | Conditions/Remarks |
|---|---|---|---|---|
| | **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.<br>• Members to be referred by general practitioners or specialists.<br>• 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 | | | |
| 4 | Medication to-take-out (TTO) | 100% of Scheme tariff | **7-day supply PB**, per admission | • Subject to Scheme formulary and regulation 8(3). |
| 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. | | | | |
| **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).<br>• Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.<br>• The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary.<br>• 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.<br>• 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.<br>• 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.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).<br>• Members located outside a 50km radius of network provider pharmacies may utilise non-DSPs for medication.<br>• The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Scheme formulary.<br>• 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.<br>• 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.<br>• 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.<br>• Admin fees or levies will not be covered. |

| Service | | % Benefits | Annual Limits | | Conditions/Remarks |
|---|---|---|---|---|---|
| **E** | **MEDICATION (continue)** | | | | |
| **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. | • Members located within a 50km radius of a Platinum Health owned pharmacy are obliged to utilise such pharmacies, subject to regulation 8(3).<br>• Members located outside a 50km radius of a Platinum Health owned pharmacy may utilise DSP pharmacies for medication.<br>• The Scheme shall accept liability of 100% of the Scheme tariff.<br>• 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.<br>• 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.<br>• Admin fees or levies will not be covered. |
| | 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 | Medroxyprogester-one: **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 every five years from anniversary of claiming PB. | |

| | 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).<br>• 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).<br>• 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** | • Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• 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).<br>• Authorisation required for specialised dentistry, subject to clinical protocol approval.<br>• A 15% co-payment of the benefit limit shall apply in respect of the repair and replacement of dentures.<br>• Dentures shall be limited to one set every three years from anniversary of claiming PB, subject to benefit limit.<br>• Orthodontic treatment benefit limited to patients under 21 years, subject to Scheme clinical protocol.<br>• The Scheme will accept liability for the under mentioned treatment and a 15% co-payment of the benefit limit shall apply:<br>  • Internal and External orthodontic treatment<br>  • Prosthodontics, periodontics, and endodontic treatment<br>  • Porcelain veneers and inlays<br>  • Crown and Bridge work<br>  • Metal Dentures<br>  • External laboratory services |
| **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).<br>• 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).<br>• 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).<br>• Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times.<br>• 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).<br>• Members to be referred by a general practitioner or specialist.<br>• Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols. |

| | Service | % Benefits | Annual Limits | Conditions/Remarks |
|---|---|---|---|---|
| **H** | **PATHOLOGY (LANCET ONLY)** | | | |
| 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).<br>• 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).<br>• 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).<br>• 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.<br>• Members to be referred by a general practitioner or specialist, subject to clinical protocol approval and regulation 8(3). |
| **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).<br>• 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).<br>• 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).<br>• Members to be referred by a general practitioner or specialist.<br>• 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).<br>• Members to be referred by a general practitioner or specialist.<br>• 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).<br>• 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).<br>• 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).<br>• Members to be referred by a general practitioner or specialist.<br>• No cover for physiotherapy in mental health facilities. |

| | Service | % Benefits | Annual Limits | Conditions/Remarks |
|---|---|---|---|---|
| **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). |
| **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.<br>• 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.<br>• 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).<br>• The following surgical procedures are not covered:<br>  • Finger/Toe joint replacement<br>  • Pain pump/Neurostimulator for chronic back pain.<br>  • Da Vinci Surgical System |
| **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.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to Scheme protocol approval and regulation 8(3).<br>• 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).<br>• Members to be referred by a general practitioner or specialist. |

| Service | | % Benefits | Annual Limits | Conditions/Remarks |
|---|---|---|---|---|
| **O** | **PREVENTATIVE HEALTHCARE (continued)** | | | |
| 2 | Malaria prophylaxis | 100% of Scheme formulary | **Unlimited** | • Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to clinical protocol approval and regulation 8(3).<br>• Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.<br>• The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary.<br>• 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.<br>• 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.<br>• Admin fees or levies will not be covered. |
| 3 | Obesity Management | 100% of 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). |
| **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.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• 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).<br>• 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).<br>• 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.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• 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).<br>• 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). |

| Service | | % Benefits | Annual Limits | Conditions/Remarks |
|---|---|---|---|---|
| **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).<br>• 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).<br>• 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).<br>• Subject to referral by medical practitioner. |
| 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.<br>• Subject to referral, authorisation, Scheme DSP utilisation and clinical protocol approval by the Scheme.<br>• 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 | **R 8,717 PMF** | • To be referred by a medical practitioner.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• 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).<br>• 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). |

## 2.2 Contributions for 2025

| Salary Band | Band 1<br>R0 – R22 283 | Band 2<br>R22 284 – R33 630 | Band 3<br>R33 631+ |
|---|---|---|---|
| **Principal** | R1,909 | R2,761 | R3,273 |
| **Adult** | R1,909 | R2,761 | R3,273 |
| **Child** | R646 | R983 | R1,137 |

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.

# 3. PlatCap OPTION

## 3.1 Benefits for 2025

The PlatCap Option offers similar benefits to other low-cost Scheme options in the market; but is significantly more affordable than other low-cost Medical Scheme options. GP visits are unlimited subject to PlatCap members utilising Platinum Health facilities, and/or Scheme DSPs. Certain benefits, however, have specific limits and members become responsible for medical expenses once benefit limits have been reached. Prescribed minimum benefits (PMBs), as required by the Medical Schemes Act, are covered both in-and-out of hospital at 100% of the 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.

| | 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.<br>• No levy or co-payment shall apply. |
| **B** | **DAY-TO-DAY BENEFITS** | | | |
| 1 | GP Consultations and visits | 100% of Scheme tariff | **Unlimited** | • Members located within a 50km radius of Scheme DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• 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).<br>• 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).<br>• Consultations during normal working hours: **R80** levy per patient visit will apply.<br>• Consultations after normal working hours: **R80** levy per patient visit will apply.<br>• **Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.** |
| 2 | Acute medication | 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)<br>• 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.<br>• 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.<br>• 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.<br>• Admin fees or levies will not be covered. |

| | Service | % Benefits | Annual Limits | Conditions/Remarks | |
|---|---|---|---|---|---|
| **B** | **DAY-TO-DAY BENEFITS (continued)** | | | | |
| **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).<br>• Members located outside a 50km radius of network provider pharmacies may utilise non-DSPs for medication.<br>• The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Plat Cap Option formulary.<br>• Admin fees or levies will not be covered. Subject to Plat Cap option formulary and **R164** per event. | |
| **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).<br>• Members located outside a 50km radius of a Platinum Health owned pharmacy may utilise DSP pharmacies for medication.<br>• The Scheme shall accept liability of 100% of the Scheme tariff.<br>• 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.<br>• 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.<br>• Admin fees or levies will not be covered. |
| | 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 every five years from anniversary of claiming PB. | |
| **5** | Specialist Consultations | 100% of Scheme tariff | **3 visits** or **R4,378** per beneficiary, up to 5 visits or **R6,350** per family | • Pre-authorisation needs to be obtained prior to consulting any specialist.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• Members located between 50 - 200km radius who elect to utilise nonDSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).<br>• 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).<br>• Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times.<br>• Subject to clinical protocol approval and regulation 8(3). | |

| Service | | % Benefits | Annual Limits | Conditions/Remarks |
|---|---|---|---|---|
| **B** | **DAY-TO-DAY BENEFITS (continue)** | | | |
| **6** | Occupational Therapy, Physiotherapy & Biokinetics | 100% of cost/ negotiated tariff | **R4,989 PMF** | • Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• 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).<br>• 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).<br>• Members to be referred by general practitioners or specialists.<br>• Subject to clinical protocol approval. |
| **7** | General radiology | 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).<br>• 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).<br>• 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).<br>• Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times.<br>• Subject to clinical protocol approval.<br>• Approved black and white X-rays and soft tissue ultrasound. |
| **8** | Pathology (Lancet only) | 100% of Scheme tariff | **Unlimited** | • Members are obliged to utilise DSPs, subject to regulation 8(3).<br>• Subject to referral by Scheme's DSP Medical Practitioner, clinical protocol approval and according to a list of approved tests. |
| **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.<br>• One consultation shall be limited to one every year from anniversary of claiming PB.<br>• 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.<br>• One emergency consultation shall be limited to one every year from anniversary of claiming PB. |
| **11** | Specialised Dentistry | 80% of Scheme tariff | Dentures only<br>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. (20% co-payment applies).<br>• Subject to Scheme DSP utilisation and clinical protocol. |

| Service | | % Benefits | Annual Limits | Conditions/Remarks |
|---|---|---|---|---|
| **B** | **DAY-TO-DAY BENEFITS (continue)** | | | |
| 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.<br>• 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.<br>• Subject to Scheme DSP utilisation and clinical protocol approval. |
| **C** | **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.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• 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).<br>• 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).<br>• 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 to regulation 8(3).<br>• Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.<br>• The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary.<br>• 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.<br>• 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.<br>• Admin fees or levies will not be covered. |
| 3 | Obesity Management | 100% of Scheme tariff and formulary | Non-surgical Weight Management | |
| 4 | 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) |

| | 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).<br>• 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).<br>• No cover for physiotherapy in mental health facilities. |
| | Mental Health Out-of-hospital | 100% of Scheme tariff | PMBs only | • Four consultations per annum PMF.<br>• 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).<br>• 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).<br>• 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). |
| **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 (Lancet only) | 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). |

| | Service | % Benefits | Annual Limits | Conditions/Remarks |
|---|---|---|---|---|
| **F** | **IN-HOSPITAL BENEFITS (continued)** | | | |
| **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<br>The following surgical procedures are not covered:<br>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. |
| **G** | **CHRONIC MEDICINE BENEFIT** | | | |
| **1** | Chronic Medicine | 100% of Plat Cap option formulary | **Unlimited** for CDL conditions | • Only CDLs covered and Prescribed Minimum Benefits (PMBs) unlimited as per Chronic Diseases Reference Price List (CDRPL).<br>• 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.<br>• 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.<br>• 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.<br>• Admin fees or levies will not be covered. |

| | Service | % Benefits | Annual Limits | Conditions/Remarks |
|---|---|---|---|---|
| **H** | **HOSPITALISATION** | | | |
| | ***Designated Service Provider Hospitals (100% agreed and negotiated Tariffs – unlimited)*** | | | |
| 1 | Accommodation in a general ward, high-care ward, and intensive care unit | 100% of negotiated tariff | **Unlimited** | • 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.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).<br>• Members located between 50 – 200km radius who elect to utilise nonDSPs will be covered 100% of negotiated tariff, subject to clinical protocol approval and regulation 8(3).<br>• 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).<br>• 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 Plat Cap option formulary.<br>• 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).<br>• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, and clinical protocol approval.<br>• 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).<br>• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, and clinical protocol approval.<br>• 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. |

## 3.2 Contributions for 2025

| Salary Band | Band 1<br>R0 – R14 156 | Band 2<br>R14 157 – R22 074 | Band 3<br>R22 075+ |
|---|---|---|---|
| **Principal** | R1,424 | R1,729 | R3,253 |
| **Adult** | R1,424 | R1,729 | R3,253 |
| **Child** | R581 | R727 | R1,130 |

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.

# 4. PlatFreedom OPTION

## 4.1 Benefits for 2025

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 221 241 per member family.

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 | 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 (Appliances 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 |

| | 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**<br>**M1: R10 297**<br>**M2: R13 717**<br>**M3+: R17 161**<br>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<br>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<br>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 approval. | Authorisation required for advanced dentistry, subject to clinical protocol approval |
| **G** | **HOSPITALISATION** | | | |
| 1 | Accommodation in a general ward, highcare 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 |

| | BENEFIT CATEGORY | RATE | LIMIT | AUTHORISATION |
|---|---|---|---|---|
| **K** | **MATERNITY** | | | |
| 1 | **Hospital:** Accommodation, theatre fees, labour ward fees, dressings, medicines, and materials.<br>**Note:** For confinement in a registered birthing unit or out-of-hospital, four (4) postnatal midwife consultations for a family each year | 100% of the lower of cost or Scheme rate | Subject to OAL | 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 | |
| **L** | **MEDICINE AND INJECTION MATERIAL** | | | |
| 1 | Acute medicine: including malaria prophylactics | 100% of the approved price | **M0: R6 889**<br>**M+1: R11 965**<br>**M+2: R15 952**<br>**M3+: R18 490**<br>(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** per script. Included in the Acute Medicine limit | Refer to general Scheme exclusions |
| 4 | Chronic medicine | **Chronic Disease List conditions**<br>Up to 100% of Scheme rate for approved chronic medicine on the medicine list (formulary)<br>Up to 80% of MMAP for approved chronic medicine not on the medicine list (formulary)<br><br>**Additional Disease List conditions**<br>Up to 100% of MMAP for approved chronic medicine | Subject to OAL | Authorisation required<br>Refer to general Scheme exclusions |
| 5 | Contraceptive benefits: Oral, injectable, patches, rings, devices and implants. | 100% of the approved price | Subject to OAL | Only if prescribed for contraception (not approved for skin conditions) |

| | 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 | |
| 2 | Lenses | 100% of the lower of cost or SAOA rate | | No benefit for lens add-ons |
| 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. | |
| **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 |

| | BENEFIT CATEGORY | RATE | LIMIT EACH YEAR | AUTHORISATION |
|---|---|---|---|---|
| **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 (LANCET ONLY)** | | | |
| 1 | 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 | |
| **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 |



Platinum Health Benefits and Tariffs are subject to approval by the Council for Medical Schemes (CMS).

| | BENEFIT CATEGORY | RATE | LIMIT | AUTHORISATION |
|---|---|---|---|---|
| **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 |

## 4.2 Contributions for 2025

| Salary Band | Band 1<br>R0 – R15 465 | Band 2<br>R15 466 – R22 980 | Band 3<br>R22 981 – R31 662 | Band 4<br>R31 663 – R64 220 | Band 5<br>R64 221+ |
|---|---|---|---|---|---|
| **Principal** | R2,687 | R3,435 | R3,720 | R4,644 | R5,503 |
| **Adult** | R2,108 | R2,707 | R2,858 | R3,598 | R4,370 |
| **Child** | R721 | R926 | R999 | R1,105 | R1,293 |

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.

# 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 covered for by Scheme protocols, for example, Yellow fever for travel purposes.
- Refractive eye surgery, excimer laser treatment. (excluding PlatFreedom)

# 6. Claims & Refunds

Platinum Health has an agreement with designated service providers (DSP's) to submit claims directly to the Scheme in order to streamline the payment of claims. If however, a member should receive a tax invoice/account from a Medical Service Provider, the member is advised to contact Platinum Health Client Liaison to determine whether the tax invoice/account has been submitted to the Scheme. If it has not been submitted to the Scheme, the member has to ensure it is submitted within four months of date of services/supplies, to prevent it from becoming stale, resulting in non-payment.

## 6.1 Step-by-step guide for members on how to submit claims

### STEP 1 - Confirm the following details feature on the tax invoice/account:

- Tax invoice/account number
- Member's initials, surname and address
- Membership number
- Dependant code
- The date, tariff code and detail of the services/supplies provided
- Authorisation number, if the tax invoice/account is from a specialist.
- Verify that the member or dependant did receive the service or supplies, by signing the tax invoice/account.
- Practice number
- Diagnosis code/ICD10 code
- Referring doctor details where applicable

### STEP 2 - Submit claims, within four months, to the Scheme VIA any of the following channels:

Email: phclientliaison@platinumhealth.co.za
Mail: Platinum Health,
Private Bag X82081,
Rustenburg, 0300

Hand in at Client Liaison Office at your operation

### STEP 3 - Processing of claims received:

Claims and refunds are processed in accordance with the Medical Scheme Rules, rates and tariffs.

### Step 4 - Payment of claims:

Payment commences after the claim is processed.

### Step 5 - Member receives notification of payments VIA:

- SMS notifications
- Member statements with full details of payments are emailed to members **(It is important for members to ensure their contact number, email & physical addresses are updated with the Scheme)**

Members can also request claims advices via the Platinum Health website (www.platinumhealth.co.za) OR contact Client Liaison on 080 000 6942 or 014 590 1700, Monday to Friday from 08:00 – 16:00 for assistance.

# 6.2 Step-by-step guide for members on how to request refunds

## STEP 1 - Ensure you have the correct refund documentation:

- **PROOF OF PAYMENT** such as a credit card transaction slip, a receipt of payment or a zero-balance statement from the provider indicating transactions.
- **ACCOUNT** featuring the following details:
  - Member's initials, surname and address;
  - Member's Medical Scheme number;
  - The date, tariff code and detail of the services/ supplies provided,
  - The name and date of birth of the patient who received the services/supplies; and
  - Platinum Health authorisation number, where applicable.
  - Healthcare provider name and practice number
  - Diagnosis/ICD10 code
  - Referring healthcare provider details where applicable
- **VERIFY** that the member or dependant did receive the service or supplies, by signing the account submitted.
- **BANK CONFIRMATION LETTER** if the member changed bank accounts OR if the member has not been refunded during the last 3 months.

## STEP 2 - Submit claims, within four months, to the Scheme VIA any of the following channels:

Email: phclientliaison@platinumhealth.co.za
Mail: Platinum Health,
Private Bag X82081,
Rustenburg, 0300

Hand in at Client Liaison Office at your operation

## STEP 3 - Processing of claims received:

Refund requests are processed in accordance with the Medical Scheme Rules, rates and tariffs.

## STEP 4 - Payment of refund:

Payment is made after the refund request is processed. **(It is important for members to ensure their correct banking details are updated with the Scheme.)**

## STEP 5 - Member receives notification of payments VIA:

- SMS notifications
- Member statements with full details of payments are emailed to members **(It is important for members to ensure their contact number, email & physical addresses are updated with the Scheme)**

For more information or assistance, kindly contact Client Liaison on 080 000 6942 or 014 590 1700, Monday to Friday from 08:00 – 16:00.

IMPORTANT TO NOTE: Members who pay for services/ supplies up-front and require a refund from Platinum Health Medical Scheme, should ensure they submit the correct refund documentation, within four months from treatment date, to the Scheme.

## 6.3 Step-by-step guide for medical service providers on how to submit claims

### STEP 1 - What Medical Service Providers need to do:

Medical Service Providers are required to include the following information on all tax invoices/accounts:

- Tax invoice/account number
- Member's initials, surname and address
- The date and detail of service/supplies provided such as quantity and timeframe; as well as the tariff code for the service/supplies.
- The name and date of birth of the patient who received the service/supplies as well as patient's dependant code.
- Platinum Health authorisation number, where applicable.

### STEP 2 - Medical Service Providers have to submit all claims to Platinum Health, within four months of date of services/supplies either VIA:

Electronic Data Interface (EDI) OR alternatively email to SuppliersRPM@platinumhealth.co.za

### STEP 3 - Processing of claims received:

Claims are processed in accordance with the Medical Scheme Rules, rates and tariffs.

### STEP 4 - Payment of claims:

Payment commences once claims are processed.

### STEP 5 - Notification of payments to Medical Service Providers

Seven days after the payment is made, a remittance advice is sent to the Medical Service Provider confirming payment made.

Medical Service Providers can also request remittance advices via the Platinum Health website (www.platinumhealth.co.za) OR by contacting the Supplier Liaison Department on 080 000 6942 or 014 590 1700, Monday to Friday, from 08:00 – 16:00.

# 6.4 Claims and refunds - frequently asked questions (FAQs)

**Q What is an ex-gratia payment and do I have a right to such benefits?**

**A** It is a discretionary consideration by Platinum Health Medical Scheme, which is only made if the Scheme believes that an exceptional situation exists that warrants ex-gratia funding. It is not a benefit that the Medical Scheme has to offer, nor is it guaranteed.

- The Scheme reviews the ex-gratia application, which should be completed by the member asking for consideration.
- Only applications with complete information can be reviewed by the committee. It is your responsibility as a member to make sure that all the required information is on the application form, and attached to it, as this will be presented to the committee. Application forms can be downloaded from the Platinum Health website (www.platinumhealth.co.za) or kindly contact the Client Liaison Office for assistance. Refer to page 79 for contact details.
- Because ex-gratia is discretionary, Platinum Health Medical Scheme may decline any application without affecting its own rights in any way.
- The Scheme's decisions is final and can't be disputed or appealed against. They are not meant to replace or supplement the existing benefits of the Medical Scheme.

**Q Is a provider of a healthcare service entitled to charge more than the fees determined by the Medical Scheme tariff?**

**A** Yes. Healthcare providers are free to determine their own fees. Consequently, if an account is in excess of the fee determined by the Rules of a Medical Scheme for a particular service, the difference is the responsibility of the member.

**Q What is a co-payment?**

**A** A co-payment is a fee that members are required to pay for use of a specific benefit or if a benefit limit was reached covered by the Scheme.

**Q What is the Medical Scheme rate and how is it determined?**

**A** The Scheme used the NHRPL 2006 as a baseline on tariffs and adjusts it by Consumer Price Index (CPI) yearly.

**Q What is a stale claim?**

**A** According to the Scheme Rules, claims must reach the Scheme within four months from the treatment date. If your claim is not received within this period, it is considered stale and the Scheme will not pay for these late claims.

**Q Within what time frame may I request a refund after the services provided?**

**A** Refund requests must be submitted within four months of date of services/supplies provided.

# 7. Case Management

## 7.1 Managed Care

Platinum Health operates an excellent and nationally comparable Case Management function for all patients referred to Platinum Health Medical Scheme owned facilities or outsourced providers. The Case Managers are available 24 hours a day, 7 days per week and 365 days per year. The function of Case Management is to monitor several aspects of the medical surgical treatment to ensure that the Scheme's vision of providing quality, affordable healthcare is adhered to. Case Management administers specific management programmes and authorises specialist consultations, hospital admissions and specialised radiological investigations such as MRIs, CT and PET scans.

### Case Management Contact Details

Tel: 014 590 1700 or 080 000 6942
After-hours & emergencies: 082 800 8727
After-hours and emergencies contact number may not be used for general account and membership enquiries.

Email: plathealth@platinumhealth.co.za
(specialist authorisation)
HospitalConfirmations@platinumhealth.co.za
(hospital pre-authorisation and authorisation)

WhatsApp: 080 000 6942 (request authorisation)
Website: www.platinumhealth.co.za

## 7.2 Importance of obtaining authorisation

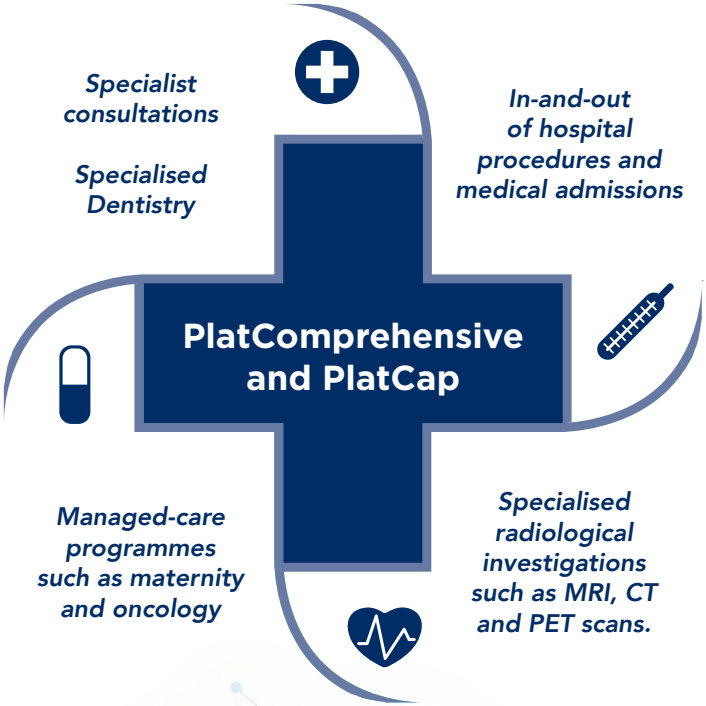
The authorisation process entails assessing the clinical necessity and appropriateness of the referral, procedure or treatment according to the Scheme's clinical protocols and guidelines, prior to the specialist visit, hospital admission or treatment.

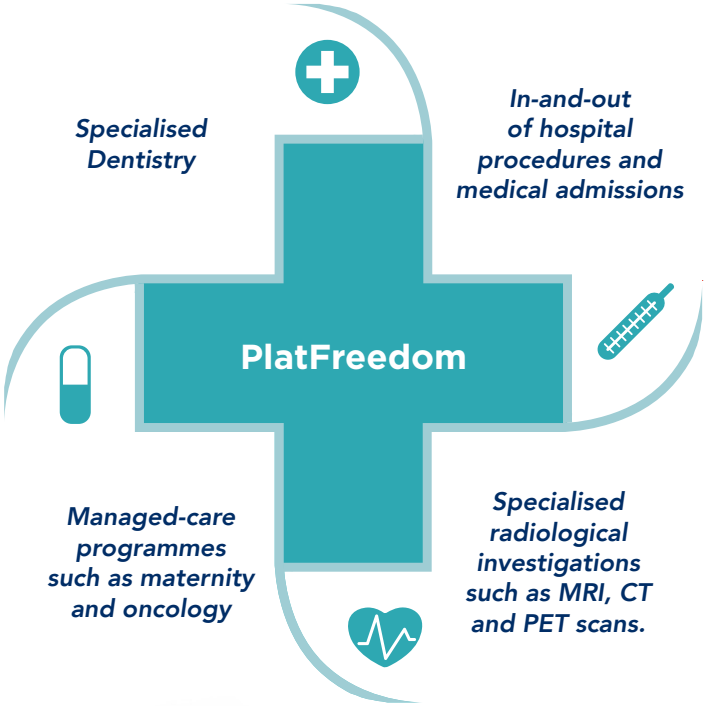
Members should also confirm their benefits prior to any of the abovementioned instances, to ensure the claim is funded from the correct benefit. Full funding is determined by availability of benefits and utilisation of designated service providers (applicable to PlatComprehensive and PlatCap Options).

Although we check if a member is eligible for treatment and that sufficient benefits are available to cover costs, an authorisation is not an automatic guarantee that claims will be paid. You are encouraged to ask for details about how much will be paid by the Scheme when requesting authorisation for non-emergency procedures such as specialist consultations, planned in-hospital procedures and medical admissions, special radiological investigations such as MRI, CT and PET scans and managed-care programmes such as maternity and oncology.

In case of emergency admissions, authorisation has to be obtained within 24-hours or on the first working day after the emergency. The member will receive confirmation of approval (authorisation) via an SMS or email. Kindly ensure to give the authorisation number to the specialist, hospital and/or treating supplier. Should authorisation be declined by the Scheme, members are advised to contact Case Management.

### When is authorisation needed?



## 7.3 Platinum Health Medical Facilities

Platinum Health has world-class medical facilities which are placed within easy reach locations across the Platinum and Chrome mining belt, making healthcare accessible to members.

Health services offered at medical facilities include, but are not limited to primary healthcare, visits with general practitioners, psychology (mental health), optometry, dental care and dispensing services. Members on the PlatComprehensive and PlatCap options are obliged to utilise these facilities.

The model below indicates the health services offered at each PH medical facility.

| Service delivery model | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | OHC | RFAC | Trauma | Emergency | PHC | GP | Dentist | Optometry | Radiology | Physiotherapy | Pharmacy | Psychology | Social Worker | Hospital |
| **Rustenburg Region** | | | | | | | | | | | | | | |
| PH Medical Centre | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Brits Medical Centre | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | |
| BRPM Clinic | ✓ | | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | | ✓ | |
| Mogwase Clinic | | | | | ✓ | ✓ | | | | | | | | |
| Phokeng Clinic | | | | | ✓ | ✓ | | | | | | | | |
| Sun Village Clinic | | | | | ✓ | ✓ | | | | | | | | |
| **Bushveld Region** | | | | | | | | | | | | | | |
| Amandelbult Hospital | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | |
| Moruleng Clinic | | | | | ✓ | ✓ | | | | | | | | |
| Northam Clinic | | | | | ✓ | ✓ | | | | | | | | |
| Northam Medical Station | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | | |
| Setaria Clinic | | | | | ✓ | ✓ | ✓ | ✓ | | ✓ | | ✓ | | |
| Thabazimbi Medical Centre | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | | ✓ | |
| Union Hospital | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Eastern Limb Region** | | | | | | | | | | | | | | |
| Burgersfort Medical Centre | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | |
| Jane Furse Medical Centre | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Mashishing Medical Centre | | | | ✓ | ✓ | ✓ | | | | | | | | |
| Modikwa Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | | ✓ | |
| Mokopane Medical Centre | | | | ✓ | ✓ | ✓ | | | | | | ✓ | | |
| Steelpoort Clinic | | | | | ✓ | ✓ | | | | | | | | |

## 7.4 How to request authorisation from Case Management

### STEP 1 - Have the following information ready when calling Case Management for authorisation:

- Membership number
- Beneficiary name and date of birth
- Date of visit/admission and proposed date of the operation
- Name of the doctor, his/her telephone number and practice number
- All the relevant procedures and associated medical diagnosis codes (your doctor can assist you with this)
  - Ask your doctor for full details of:
    - The reason for admission to hospital, or scan.
    - Applicable procedure/tariff code(s).
    - Your diagnosis and ICD-10 code if available.

### STEP 2 - Call Case Management on 014 590 1700 or 080 000 6942 or alternatively email the information to:

- plathealth@platinumhealth.co.za
  (specialist authorisations)
- HospitalConfirmations@platinumhealth.co.za
  (hospital pre-authorisation and authorisation)

### STEP 3 - Case Management will send confirmation of approval (authorisation) to the member via an SMS or email, providing the following information:

- The unique authorisation number
- The approved dependant
- The approved supplier
- The initial approved length of stay
- The status of all the codes (whether approved or rejected in accordance with the Scheme Rules)

**Members can also request authorisation via the Platinum Health website (www.platinumhealth.co.za) or on our WhatsApp (080 000 6942)**
**Contact Case Management for assistance if you're unsure whether any treatment requires authorisation.**


### Away on holiday - frequently asked questions (FAQs)

**Q If I am on holiday or away for a weekend and need to visit a GP urgently, what do I do?**
**A** PlatComprehensive and PlatCap members may make use of any GP whilst on holiday, unless there is a Platinum Health facility or DSP GP nearby, in which case they are obliged to use such GP. PlatFreedom members may consult their GP of choice.

- Find a DSP via the DSP search tool on the Platinum Health website: www.platinumhealth.co.za. or on our WhatsApp functionality (080 000 6942)

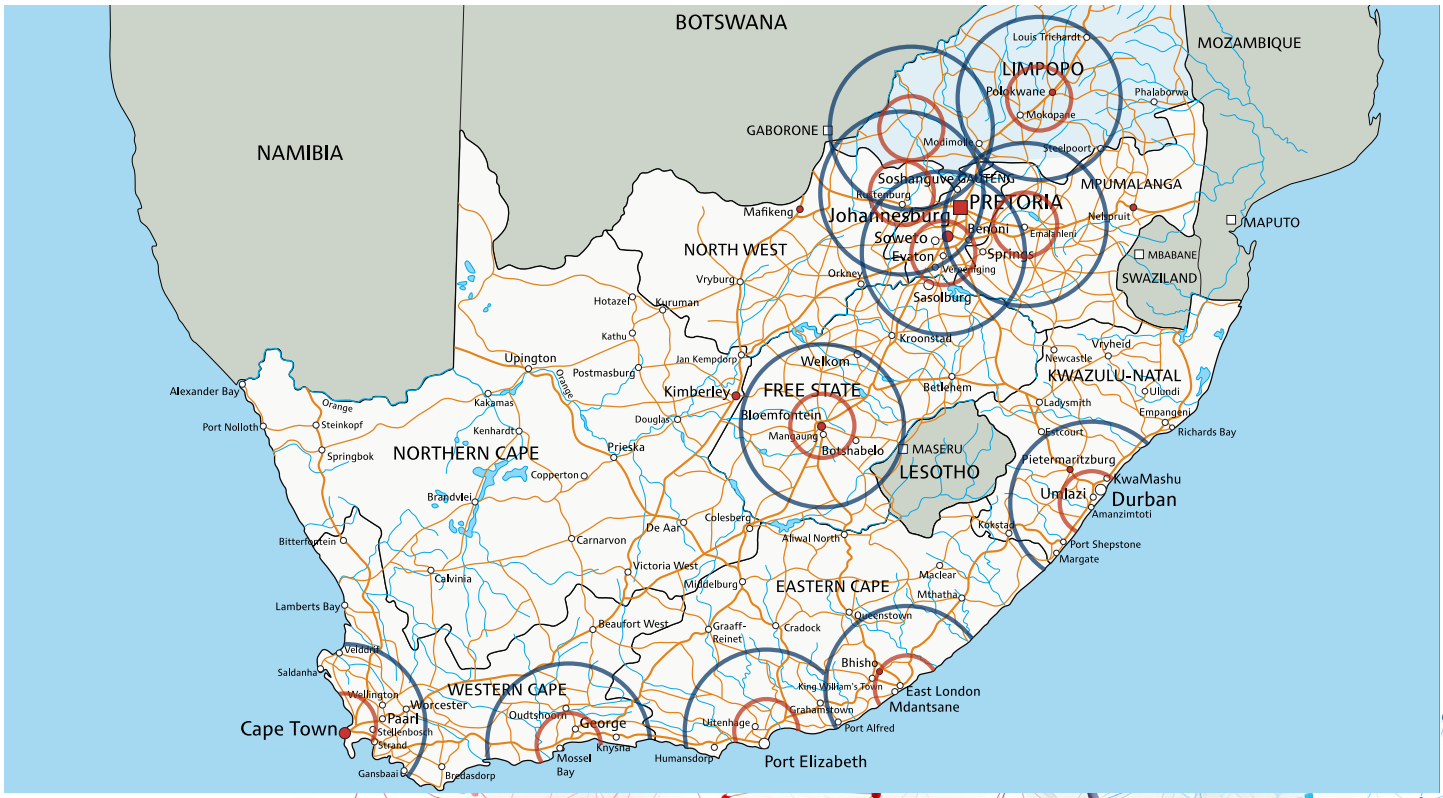
**Q If I am on holiday and I consulted a GP, where can I get my prescription filled?**
**A** If on holiday and you need to get your prescription filled, members are advised to utilise Clicks Medirite or Dischem pharmacies. If there is no Clicks Medirite or Dischem pharmacies nearby, the member can utilise any pharmacy available. Ask your pharmacist about generic equivalents on the PMHS formulary to avoid co-payments. Members who take chronic medication should take it with while on holiday.

# 7.5 Important notes on designated service providers (DSPs)

Platinum Health has established a countrywide DSP network of specialists, hospitals, radiology and pathology services. A DSP is a healthcare provider or group of providers selected by the Scheme as the preferred provider or providers to provide to its members diagnosis, treatment and care in respect of one or more prescribed minimum benefit conditions. However, members may only access these services through a GP and with authorisation from Case Management. Use the DSP search tool on our website (www.platinumhealth.co.za) or our WhatsApp functionality (080 000 6942) to find DSP providers such as general practitioners, pharmacies, hospitals, dentists, optometrists, primary healthcare nurses and Platinum Health facilities.

This map gives an indication of the Platinum Health designated service provider network. The red circle indicates the area within 50km from the DSP, and the blue circle the area within 200km. Please note that this map is not according to geographical scale, residential postal codes determine the location. Please contact Case Management to confirm exact status.

| OPTION GUIDE | | |
|---|---|---|
| PlatComprehensive | PlatCap | PlatFreedom |
| • Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).<br>• Members located between 50 – 200km radius who elect to utilise a DSP will be covered 100% of Scheme tariff, subject to regulation 8(3).<br>• 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 regulation 8(3). | • Members located within a 50km radius of DSPs are obliged to utilise such DSPs subject to regulation 8(3).<br>• Members located between 50 – 200 km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to regulation 8(3).<br>• 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). | • PlatFreedom offers members complete freedom of choice to see service providers they prefer.<br>• Benefit limits apply and members will be liable for the full cost once the overall limit is reached.<br>• 100% of the lower of cost or Scheme rate. |



# 7.6 Hospital management and authorisation

Members have to obtain authorisation from Case Management for any planned hospital admission or procedure in a hospital, at least two (2) days prior to being admitted to hospital. In case of emergency admissions, authorisation has to be obtained within 24-hours or on the first working day after the emergency.

In the event of emergency treatment or admission to hospital over a weekend, public holiday or outside normal working hours, you must contact the Scheme for authorisation on the first working day after the incident.

If you do not obtain authorisation for a planned event, or fail to authorise hospital treatment on the first working day after an emergency event, your claim may be rejected for payment. Any admission or outpatient visit to a hospital, must be authorised.

## If your hospital stay is longer than expected

Any additional days in hospital, multiple procedures or additional services require further authorisation or motivation. Please arrange that your doctor, the hospital case manager or a family member, inform the Scheme of the extended length of stay. If there is a clinical reason for the extended stay, the Scheme will approve the extra days. If not, the member will be responsible for the cost for the non-approved days and treatment.

## Once the authorisation request has been approved, you will receive the following information:

- The unique authorisation number
- The approved dependant
- The approved supplier
- The initial length of stay
- The status of all the codes (whether approved or rejected in accordance with the Scheme Rules)

## OPTION GUIDE

| PlatComprehensive | PlatCap | PlatFreedom |
|---|---|---|
| • Unlimited if DSP Hospitals are utilised.<br>• 100% of Scheme tariff.<br>• Where possible own facilities have to be utilised. 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.<br>• Members to be referred by general practitioners or specialists. Subject to clinical protocol approval and regulation 8(3).<br>• 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.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).<br>• Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to regulation 8(3).<br>• 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).<br>• Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services.<br>• ***Limit of R172 428 PMF if non-DSP Hospitals are utilised. 100% of Scheme tariff applies.***<br>• Members to be referred by general practitioners or specialists.<br>• Subject to clinical protocol approval and regulation 8(3). | • Unlimited if DSP Hospitals are utilised.<br>• 100% of Scheme tariff.<br>• Where possible own facilities have to be utilised. 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.<br>• Members to be referred by general practitioners or specialists. Subject to clinical protocol approval and regulation 8(3).<br>• 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.<br>• Members located between 50 - 200km radius who elect to utilise non-DSP hospitals will be covered 100% of negotiated tariff, subject to regulation 8(3).<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).<br>• Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to regulation 8(3).<br>• Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover100% of Scheme tariff, subject to regulation 8(3). | • Subject to the Overall Annual Limit.<br>• 100% of the lower of cost or Scheme rate.<br>• Authorisation required. |

## Admission process for Hospitals

| | PlatComprehensive | PlatCap | PlatFreedom Option |
|---|---|---|---|
| **Planned Hospital Admissions** | • Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to pre-authorisation within two (2) days prior to admission. Subject to regulation 8(3).<br>• Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to regulation 8(3).<br>• 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).<br>• Subject to limits, benefits and clinical protocol approval. | | • Members may utilise any hospital. However pre-authorisation has to be obtained from the Scheme within two (2) days prior to admission.<br>• Subject to the Overall Annual Limit (OAL), benefits and clinical protocol approval. |
| | • Member has to consult the GP/Specialist with a specific condition/ problem and the specialist referral process has to be followed. | | • Member has to consult the GP/ Specialist with a specific condition/ problem. |
| | The GP/specialist completes a request for admission and gives it to the member. The member should use this request to obtain authorisation for the hospital admission from Case Management. | | |
| | • The hospital authorisation request from the GP/specialist should contain the following detail:<br>• The patient's:<br>o Name<br>o Date of birth<br>o Medical Scheme number<br>o Contact details<br>• The hospital details and practice number<br>• The admitting/treating GP/specialist's details and practice number<br>• Admission date<br>• Diagnosis<br>• ICD 10 code(s)<br>• Tariff code(s)/procedure code(s) | | |
| **After-hours admissions** | After-hours hospital admissions should be arranged with the Case Manager on call and all related documentation to be submitted to Case Management on the first working day after the hospital admission. | | |
| **Emergency hospital admissions** | Emergency admissions can be arranged telephonically between the referring GP/specialist/hospital and the responsible Case Manager, However; the documentation still needs to be finalised afterwards. | | |

| Approved | | Rejected | |
|---|---|---|---|
| PlatComprehensive/PlatCap | PlatFreedom | PlatComprehensive/PlatCap | PlatFreedom |
| Case Management evaluates the referring request with the assistance of the Medical Advisor and authorises the admission. | | Case Management evaluates the referring request with the assistance of the Medical Advisor and rejects the hospital admission. | |
| Member receives an authorisation number via SMS, email, telephone or from a Platinum Health facility. | Member receives an authorisation number via SMS, email or telephone. | Member receives notification via SMS, email, telephone or from a Platinum Health facility; stating the reason why authorisation request was declined. | Member receives notification via SMS, email or telephone; stating the reason why authorisation request was declined. |
| Hospital authorisation request/pre-admission documents need to be send or taken to the hospital before the admission date. This is to ensure pre-admission documentation is completed and captured on the hospital system to ensure problem free admission. | | Member can contact Case Management and Platinum Health facilities at their sites with regards to follow-up enquiries. | Member can contact Case Management with regards to follow-up enquiries. |
| Member to supply the authorisation number to the hospital. | | | |

# Admission to non-DSP Hospitals

## *Applicable to PlatComprehensive option*

Members located within a 50km radius of DSPs are obliged to utilise such DSP Hospitals. Members located between 50-200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services.

Should a member choose to utilise a non-DSP hospital, the member and/or his/her dependant(s) have to bear in mind that **Platinum Health (PH) accepts liability for 100% of the Scheme tariff with a limit per member family of R172 428** per year. Members and/or dependant(s) should also note that should they utilise a non-DSP hospital, PH will only accept responsibility for 100% of Scheme tariff for the GP, Specialists, Anaesthetist, X-rays or any other medical services/institution utilised. The member and/or dependant(s) are responsible to negotiate a better rate or discount with the hospital and/or medical service providers utilised. The principal member has to sign a letter confirming that he/she will be accepting the responsibility of utilising a non-DSP hospital.

| Planned hospital admission | After-hours hospital admissions | Emergency hospital admissions |
|---|---|---|
| • Member has to consult the GP/Specialist with a specific condition/ problem.<br>• The GP/specialist completes a request for admission and gives it to the member. The member should use this request to obtain authorisation for the hospital admission from Case Management.<br>• The hospital authorisation request from the GP/specialist should contain the following detail:<br>• The patient's<br>- Name<br>- Date of birth<br>- Medical Scheme number<br>- Contact details<br>• The hospital details and practice number<br>• The admitting/treating GP/specialist's details and practice number<br>• Admission date<br>• Diagnosis<br>• ICD 10 code(s)<br>• Tariff code(s)/procedure(s) | • After-hours hospital admissions should be arranged with the Case Manager on call and all related documentation to be submitted to Case Management on the first working day after the hospital admission. | • Emergency admissions can be arranged telephonically between the referring GP/ specialist/ hospital and the responsible Case Manager, however the documentation still needs to be finalised afterwards. |

| Approved | Rejected |
|---|---|
| • Case Management evaluates the referring request with the assistance of the Medical Advisor and authorises the admission.<br>• Member receives an authorisation number via SMS or email or telephone.<br>• Hospital authorisation request/pre-admission documents need to be send or taken to the hospital before the admission date. This is to ensure preadmission documentation is completed and captured on the hospital system to ensure problem free admission.<br>• Member to supply the authorisation number to the hospital.<br>• Subject to clinical protocol approval. | • Case Management evaluates the referring request with the assistance of the Medical Advisor and rejects the hospital admission.<br>• Member receives notification via SMS or email or telephone; stating the reason why authorisation request was declined.<br>• Member can contact Case Management and Platinum Health facilities at their sites with regards to follow-up enquiries. |

## Admission to non-DSP Hospitals (continue)

### Submit the hospital authorisation request to Case Management via any of the following channels:

Tel: 014 590 1700 or 080 000 6942 OR
Email: HospitalConfirmations@platinumhealth.co.za (hospital pre-authorisation and authorisation) OR
Platinum Health facilities OR
Platinum Health website (www.platinumhealth.co.za) Click on the "Request authorisation function"
WhatsApp: 080 000 6942 (request authorisation)

## Important notes on payment of accounts (hospitalisation)

| PlatComprehensive/PlatCap | PlatFreedom |
|---|---|
| • Platinum Health will pay providers according to Scheme tariffs. Co-payment and administration levies are the responsibility of the patient.<br>• Members who do not honour appointments will be held liable for the cost of the appointment. Therefore, it is important for members to inform Case Management of appointment date changes, in order for them to update the authorisation on the system.<br>• If no authorisation was obtained from the Scheme Platinum Health will not pay for specialist consultations, even if the member has paid cash for the consultation. Authorisation is needed for each follow-up consultation with a specialist. (Authorisation will be valid for only the date of treatment/consultation.) If the date of the specialist appointment changes after authorisation number has been issued, please inform Case Mangagement of date change so that it can be amended on the system to ensure that accounts are not rejected as a result of incorrect consultation date.<br>• In order for diagnostic tests, procedures, admissions or other interventions to be approved, a general practitioner (GP) referral and specialist consultation authorisation needs to be obtained prior to admission.<br>• New authorisation number has to be obtained from Case Management for follow-up visit with specialist after the patient is discharged from hospital. | • Platinum Health will pay providers according to the lower of cost or Scheme rate.<br>• Co-payments and administration levies are the responsibility of the patient.<br>• Members who do not honour appointments will be held liable for the cost of the appointment.<br>• Although PlatFreedom members do not need authorisation to consult a specialist, members should note there is a limit for GP/specialist consultations.<br>• In order for diagnostic tests, procedures, admissions or other interventions to be approved, a referral from your medical practitioner must be provided to Case Management. |

## 7.7 In case of an emergency

In case of a life-threatening emergency, members and dependants may go to the nearest medical facility. Platinum Health is contracted to Europ Assistance, providing members access to an accredited, independent network of roughly 5,000 emergency medical personnel ready to respond to all levels of medical emergencies, anywhere in South Africa.

**Europ Assistance's Emergency Medical Response Service (EMS) is available 24/7/365** and is manned by medical professionals. In the event of a medical emergency, trained paramedics will assess each situation and dispatch the most appropriate medical emergency transportation via air or by road. By dialling **0861 746 548** from any cellular phone or landline, you have access to the largest national network of emergency service providers.

If possible, handle all emergencies through **Platinum Health Case Management, 082 800 8727.**

However, in some cases it may be necessary to call **Europ Assistance on 0861 746 548** directly, or someone else might call it on your behalf when you are unable to do so. As is the case for all hospital admissions, authorisation is also required.

The Medical Schemes Act defines an emergency condition as follows:
"Emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment of bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy."

**Out of airtime and need emergency assistance?**
**Send a "please cal me" to *130*3272*127# and Europ Assist will call you back!**

Please obtain authorisation (at the latest) on the first working day following the emergency. Members or dependants who have difficulty obtaining services should call **Case Management at 082 800 8727** (printed on Platinum Health membership cards and license disk holders); which is attended to at all times, including after-hours and on weekends.

### Examples of medical emergencies:

YES


Person lying on stretcher


Heart attack


Car crash

### Examples of what are NOT medical emergencies:

NO


Doctors appointment


Minor ailments e.g. sprained ankle or stomach ache


Booked theater cases

## 7.8 What to do in case of an emergency

STEP 1 - In the unfortunate event that you do require emergency medical assistance or transport, the following steps should be taken to ensure prompt support:

europ assistance
you live we care

# CALL Europ Assistance
# 0861 746 548

STEP 2 - Give your Platinum Health membership number to the Europ Assistance Operator.

STEP 3 - Trained paramedics will assess the situation and dispatch the most appropriate medical emergency transportation to you.

STEP 4 - A push notification link is sent to you (the member) via SMS and once activated, your geolocation will be recorded on the Europ Assistance system.

STEP 5 - You can view the geolocation of the ambulance on your mobile phone.

STEP 6 - Europ Assistance's specialist team will be with you every step of the way!

# 7.9 Specialist referrals and authorisations

PlatComprehensive/PlatCap members need to obtain authorisation from Case Managegment prior to consulting specialists.

PlatFreedom members don't need authorisation to visit specialists', however members still need to obtain authorisation from Case Management for in-and-out of hospital procedures and medical admissions, specialised radiological investigations such as MRI, CT and PET scans and managed care programmes such as maternity, oncology, renal dialysis etc.

## Specialist referrals process for PlatComprehensive and PlatCap members:

## First Visit

### STEP 1 - General Practitioner (GP) issues a request for referral

Member has to visit GP with a specific condition or problem. The GP will refer member to a specialist.
The GP issues a request for referral and gives it to the member. PlatComprehensive/Platcap members should use this request to obtain authorisation for the visit from Case Management.

The referral request from the GP should contain the following detail:

- The patient' name, date of birth, Medical Scheme number, contact details
- The specialist's details and practice number
- A detailed clinical referral letter (as well as whether or not the visit is related to an MVA or an IOD.
- The referring GP's details and practice number

### STEP 2 - Submit the referral letter to Case Management via any of the following channels:

Tel: 014 590 1700 or 080 000 6942 OR
Platinum Health facilities OR
Email: plathealth@platinumhealth.co.za (specialist authorisation)
WhatsApp: 080 000 6942 (request authorisation)

**Authorisation will be valid for only the date of treatment.**

| If a specialist referral is approved or rejected | |
|---|---|
| **Approved** | **Rejected** |
| • Case Management evaluates the request with the assistance of the Medical Advisor.<br>• Member receives an authorisation number via SMS, email, telephone or from Platinum Health facility.<br>• Copy of referral letter, X-rays, blood results and all related documentation to be taken with to the specialist.<br>• Member to give authorisation number to specialist. | • Case Management evaluates the referring request with the assistance of the Medical Advisor and rejects referral.<br>• Member's authorisation is rejected, the member will receive notification via SMS, email, telephone or from Platinum Health facility; stating the reason why authorisation request was declined.<br>• Member can contact Case Management and Platinum Health facilities at their sites with regards to follow-up enquiries. |

## Members need to follow the same procedure for consultations with Paediatricians and Gynaecologists.

## Specialist referrals (continue)

Follow-up visits with specialists follow the same procedure as first visits, except that the specialist will request the follow-up visit.

## Follow-up Visits

### STEP 1 - In addition:

- Specialists will be required to write a feedback report to the referring GP to ensure that he/she has clarity on the condition/treatment of his/her patients.
- The letter requesting the follow-up visit should contain the following details:
  - The reason for the follow-up visit or frequency of visits, with a full clinical report on diagnosis and treatment, required from treating specialist.
  - The patient's:
    - Name
    - Date of birth
    - Medical Scheme number
    - Contact details
- A copy of the required documentation should be submitted to Case Management for approval prior to the follow-up visit.
- Case Management will capture the motivation/diagnosis and issue a follow-up authorisation number to the patient. This number is valid for only the date of treatment.
- Continuation of care e.g., continue consulting specialist or primary care.

Follow-up visits to specialists after hospitalisation/surgery have to be authorised by Case Management.

- On discharge, the specialist will inform the member when follow-up visits are required.
- This is usually two or six weeks after discharge.
- Contact Case Management with this information for approval and an authorisation number.

### STEP 2 - Submit the referral letter to Case Management via:

Tel: 014 590 1700 or 080 000 6942 OR
Email: plathealth@platinumhealth.co.za (specialist authorisation)
Platinum Health facilities OR
WhatsApp: 080 000 6942 (request authorisation)
Website: www.platinumhealth.co.za

| If a specialist referral is approved or rejected | |
|---|---|
| **Approved** | **Rejected** |
| • Case Management evaluates the request with the assistance of the Medical Advisor.<br>• Member receives an authorisation number via SMS, email, telephone or from Platinum Health facility.<br>• Copy of referral letter, X-rays, blood results and all related documentation to be taken with to the specialist.<br>• Member to give authorisation number to specialist. | • Case Management evaluates the referring request with the assistance of the Medical Advisor and rejects referral.<br>• Member's authorisation is rejected, the member will receive notification via SMS, email, telephone or from Platinum Health facility; stating the reason why authorisation request was declined.<br>• Member can contact Case Management and Platinum Health facilities at their sites with regards to follow-up enquiries. |

## 7.10 Maternity Programme

Platinum Health offers a comprehensive ante-natal service for pregnant members and beneficiaries. This includes visits to GP's and gynaecologists; and ultrasound scans with pre-authorisation. Registration on the Maternity Programme is required for members to enjoy comprehensive benefits.

| Option guide maternity benefit | | | |
|---|---|---|---|
| | PlatComprehensive | PlatCap | PlatFreedom |
| Antenatal consultations | • Referral letter from GP/Specialist required to see Gynaecologist.<br>• Authorisation required from Case Management prior to each visit.<br>• Consultations as per maternity programme protocol. | • Subject to Specialist consultations benefit limit:<br>3 visits or R4 378 PB up to 5 visits or R6 350/family at DSP specialists.<br>• Authorisation required from Case Management for each visit. | • Subject to Maternity benefit limit of R10 830 PMF.<br>• NO authorisation required. |
| Pregnancy scans | • 3 sonars per event/pregnancy.<br>• Authorisation required from Case Management prior to scans.<br>• Motivation letter from Obstetrician required for high-risk pregnancies.<br>• Ultrasound scans are performed three times: at 12 and 22 weeks, and between 23 and 40 weeks.<br>• Other sonars will be for the member's own account, if no complication is registered. | • 3 sonars per event/pregnancy.<br>• Authorisation requried from Case Management prior to scan.<br>• Motivational letter from Obstetrician required for high-risk pregnancies.<br>• Ultrasound scans are performed three times: at 12 and 22 weeks, and between 23 and 40 weeks.<br>• Other sonars will be for the member's own account, if no complication is registered. | • Two 2D scans per family for the year.<br>• Subject to Maternity benefit limit of R10 830 PMF.<br>• 3D & 4D scans paid up to the rate of a 2D scan only. |
| Amniocentesis | • 100% of Scheme tariff<br>• Nipt test not covered. | • 100% of Scheme tariff | • 1 per family for the year.<br>• Subject to the Amniocentesis limit of R10 900 per member family.<br>• 1 per family for the year. |
| Blood tests | • Lancet to be used. | • Lancet to be used. | • Lancet to be used. Paid from the Maternity Benefit limit of R10 830 per family. |
| Antenatal classes | • Not covered. | • Not covered. | • Not covered. |
| Supplements | • As per Option formulary. | • As per Option formulary. | • As per Option formulary. |
| Normal vaginal deliveries | • A stay of 2 days at DSP hospital.<br>• Authorisation required from Case Management prior to hospital admission. | • A stay of 2 days at DSP hospital only. No cover for non-DSP hospitals.<br>• Authorisation required from Case<br>• Management prior to hospital admission. | • A stay of 2 days at hospital of choice.<br>• Authorisation required from Case<br>• Management prior to hospital admission. |
| Caesarean section | • A stay of 3 days at DSP hospital.<br>• Authorisation required from Case Management prior to hospital admission. | • A stay of 3 days at DSP hospital only. No cover for non-DSP hospitals.<br>• Authorisation required from Case Management prior to hospital admission. | • A stay of 3 days in hospital of choice.<br>• Authorisation required from Case Management prior to hospital admission. |
| Childhood Immunisation | • Limited to PH Child Immunisation Schedule. | • Limited to PH Child Immunisation Schedule. | • According to the Department of Health protocols (excludes consultation cost.)<br>• Members may obtain services at pharmacies such as Clicks or Dischem. |

# 7.11 Child Immunisations Schedule

| Age of child | Vaccines needed | How and where it is given |
|---|---|---|
| At birth | BCG | Right arm |
| 6 weeks | RV (1) | Liquid by mouth |
| | PCV (1) | Intramuscular Right thigh |
| | Hexavalent (DTaP-IPV-Hib-HBV (1) | Intramuscular Left thigh |
| 10 weeks | Hexavalent (DTaP-IPV-Hib-HBV) (2) | Intramuscular Left thigh |
| 14 weeks | Rotavirus (2) | Oral |
| | PCV (2) | Intramuscular Right thigh |
| | Hexavalent (DTaP-IPV-Hib-HBV) (3) | Intramuscular Left thigh |
| 6 months | Measles | Subcutaneous Left thigh |
| 9 months | PCV (3) | Intramuscular Right thigh |
| 12 months | MMR | Subcutaneous Right arm |
| 18 months | Hexavalent (DTaP-IPV-Hib-HBV) (4) | Intramuscular Left arm |
| 6 years | DTaP-IPV | Intramuscular Left arm |
| 6 years | MMR | Subcutaneous Right arm |
| 12 years | TDaP-IPV | Intramuscular Left arm |
| Additional Vaccinations | | |
| Boys and Girls - 9 years and older | HPV (1) | Intramuscular Non-dominant arm |
| | HPV (2) | |

## How will my child benefit from getting the MMR vaccine?

Your child will benefit from the MMR vaccine because it will provide them with long-term protection against measles, mumps and rubella.

## What's the benefits of getting a dose of Tdap whilst I am pregnant?

- We advise that you get a dose of Tdap between 27 and 36 weeks of pregnancy, although Tdap may be given at any time during your pregnancy.
- Tdap will protect you from getting tetanus, diphtheria, and pertussis (which is also known as whooping cough).
- A dose of Tdap will increase your maternal antibody response and ensure that your antibodies are transferred to your infant.

## Why it's important for your child to get the HPV vaccine if they're 9 years or older!

- We want to protect your child from getting diseases and therefore we offer the human papillomavirus vaccines (HPV) vaccine to both boys and girls who are 9 years and older.
- This will protect them from getting cervical cancer, anogenital warts, oropharyngeal cancers and precancers.

If you have any questions, talk to a healthcare provider for guidance.

## Abbreviations:

| | |
|---|---|
| BCG | Bacilles Calmette Guerin |
| RV | Rotavirus |
| DTaP-IPV-Hib-HBV | Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Vaccine and Haemophilus Influenzae Type B and Hepatitis B Combined |
| MMR | Measles, Mumps, Rubella |
| PCV | Pneumococcal Conjugated Vaccine |
| TD | Tetanus and reduced strength of Diphtheria Vaccine |
| DTaP-IPV | Diphteria, Tetanus, Pertussis, Polio |
| TDaP-IPV | Tetanus, Diphteria, Pertussis, Polio |
| HPV | Human papillomavirus vaccines |

# How does the Maternity Programme work?

## STEP 1 - First Visit

Visit GP to confirm pregnancy. Ante-natal screening to be done and if required patient will be referred to specialist.

## STEP 2 - First visit with Gynaecologist

- A referral letter from GP/specialist is required to see Gynaecologist.
- The referral letter and antenatal laboratory results need to be sent to Case Management for approval and appointment.

## STEP 3 - Submit the referral letter to Case Management via:

Tel: 014 590 1700 or 080 000 6942 OR
Email: plathealth@platinumhealth.co.za (specialist authorisation) OR
WhatsApp: 080 000 6942 (request authorisation)
Platinum Health facilities OR
Website: www.platinumhealth.co.za

**Authorisation will be valid for only the date of treatment.**


Register on the Maternity Programme and you'll receive a free maternity gift after giving birth.

## If a specialist referral is approved or rejected

| Approved | Rejected |
|---|---|
| • Case Management evaluates the request with the assistance of the Medical Advisor.<br>• Member receives an authorisation number via SMS, email, telephone or from Platinum Health facility.<br>• Copy of referral letter, X-rays, blood results and all related documentation to be taken with to the specialist.<br>• Member to give authorisation number to specialist. | • Case Management evaluates the referring request with the assistance of the Medical Advisor and rejects referral.<br>• If a member's authorisation is rejected, the member will receive notification via SMS, email, telephone or from Platinum Health facility; stating the reason why authorisation request was declined.<br>• Member can contact Case Management and Platinum Health facilities at their sites with regards to follow-up enquiries. |

Members need to follow the same procedure for consultations with Paediatricians and Gynaecologists.

Register on the Maternity Programme by completing and submitting the relevant Maternity Programme documentation to Case Management via email, or hand in at a Platinum Health facility.

# Maternity Programme follow-up visits

## STEP 1

Routine specialist consultations are performed between weeks 10 and 12, and 20 and 22 gestation. From approximately week 32, the checkups will be done every two weeks, and from 36 weeks onwards, every week until delivery. If there is a need for more visits during pregnancy due to previous or present pregnancy complications, a clinical motivation letter is needed from the GP or treating specialist.

- Pregnant HIV positive ladies should receive counselling and start on a treatment regime to prevent mother-to-child transmission.

## STEP 2

Member to book a bed at a hospital approved by the Scheme. Platinum Health will fund a normal maternity bed as part of the delivery. The member can ask for a private room but will have to pay the difference between the maternity room and the private room. Hospital benefit is applicable per option.

## STEP 3

Pre-authorisation for bed-booking is issued by Case Management via SMS, email, telephone or Platinum Health facility.
**Authorisation will be valid for only the date of treatment.**

## STEP 4

Delivery

## STEP 5

Register your new-born baby within 30 days from date of birth. The new-born should be registered at your Employee Services Processing Walk-in centres or HR/EB offices or at the respective Platinum Health Client Liaison offices.

The 6-weekly post-normal delivery or post C-section may not be claimed separately by the specialist.


# 7.12 Maternity - frequently asked questions (FAQs)

**Q If I find out I am pregnant, do I need to inform Platinum Health Medical Scheme?**
**A** When a member discovers that she is pregnant, she should register at Case Management on the Platinum Health Maternity Programme after consulting with a GP.

**Q Can a Medical Scheme impose a condition-specific waiting period on pregnancy?**
**A** If the principal member does not register his/her spouse on the Medical Scheme and she becomes pregnant; and he/she then wants to register her on the Scheme, the Scheme will not cover the pregnancy. However, the baby can be registered on the Scheme if he/she is registered within 30 days from date of birth.

**Q What is an ultrasound scan?**
**A** An ultrasound scan, also referred to as a sonogram, diagnostic sonography, and ultrasonography, is a device that uses high frequency sound waves to create an image of some part of the inside of the body, such as the stomach, liver, heart, tendons, muscles, joints and blood vessels. Experts say that as sound waves, rather than radiation are used, ultrasound scans are safe. Obstetric sonography is frequently used to check the baby in the womb.

**Q Do I need to get authorisation for my new-born's follow-up visits with the Paediatrician, after delivery?**
**A** Yes, a Paediatrician is a specialist and therefore an authorisation number should be obtained, prior to the 6-weekly follow-up visit. After the 6-week visit, the baby will have to be referred by a GP again and a separate authorisation number is needed for each visit with the Paediatrician. Please note: If the baby was seen by the Paediatrician while still in hospital, a different authorisation number will be required for the baby than that of the mother. Refer to page 78 for Case Management contact details.

# 7.13 Other management programmes for registration

## Road Accident Fund (RAF) Programme

Platinum Health Rules provide that the expenses for which a third-party is liable are excluded from benefits. It does, however, allow the Scheme to provide benefits until the third-party's liability has been established, at which stage the expense will be recouped from the third-party. It is in the member's interest to assist the attorney appointed by Platinum Health in lodging a third-party claim.

In the event of a motor vehicle accident involving a member and/or dependant within the borders of South Africa resulting in injuries and medical costs being paid by the Scheme, a member or dependant shall:

- be obliged to take all reasonable steps to recover the medical costs incurred by the Scheme from the Road Accident Fund;
- be obliged to take all reasonable steps to recover future and subsequent medical costs incurred after date of finalisation of the third-party claim from the Road Accident Fund, in terms of an Undertaking issued by the RAF to a member or dependant relating to future medical costs;
- be obliged to provide the Scheme's attorneys with an Undertaking in terms whereof the member's attorney shall be obliged to make payment to the Scheme's attorneys of the medical expenses recovered from the Road Accident Fund, free of deduction of legal costs of the member's attorney, within 7 days upon receipt thereof irrespective whether payment is made by way of an interim payment or final payment; or
- be obliged to reimburse the Scheme the medical costs recovered from the Road Accident Fund, within 7 days upon receipt thereof irrespective whether payment is made by way of an interim payment or final payment.

The Scheme shall be entitled to terminate a member's membership or that of his/her dependants in the event that the provision of these rules are breached.

## Oxygen Management Programme

Platinum Health has developed a programme to ensure that all patients who need oxygen at home are appropriately taken care of.

When prescribed by a specialist, home oxygen will be provided by our designated service provider.

Oxygen will assist in making our patients' lives more comfortable and manageable.

## Cancer and Oncology Programme

The Cancer and Oncology Programme is available to members on all Scheme options. All cancer-related expenses are paid at Scheme tariffs and are subject to Scheme benefits. All members must register on the Cancer and Oncology Programme, through Case Management, as soon as a cancer diagnosis has been made. Members must forward a clinical summary of their cancer, as set out by their treating doctor, to register on the programme. This must contain the history, ICD 10 codes, the clinical findings of the doctor, as well as the test results confirming the cancer and the specific type of cancer.

Applications for chemotherapy and radiotherapy are assessed in accordance with recognised treatment protocols. All drug therapies used for the side-effects of chemotherapy and pain relief also need to be pre-authorised.

## Kidney Disease Management Programme

Platinum Health proactively manages renal dialysis and kidney transplants through its Kidney Disease Management Programme. This ensures that correct renal treatment protocols are adhered to and that members get the most effective care. Should kidney failure occur, members should ensure that the specialist contacts Platinum Health Case Management to pre-authorise a treatment plan. Members who require chronic dialysis for end-stage renal disease can register on the Dialysis Programme.

Depending on clinical and other parameters, the Scheme will consider funding for peritoneal or haemodialysis. Certain medicines that are used in end-stage renal disease are only covered when the Scheme funding guidelines are met. Platinum Health has appointed Designated Service Providers (DSPs) for renal dialysis services for its members on all benefit options. Only members registered on the Dialysis Programme qualify for benefits. In order to be registered on the programme, patients must obtain a clinical summary of their condition as set out by their treating doctor. This must contain the history, ICD 10 codes and clinical findings of the doctor, as well as the test results and details on any associated disease, e.g. diabetes.

## HIV Management Programme

The Platinum Health HIV/TB Management Programme is closely integrated and interactive with employer-driven HIV/TB programmes. HIV remains a major global public health issue, having claimed an estimated 42.3 million lives to date. By damaging your immune system (CD4 cells), the HIV infection interferes with your body's ability to fight organisms that cause diseases. There is no cure for HIV infection. However, with access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, like TB, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives.

The HIV virus can be transmitted sexually, spread by contact with infected blood or from mother-to-child during pregnancy, childbirth or through breast milk. Knowing your HIV status and enrolling on HIV medicine (ARVs) soon after HIV is detected, can prevent Advanced HIV Disease (AHD) or AIDS (Acquired Immunodeficiency Disease Syndrome).Taking your ARV's as prescribed everyday will get the HIV levels to be low in your blood (UNDETECTABLE VIRAL LOAD), making the HIV to be UNTRANSMITTABLE to your sexual partner or unborn child.

**To qualify for benefits, a member or dependant must register on the HIV Management Programme.**

A new member already on ARVs must forward a clinical summary to Platinum Health that has been obtained from the treating doctor. This summary must contain the relevant history pertaining to the patient's clinical state, treatment regimen, TB prevention therapy or treatment, or any HIV related complications encountered. The latest blood results, including CD4 count and HIV viral load or any additional investigation results that have a bearing on the clinical picture, or the impact the disease has on the patient, must be forwarded to Platinum Health. The programme also makes provision for screening, testing and treatment for HIV related diseases, blood tests to follow the course of the disease and to monitor for treatment side effect profile, response and clinical care. The treatment programme covered by the Scheme is based on Platinum Health Group's HIV and TB Standard of Care, guided by the latest National Department of Health guidelines. The treatment of choice and scheduled time for follow up depends on the clinical parameters of each individual. The HIV/TB Management Programme also has preventative programmes for Prevention of Mother–to–Child transmission (PMTCT) in pregnancy, treatment for pre-exposure and post-exposure prophylaxis. Details can be obtained by contacting Platinum Health and speaking to Platinum Health's healthcare providers.

# 8. Access to Medicine

Platinum Health will accept 100% liability of the Scheme tariff as long as dispensing of medicine takes place according to the Platinum Health formularies and protocols. PlatComprehensive and PlatCap members are obliged to utilise DSP pharmacies for medication to avoid additional charges. Admin fees, levies and surcharges charged by non-DSP pharmacies will not be covered by Platinum Health and are for the member's own account. PlatFreedom members may utilise their Pharmacies of Choice. The Platinum Health formularies (medicine list) are well-researched and established formularies based on world best practice medicine.

## 8.1 Platinum Health-Owned Pharmacies

Platinum Health has in-house pharmacies available at many of its facilities, which ensures that members have easy access to obtaining medicine.

**Platinum Pharmacy situated at the Platinum Health Medical Centre, Rustenburg**
***The Chronic Medication Department is situated at the Platinum Pharmacy.***
Tel: 014 590 1700
Fax Chronic prescriptions to 086 577 0274
Email orders, applications and general enquiries to: phscript@platinumhealth.co.za

**Palladium Pharmacy situated at Brits Medical Centre**
Tel: 012 133 0181

**Union Pharmacy situated at Union Hospital**
Tel: 010 133 1732

**Chromite Pharmacy situated at Amandelbult Hospital**
Tel: 087 463 0607

**Norplats Pharmacy situated at Northam Medical Station**
Tel: 014 784 3157

**Bosveld Pharmacy, situated at the Platinum Health Medical Centre, Thabazimbi**
Tel: 014 133 0110 or 014 133 0108

**Iridium Pharmacy situated at the Platinum Health Medical Centre, Burgersfort**
Tel: 087 463 0408/0409

**For more information visit the Platinum Health website: www.platinumhealth.co.za**

## 8.2 The formulary

A formulary is a list of safe and effective medicines, including both generic and brand name products, which are being utilised to treat certain medical conditions. The formulary has been developed by a team consisting of pharmacists and physicians from various medical specialities (Pharmaceutical and Therapeutic Committee) and is being evaluated by them on a continuous basis. Medicines on the Platinum Health formulary are based on best practice medicine, availability and quality-in-healthcare principles. The formulary is updated whenever new evidence or information pertaining to medicine becomes available.

**Do formularies have any restrictions?**

Most medicine formularies have associated rules to limit and restrict certain medications. The following restrictions apply to the formulary:

- PlatComprehensive and PlatCap members who choose to use a non-formulary drugs will be liable for a 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; and
- If PlatComprehensive and PlatCap members elect 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.

**Platinum Health may allow exceptions if:**

- None of the drugs in a therapeutic class listed on the formulary have been proven effective in the treatment of a specific condition of an individual; or
- The relevant prescribed medication is unavailable.

## 8.3 Generic medicine

- Contains the same active ingredient,
- Has the same dosage strength,
- Are safe;
- Are equally effective, and
- Therefore interchangeable with an original brand name product.

Generic medicine is identified by either its own brand name or its internationally approved scientific name.

## 8.4 Acute medicine

Acute medicine is used to treat non-chronic conditions which implies that it is mostly for short-term use.

### OPTION GUIDE - ACUTE MEDICINE

| PlatComprehensive | PlatCap | PlatFreedom |
|---|---|---|
| • Unlimited<br>• 100% of Scheme formulary.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).<br>• Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.<br>• The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Scheme formulary.<br>• 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.<br>• 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.<br>• Admin fees or levies will not be covered. | • Unlimited<br>• 100% of Scheme tariff.<br>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).<br>• Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.<br>• The Scheme shall accept liability of 100% of the therapeutic reference price list as per the PlatCap option formulary.<br>• 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.<br>• 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.<br>• Admin fees or levies will not be covered. | • Acute Medicine limit:<br>M+0: R6 889<br>M+1: R11 965<br>M+2: R15 952<br>M3+: R18 490<br>• Including malaria prophylactics<br>• 100% of the approved price.<br>• Refer to general Scheme exclusions. |

## 8.5 Pharmacist advised therapy (PAT) medicine

Pharmacists are allowed by law to prescribe certain classes of medicine for minor and non-serious diseases i.e. the flu, diarrhea and headaches. The medicine that can be prescribed is restricted to schedule 0 up to schedule 2 medicine and is for a limited treatment period. PlatComprehensive and PlatCap members can obtain PAT medicine from any of the in-house or designated service provider (DSP) pharmacies. PlatFreedom members can obtain PAT medicine from their Pharmacy of Choice.

| OPTION GUIDE - PAT/OTC MEDICINE | | |
|---|---|---|
| PlatComprehensive | PlatCap | PlatFreedom |
| • R401 per beneficiary, subject to a limit of R1 083 per member family.<br>• 100% of Scheme formulary.<br>• Subject to Platinum Health network pharmacy and R194 per event. | • R368 per beneficiary per annum, R724 PMF<br>• 100% of Scheme tariff<br>• Subject to PlatCap option formulary and R164 per event. | • R2 055 for a family; maximum R509 per script.<br>• Included in the Acute Medicine limit.<br>• 100% of the approved price.<br>• Refer to general Scheme exclusions. |

## 8.6 Chronic medicine

Chronic medication is used to treat long-term and/or recurring conditions.

### Obtaining chronic medication

**PlatComprehensive, PlatCap and PlatFreedom members who choose to obtain chronic medication from the Chronic Medication Department of Platinum Health, should follow these four easy steps to ensure timeous delivery of their medication:**

### STEP 1

Register for chronic medication approval if you are a first-time chronic medication user by requesting your doctor to complete a Chronic Illness Benefit Application form. The forms are available from the Client Liaison Officers on site during scheduled visits, or it can be downloaded from the Platinum Health website (www.platinumhealth.co.za). A separate application form is required for each family member who requires chronic medication.

### STEP 2

Both the chronic illness forms (application and delivery), along with supporting documentation and a six-month prescription has to be forwarded to the Chronic Medication Department. Platinum Health staff on site at Platinum Health facilities can assist members with submitting application forms to the Chronic Medication Department.

### STEP 3

The completed application form and supporting documentation has to be submitted to the Chronic Medication Department via any of the following channels:

Tel no: 014 590 1700
Email: phscript@platinumhealth.co.za
Fax: 086 577 0274 or 014 590 1752

### STEP 4

The Chronic Medication Department contacts the patient to confirm the details and arrange delivery. A courier service is available for the delivery of chronic medication to members who qualify for delivery. Members can request chronic medication to be delivered to their home, the Platinum Health Medical Facility for collection, or any other location convenient to them. Generally, three months' supply is issued.

IMPORTANT TO REMEMBER:
Once registered, please place follow-up medication orders at least seven working days before the current batch runs out. Orders can be placed telephonically, by email or fax, and full member and contact details must be included in all correspondence.

# Chronic medicine (continue)

**PlatFreedom members who choose to obtain chronic medication from their Pharmacy of Choice, should follow these steps:**

## STEP 1

Register for chronic medication approval if you are a first-time chronic medication user by requesting your doctor to complete a Chronic Illness Benefit Application form. The forms are available from the Client Liaison Officers on site during scheduled visits; or it can be downloaded from the Platinum Health website (www.platinumhealth.co.za). A separate application form is required for each family member who requires chronic medication.

## STEP 2

The completed application form and supporting documentation has to be submitted to the Chronic Medication Department via any of the following channels:

Tel no: 014 590 1700
Email: phscript@platinumhealth.co.za
Fax: 086 577 0274 or 014 590 1752

Upon receiving the completed Chronic Illness Benefit Application form, authorisation will be loaded on the system and the Pharmacy of Choice will be able to supply the medication to the member and submit the claim for payment to the Scheme.

**Please note:**

- Members have to arrange collection/delivery of medication with their Pharmacy of Choice.
- Members have to place follow-up prescriptions with their Pharmacy of Choice.

## OPTION GUIDE - CHRONIC MEDICINE

| PlatComprehensive | PlatCap | PlatFreedom |
|---|---|---|
| • 27 Chronic Disease List conditions and 54 additional CDL conditions<br>• 100% of Scheme formulary.<br>• Unlimited for CDL conditions and additional chronic disease list<br>• In all instances, chronic medication must be obtained from the Scheme's DSPs.<br>• Platinum Health will accept liability for 100% of the therapeutic reference price list as per the formulary.<br>• 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.<br>• 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.<br>• Subject to member registration on the Chronic Medication Programme. | • 27 Chronic Disease List conditions only.<br>• Unlimited for CDL conditions.<br>• 100% of PlatCap formulary.<br>• In all instances chronic medication shall be obtained from the Scheme's DSP.<br>• Only CDLs covered and PMBs unlimited as per Chronic Disease Reference Price List (CDRPL).<br>• The Scheme shall accept liability of 100% of Therapeutic Reference Price List as per the formulary.<br>• 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.<br>• 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 and levies will not be covered.<br>• Subject to member registration on the Chronic Medication Programme. | • 27 Chronic Disease List conditions.<br>• Chronic Disease List conditions up to 100% of Scheme rate for approved chronic medicine on the medicine list.<br>• Subject to Overall Annual Limit (OAL).<br>• Up to 80% of Maximum Medical Aid Price (MMAP) for approved chronic medicine not on the medicine list.<br>• Additional Disease List conditions up to 100% of MMAP for approved chronic medicine.<br>• Subject to registration on the Chronic Medication Programme.<br>• Authorisation required.<br>• Refer to general Scheme exclusions. |

# 8.7 Prescribed minimum benefits (PMBs)

PMBs are a set of minimum benefits which, by law, must be provided to all members by their Medical Schemes. PMBs must be provided regardless of the benefit option that a member has elected. The Medical Scheme must pay for the costs of diagnostic tests, treatment and ongoing care.

### Requirements you must meet to benefit from PMBs

There are certain requirements before you can benefit from the Prescribed Minimum Benefits. The requirements are:

- The condition must be on the list of defined PMB conditions.
- The treatment needed must match the treatments in the defined benefits on the PMB list.

### Application for Prescribed Minimum Benefits (PMBs) cover

PMBs are subject to authorisation and registration on the Chronic Disease Management Programme before PMB benefits can be confirmed.

### How healthcare professionals ensure payment of claims for PMBs

To ensure that claims are correctly processed, the hospital, healthcare professional and pharmacist must use specific codes (ICD-10 codes) on the account to indicate that the treatment was for a condition qualifying for Prescribed Minimum Benefits.

### What are CDL PMBs?

The Council for Medical Schemes (CMS) has compiled a list of conditions, known as the Chronic Disease List (CDL), for which appropriate medicines and other treatments have been specified. Medical Schemes must cover the costs of the specified treatment of CDL conditions from PMB benefits. The Medical Scheme may make use of clinical protocols, medicine formularies and designated service providers to manage PMB conditions. There are 27 PMBs as per the Chronic Disease List, including applicable chronic diagnosis and treatment pairs (DTP's) as indicated in regulation 29(1)(0) of the Medical Schemes Act.

### The following CDL conditions are covered across all Platinum Health options, 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

### What are non-CDL PMBs?

A specified list of emergencies and 270 other specified conditions (besides the conditions on the CDL), for which Medical Schemes must cover the costs of the diagnosis and treatment from PMB benefits. More details about PMBs can be found on the CMS website at www.medicalSchemes.com/medical_Schemes_pmb/index.html.

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

## PlatComprehensive

In addition to the 27 PMB conditions, PlatComprehensive covers the following 53 diseases, including applicable chronic DTPs as indicated in regulation 29.(1)(0) of the Medical Schemes Act.

1. Acne
2. Attention deficit and hyperactivity disorder (ADHD)
3. Allergy management
4. Alzheimer's disease
5. Anaemias
6. Ankylosing spondylitis
7. Generalised anxiety disorder (GAD)
8. Benign prostatic hypertrophy
9. Cardiac dysrhythmias
10. Cerebral palsy
11. Chronic bronchitis
12. Chronic liver disease
13. Clotting disorders
14. Cystic fibrosis
15. Deep vein thrombosis
16. Dermatitis – other
17. Endocarditis
18. Gastro-oesophageal reflux disease (GORD)
19. Gout
20. LBS/diverticular disease
21. Major depression
22. Meniere's disease
23. Menopause
24. Migraine
25. Motor neuron disease
26. Muscular dystrophy and other inherited myopathies
27. Narcolepsy
28. Neuropathies (mono and poly)
29. Obsessive compulsive disorder
30. Osteoarthritis
31. Osteoporosis
32. Paget's disease
33. Pancreatic disease
34. Plegia – hemi, para, quad
35. Parathyroid disorders
36. Peptic ulcer
37. Pituitary gland disorders
38. Peripheral vascular disease
39. Polycystic ovarian syndrome
40. Post-traumatic stress disorder
41. Prolactinoma
42. Psoriasis
43. Restless leg syndrome
44. Schizoaffective disorders
45. Scleroderma
46. Stroke
47. Thyrotoxicosis (hyperthyroidism)
48. Tourette's syndrome
49. Trigeminal neuralgia
50. Tuberculosis
51. Urinary incontinence
52. Valvular heart disease
53. Vascular dementia

## PlatFreedom

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

# 9. Mental Health

## 9.1 What is Mental Health?

Mental health refers to our cognitive, behavioural and emotional wellbeing - it is all about how we think, feel, and behave. Mental health can affect daily life, relationships and even physical health.

Mental health also includes a person's ability to enjoy life - to attain a balance between life activities and efforts to achieve psychological resilience. It also helps determine how we handle stress, relate to others and make choices. Mental health is important at every stage of life, from childhood and adolescence through to adulthood. Over the course of your life, if you experience mental health problems; your thinking, mood, and behaviour could be affected. Early diagnosis is essential and the treatment of a mental disorder can lead to rapid recovery and substantially reduce the economic and personal costs associated with the illness.

Mental Health Services (MHS) can assist with all kinds of problems, including work stress, family problems, trauma debriefing, adjustment problems, anxiety and depressed mood, substance abuse and grief and bereavement. Our main office is situated in Rustenburg at the Platinum Health Medical Centre, 175 Beyers Naudé Avenue and the contact number is (014) 590 1700. Members can make an appointment either directly, or via a GP. All mental health emergensies should seek immediate medical assistance either via their Primary Healthcare Clinic or ER.

Therapists are also available at most Platinum Health facilities and no referral or authorisation number is required to access the service. Contact MHS or your nearest Platinum Health facility, to establish where to access the services.

The Mental Health Department Social Workers is available to assist employees who qualify for the Employee Assistance Programme (EAP) and may access the services via self-referral or via the respective Human Resource Departments at the various business units.

The EAP Counselor line (010 133 0525) is available 24 hours per day, 7 days per week and all telephone calls are private and confidential.

**IMPORTANT NOTE**

**Mental health problems are common, but it is important to note, that help is available. We offer a completely confidential service to help you improve the quality of your life.**

# 9.2 Mental health - frequently asked questions (FAQs)

**Q What is considered a serious mental illness?**
**A** A serious mental illness could be defined as any mental illness that causes clinically significant distress or impairment in social, occupational or other important areas of functioning and can include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder. All mental disorders fall along a continuum of severity.

**Q What causes mental illness?**
**A** Although the exact cause of most mental illnesses is not known, it is becoming clear through research that many of these conditions are caused by a combination of biological, psychological and environmental factors.

**Q Is anyone immune to mental illness?**
**A** Mental illnesses can affect persons of any age, race, religion or income. They do not discriminate. Although mental illnesses can affect anyone, certain conditions such as eating disorders tend to occur more often in females and other disorders such as attention deficit/hyperactivity disorder more commonly occur in children.

**Q Can mental illness be prevented?**
**A** Most mental illnesses are caused by a combination of factors and cannot be prevented.

**Q Once someone has had a mental illness can they ever get better again?**
**A** Remember, most people with mental illnesses who are diagnosed and treated, will respond well and live productive lives. Many never have the same problem again, although some will experience a return of symptoms. The important thing is that there is a range of effective treatment for just about every mental disorder.

**Q How common is mental illness?**
**A** Mental illnesses are very common; in fact, they are more common than cancer, diabetes or heart disease.

**Q What are some of the warning signs of mental illness?**
**A** Symptoms of mental disorders vary depending on the type and severity of the condition. Some general symptoms that may suggest a mental disorder include:

- **In adults:**
  - Confused thinking.
  - Long-lasting sadness and irritability.
  - Extreme highs and lows in moods.
  - Excessive fear, worrying or anxiety.
  - Social withdrawal.
  - Abuse of drugs and/or alcohol.
  - Inability to cope with daily problems and activities.
  - Changes in sleeping and/or eating habits.
  - Excessive complaints of physical problems.
  - Long-lasting negative mood, often along with poor appetite and thoughts of death.
  - Intense fear of gaining weight.
  - Frequent outbursts of anger.

- **In younger children:**
  - Changes in school performance.
  - Poor grades despite strong efforts.
  - Excessive worrying or anxiety.
  - Hyperactivity.
  - Persistent nightmares.
  - Persistent disobedience and/or aggressive behaviour.
  - Frequent temper tantrums.
  - Defying authority, skipping school, stealing or damaging property.

**Q What should I do if I know someone who appears to have all of the symptoms of a serious mental disorder?**
**A** Although this information guide cannot be substituted for professional advice, we encourage those with symptoms to talk to their family members and friends. If you know someone who is having problems, don't just think that they will snap out of it. Let them know that you care about them and there are ways this can be treated. Notify a Platinum Health mental health professional, or consult with your GP. The more you or your friends realise how many people care about them, the more likely it will be that treatment will be sought.

# 9.2 Mental health - frequently asked questions (FAQs) (continued)

**Q What is the difference between mental health professionals?**

A **Psychiatrists –** a psychiatrist is a mental health professional who has been trained first as a medical practitioner but has then gone on to receive specialised training in mental disorders, including the more serious ones such as schizophrenia and severe depression. They are trained and licensed to use biomedical approaches such as medications. Psychiatrists, being physicians, can arrange hospital admissions (e.g. to a psychiatric ward) and carry out physical examinations and various other types of investigative procedures such as electroencephalographs (EEG's) and brain imaging procedure scans eg. Computer assisted tomography (CAT).

**Clinical Psychologists –** have studied psychology with the aim at understanding, treating and preventing mental problems and disorders. The educational path is a Bachelor Degree with emphasis on courses related to mental health, followed by an Honours and a Masters Degree specialising in clinical/counselling or educational psychology, which usually is two years in duration – one academic year and one year internship. A Masters Degree is the minimum standard for licensing (registration) to practice as a Clinical Psychologist.

**Social workers –** the education of social workers differs significantly from that of other mental health professionals, in that there is much greater emphasis on the role of social factors and interventions at the social level. Otherwise social workers receive similar education with regards to recognising and treating mental health problems. The standard for licensing can be either at the bachelor or the master level. Social workers are especially knowledgeable of what mental health services are available in the community and help empower their clients to obtain such services.

**Q What treatment options are available?**

A Just as there are different types of medications for physical illness, different treatment options are available for individuals with mental illness, depending on the specific illness. You can ask your mental health professional about the different treatment options available.

**Q What do I need to know about medications?**

A The best source of information regarding medications is the pharmacist dispensing them. He/she should be able to answer questions such as:

- What is the medication supposed to do and when should it begin to take effect?
- How is the medication taken and for how long?
- What food, drinks, other medicines and activities should be avoided while taking this medication?
- What are the side-effects and what should be done if they occur?
- What do I do if a dose is missed?
- Is there any written information available about this medication?
- Is there other medication that might be appropriate? If so, why do you prefer the one you have chosen?
- How do you monitor medications and what symptoms indicate that they should be raised, lowered, or changed?

- All medications should be taken as directed. Most medicine for mental illnesses does not work when taken irregularly and extra doses can cause severe, sometimes dangerous side-effects. Many psychiatric medications begin to have a beneficial effect only after they have been taken for several weeks.

**Q If a medication is prescribed to me and I begin to feel better after taking it, is it okay to stop taking it?**

A It is not uncommon for people to stop taking their medication when they feel their symptoms have become controlled. Others may choose to stop their medication because of side-effects. A person may not realise that most side-effects can be effectively managed. While it may seem reasonable to stop taking the medication, the problem is that at least 50% of the time, the symptoms come back. If you or your child are taking medication, it is very important that you work together with your doctor before making decisions about any changes in your treatment.

- Another problem with stopping medication, especially if you stop it abruptly, is that you may develop withdrawal symptoms that can be very unpleasant. If you and your doctor feel a trial off your medicine is a good idea, it is necessary to slowly decrease the dosage of medications so that these symptoms don't occur.
- It is important that your doctor and pharmacist work together to make sure your medications are working safely and effectively. You should talk with them about how you are doing and whenever there are side-effects that might make you want to stop your treatment.

# 10. Client Liaison

The central Client Liaison Department is based in Rustenburg and serves as a Walk-in Centre where members are assisted with enquires related to:

- Membership and membership certificates
- Benefits and contributions
- Claims
- Authorisations
- Tax certificates
- Any other service-related queries

Members also have the option to be assisted by the Call Centre either via telephone or email, Monday to Friday, from 08:00 – 16:00.

Telephone: 014 590 1700 or 080 000 6942 (toll free from any Telkom landline within the borders of South Africa)

Email: phclientliaison@platinumhealth.co.za

**IMPORTANT NOTE**

The key function of the Client Liaison Department is to ensure that members are kept informed regarding Scheme benefits, Scheme procedures and to assist members with Scheme related enquiries.

Members are also assisted by Client Liaison staff who visit participating employers to assist members on site. This sets Platinum Health apart from any other Medical Scheme in South Africa. Refer to page 79 for details of Client Liaison Officers.

Client Liaison staff log all enquiries on the Medical Scheme system for record purposes. When a call is logged, the member will receive an SMS with a call log number as confirmation of the enquiries being attended too. If the enquiry is not immediately resolvable, it remains open for staff to attend to until final feedback is provided and the enquiry is closed. Once an enquiry has been resolved, members will again receive feedback via SMS.

# 11. Blow the whistle on fraudulent activities

Fraud is escalating in the Medical Scheme environment and Platinum Health is vigilant in tracking trends and identifying potential fraud. Fraud committed in terms of the Medical Scheme has a direct impact on its members as it could lead to increased contributions due to the financial burden placed on the Scheme.

## Members can report fraud via any of the following channels:

### KPMG FairCall

Dial 0800 115 354 toll-free from any Telkom landline within the borders of South Africa, to report any fraudulent activities.

### Email

Hotline reports may be e-mailed to hotline@kpmg.co.za
Please contact the call centre for a reference number which must appear on the report.

### Web

Hotline reports may be submitted via the web by accessing the following URL or QR Code: www.thornhill.co.za/kpmgfaircallreport

KPMG FairCall is manned 24-hours a day.
You may remain anonymous.
Provide full detail in respect of the fraudulent, corrupt or unethical practice to the call operator.

- Such details may include:
  - Who is involved or doing what?
  - What has happened?
  - How is it done and how often is it done?
  - When was the incident observed, dates and times?
  - Value involved – estimated monetary value?
- Please ensure you keep your reference number in case you need to add additional information or do any follow-ups.

### Qhubeka Forensic Services

To help us prevent fraud, waste and abuse, we have appointed Qhubeka Forensic Services to assist us with the detection and management of fraud, waste and abuse (FWA). They may contact you from time-to-time to confirm the date, services and treatment, you received. They will contact you from their office number 011 387 6514 or by e-mail from qforensics.co.za

# 12. Platinum Health goes digital

Platinum Health embraces the digital age … not only to ensure clear communication with our members, but also to give members more control over managing certain aspects of their membership.

## Get in touch with us on WhatsApp

We value your time, and that's why we introduced our self-help service on WhatsApp. The WhatsApp functionality is completely private and secure, and easy to use - here, you are able to access your digital membership card, tax certificates, find a service provider and more at your fingertips! All you have to do is send us a message on 080 000 6942 and type "hi" to get the conversation started.

## Platinum Health website

The Platinum Health website (www.platinumhealth.co.za) provides easy-to-navigate information on the various Platinum Health options, step-by-step instructions on how to submit claims, scheme news, and also hosts the informative Healthblog – filled with the latest news, as well as lifestyle and wellness topics.

## Visit our website for Free!

We understand that our members don't always have data available to browse our website. It is for this reason that we implemented the free SIM browsing function. This means that any website visitor using a device with a SIM card can browse the website for free. Website visitors using devices without SIM cards will not be able to use the free browsing function and normal data costs will be incurred.

## We extended our social media platforms too!

### Facebook

We now have Facebook! Our Facebook Page is called Platinum Health Medical Scheme.

Here you'll find weekly posts on who we are and what we're offering. We want you to interact with us so don't forget to like, comment and follow our page!

### LinkedIn

Network with us on LinkedIn! This is where we connect with different professionals, build connections, you can view our latest vacancies or get to know a bit more of what is happening within the corporate side of the scheme.

# 13. Contact details

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

Platinum Health offers a convenient one-stop service, giving members access to a wide range of healthcare professionals and the assurance of competent case management in line with the Scheme's vision of providing quality, affordable healthcare.

***An efficient administration team is ready to help you with:***

- Your request for information;
- Obtaining pre-authorisation;
- Registration on a management programme;
- Claims enquiries; and
- Emergency procedures.

To ensure a quick response to your enquiry, contact Client Liaison or Case Management by calling toll free or emailing.

### Platinum Health Corporate Office

**Tel:** 087 463 0660
**Email:** phclientliaison@platinumhealth.co.za
**Physical address:** 3 Kgwebo Street, Mabe Office Park, Rustenburg, 0299
**Postal address:** Private Bag X82081, Rustenburg, 0300
**Office hours:** Monday to Friday 07:30 – 16:00

### Case Management

**Tel:** 014 590 1700 or 080 000 6942 (toll free)
**A/H emergency:** 082 800 8727
**Email:** plathealth@platinumhealth.co.za **(specialist authorisation)**
HospitalConfirmations@platinumhealth.co.za **(hospital pre-authorisation and authorisation)**
**WhatsApp:** 080 000 6942 **(request authorisation)**
**Office hours:** Monday to Thursday 09:00 – 17:00
Friday 09:00 – 16:00

### Membership

**Tel:** 014 590 1700 or 080 000 6942 (toll free)
**Email:** zzgengagementofficemembership@platinumhealth.co.za
**WhatsApp:** 080 000 6942 **(Access digital membership card)**
**Office hours:** Monday to Friday 08:00 – 16:00

## Supplier Liaison

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

## Claims

**Tel:** 014 590 1700 or 080 000 6942 (toll free)
**Members submit claims electronically via** zzgplatinumhealthclaims@platinumhealth.co.za
**Suppliers submit claims electronically via** SuppliersRPM@platinumhealth.co.za
**Office hours:** Monday to Friday 08:00 – 16:00

## Chronic Medication

**Tel:** 014 590 1700
**Fax:** 086 577 0274
**Email:** phscript@platinumhealth.co.za.co.za **(orders, applications and general enquiries)**
**Office hours:** Monday to Friday 08:30 – 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)
**Email:** phclientliaison@platinumhealth.co.za
**WhatsApp:** 080 000 6942 **(Access digital membership card, membership certificate or tax certificate))**
**Office hours:** Monday to Friday 08:00 – 16:00

### Rustenburg Region

**Tel:** 083 842 0195 **Email:** Violet.Mocwagole@platinumhealth.co.za / violet.mocwagole@implats.co.za
**Tel:** 083 791 1345 **Email:** George.Diale@platinumhealth.co.za
**Office hours:** Monday to Friday 07:30 – 16:00

### Limpopo Region

**Tel:** 083 795 5981 **Email:** Peggy.Lerefolo@platinumhealth.co.za
**Tel:** 083 719 1040 **Email:** olga.lethoko@norplats.co.za / Olgar.Lethoko@platinumhealth.co.za
**Tel:** 083 455 3054 **Email:** Dineo.Melamu@platinumhealth.co.za
060 457 0273 **Email:** Joyce.Raborife@platinumhealth.co.za
**Office hours:** Monday to Friday 07:30 – 16:00

### Mpumalanga Region

**Tel:** 060 571 0870 **Email:** Sabina.Legkanyane@platinumhealth.co.za
**Tel:** 083 787 8833 **Email:** Rose.Makuwa@platinumhealth.co.za
**Tel:** 083 455 7138 **Email:** Charmain.Morudu@platinumhealth.co.za
**Office hours:** Monday to Friday 07:30 – 16:00

# 14. Facilities

## 14.1 Rustenburg Region

**PLATINUM HEALTH MEDICAL CENTRE - 014 590 1700**
**Corner of Beyers Naude and Heystek Streets, Rustenburg, 0299**

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 014 590 1700 | Monday to Friday<br>Saturday<br>Sunday & Public Holidays | 08:00 – 18:00<br>08:00 – 14:00<br>08:00 – 12:00 | |
| GP | 014 590 1700 | Monday to Friday<br>Saturday<br>Sunday & Public Holidays | 08:00 – 18:00<br>08:00 – 14:00<br>08:00 – 12:00 | |
| Dentistry | 014 590 1700 | Monday to Friday | 08:00 – 16:30 | |
| Optometry | 014 590 1700 | Monday to Friday | 08:00 – 16:00 | Available on appointment only. |
| Physiotherapy | 014 590 1700 | Monday to Friday | 08:00 – 16:00 | |
| Mental Health | 014 590 1700 | Monday to Friday | 08:00 – 16:00 | Available on appointment only. |
| Radiology | 014 590 1700 | Monday to Friday | 08:00 – 17:00 | |
| Pharmacy Acute | 014 590 1700 | Monday to Friday<br>Saturday<br>Sunday & Public Holidays | 08:00 – 18:00<br>08:00 – 14:00<br>08:30 – 12:00 | Emergency contact number:<br>082 800 8727 |
| Pharmacy Chronic<br>Enquiries and Ordering<br>Chronic script refills dispensed | 014 590 1700 | <br>Monday to Friday<br>Monday to Friday | <br>08:30 – 16:00<br>08:00 – 16:00 | <br>(Chronic script refills are not dispensed over weekends) |

For medical emergencies after 18:00, members have to go to Peglerae ER24 situated at 102 Kock Street, Rustenburg

**BRITS MEDICAL CENTRE – 012 133 0170**
**Madibeng Mall, Shop no 47, Crocodile Street, Corner of Hendrik Verwoerd Drive (next to R511), Brits**

***Emergency contact number 061 089 5233***

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 012 133 0170 | Monday to Friday<br>Saturday<br>Sundays & Public Holidays | 08:00 – 17:00<br>09:00 – 12:00<br>Closed | |
| GP | 012 133 0170 | Monday to Friday<br>Saturday<br>Sundays & Public Holidays | 08:00 – 17:00<br>09:00 – 12:00<br>Closed | |
| Dentistry | 012 133 0170 | Monday to Friday | 08:00 – 17:00 | |
| Optometry | 012 133 0170 | Thursdays | 08:00 – 17:00 | Available on appointment only. |
| Palladium Pharmacy | 012 133 0181 | Monday to Friday<br>Saturday<br>Sunday & Public Holidays | 08:00 – 17:00<br>09:00 – 12:00<br>Closed | **Emergency contact no 083 765 6127** |

## IMPALA BAFOKENG MINE CLINIC – 014 573 1323
**Boskoppies Farm, Sun City Road, Boshoek, 0301**

*Trauma and emergency 24 hours/day, 7 days/week*

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| BRPM Clinic | 014 573 1323 | Monday to Thursday<br>Friday | 07:00 – 16:00<br>07:00 – 13:00 | |
| Primary Healthcare | 014 573 1498 | **Available 24 hours/day, 7days/week** | | |
| GP | 014 573 1498 | **GPs on call available 24 hours/day, 7 days/week** | | |
| Radiology | 014 573 1323 | Monday to Thursday<br>Friday | 07:00 – 16:00<br>07:00 – 13:00 | |
| Social Worker | 014 573 1323/1545<br><br>014 573 0102 | Tuesday, Wednesday and Thursday at Clinic<br>Mon and Fri at Styldrift | 09:00 – 16:00<br><br>09:00 – 16:00 | **Available on appointment only.**<br><br>**Available on appointment only.** |
| OHC | 014 573 1323 | Monday to Thursday<br>Friday | 07:00 – 16:00<br>07:00 – 13:00 | |

## MOGWASE PRIMARY HEALTHCARE CLINIC – 087 463 0983
**1351 Station Road, Mogwase 0314**

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 087 463 0982 | Monday to Friday<br>Saturday | 08:00 – 17:00<br>09:00 – 12:00 | |
| GP<br>*(subject to referral by PHCN)* | 087 463 0981 | Monday to Friday<br><br>Saturday | 10:00 – 12:00<br>14:00 – 16:00<br>09:00 – 12:00 | |

## PHOKENG PRIMARY HEALTHCARE CLINIC – 087 463 0971
**Shop 44A, Phokeng Mall, Phokeng, 0335**

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 087 463 0971 | Monday to Friday<br>Saturday | 08:00 – 17:00<br>09:00 – 12:00 | |
| GP<br>*(subject to referral by PHCN)* | 087 463 0971 | Monday to Friday<br><br>Saturday | 10:00 – 12:00<br>14:00 – 16:00<br>09:00 – 12:00 | |

## SUN VILLAGE PRIMARY HEALTHCARE CLINIC – 087 463 0523 | Shop No 37, Sun Village, Sun City

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Reception | 087 463 0522 | | | |
| Primary Healthcare | 087 463 0523 | Monday to Friday<br>Saturday | 08:00 – 17:00<br>09:00 – 12:00 | |
| GP<br>*(subject to referral by PHCN)* | 087 463 0523 | Monday to Friday<br><br>Saturday | 10:00 – 12:00<br>14:00 – 16:00<br>09:00 – 12:00 | |

# 14.2 Limpopo Region

## AMANDELBULT HOSPITAL – 014 784 2828 | 1 Hospital Street, Tumela Mine, Chromite, 0362

*Trauma and Emergency: 014 784 2828 - Available 24 hours/day, 7days/week*

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Amandelbult Hospital | 014 784 2828 | | | |
| Primary healthcare Centre GP's & Professional nurses | 087 463 0413 / 1102 | Monday to Friday<br>Saturday | 07:00 – 16:00<br>08:00 – 11:00 | **Walk-in's, no appointments needed** |
| Consulting rooms ( GP & Mental Health) | 087 463 0056 / 0085 | Monday to Friday | 07:00 – 16:00 | **Available on appointment only.** |
| Dentistry | 087 463 0056 / 0085 | Monday to Friday | 07:00 – 16:00 | |
| Optometry | 087 463 0084 | Monday to Friday | 07:00 – 16:00 | **Available on appointment only.** |
| Chromite Pharmacy | 087 463 0607 | Monday to Friday | 08:00 – 16:30 | |
| Social Worker | 087 463 0414 | Monday and Wednesday<br>Friday | 07:30 – 16:00<br>07:30 – 12:00 | **Available on appointment only.**<br>**Available on appointment only.** |

## MORULENG PRIMARY HEALTHCARE CLINIC – 060 583 5390/087 463 0976

Moruleng Mall, Shop no 43, Main Hospital Road (P50-1), Moruleng, 0318

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 060 583 5390/<br>087 463 0976 | Monday to Friday<br>Saturday | 08:00 – 17:00<br>09:00 – 12:00 | |
| GP<br>*(subject to referral by PHCN)* | 060 583 5390/<br>087 463 0976 | Monday to Friday<br><br>Saturday | 10:00 – 12:00<br>14:00 – 16:00<br>10:00 – 12:00 | |

## NORTHAM MEDICAL STATION – 014 784 3215 | Farm Zondereinde 384KQ, District of Thabazimbi, Northam, 0360

*Trauma and Emergency: 014 784 2396 Available 24 hours/day, 7days/week*

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 014 784 3215 | **Available 24 hours a day, 7 days a week** | | |
| GP | 014 784 3215 | Monday to Friday<br>Saturday | 07:00 – 16:00<br>09:00 – 12:00 | **After-hours GPs on call** |
| Norplats Pharmacy | 014 784 3157 | Monday to Friday | 07:30 – 16:00 | |
| Radiology | 014 784 2380/2393 | Monday to Friday | 07:00 – 16:00 | **After-hours standby** |
| Physiotherapy | 014 784 2790 | Monday to Thursday<br>Friday | 07:00 – 16:00<br>07:00 – 13:00 | |
| OHC Department | 014 784 2393/2215 | Monday to Thursday<br>Friday | 06:00 – 16:00<br>06:00 – 13:00 | |

## NORTHAM PRIMARY HEALTHCARE CLINIC – 014 133 0122/3 | Next to Usave Store, Opal Street, Northam

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 014 133 0122/3/5 | Monday to Friday<br>Saturday | 08:00 – 17:00<br>09:00 – 12:00 | |
| GP | 014 133 0124/5 | Monday to Friday<br><br>Saturday | 10:00 – 12:00<br>14:00 – 16:00<br>09:00 – 12:00 | |

## SETARIA CLINIC – 014 784 3214 | 33 Merensky street, Farm Zondereinde, Setaria Village, 0383

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 014 784 3214 | Monday to Friday<br>Saturday | 08:00 – 17:00<br>08:00 – 11:00 | |
| GP | 014 784 3214 | Monday to Thursday<br>Friday<br>Saturday | 08:00 – 17:00<br>08:00 – 15:00<br>09:00 – 12:00 | **After-hours GPs on call** |
| Dentistry | 014 784 3214 | Monday and Thursday<br>Friday | 08:00 – 17:00<br>08:00 – 15:00 | |
| Physiotherapy | 014 784 3214 | Tuesday and Thursday | 11:00 – 13:30 | |
| Psychologist | 014 784 3214 | Monday<br>Friday | 08:00 – 17:00<br>08:00 – 15:00 | **Available on appointment only.** |
| Optometry | 014 784 3214 | Monday and Wednesday<br>Friday | 08:00 – 16:00<br>08:00 – 15:00 | **Available on appointment only.** |

## THABAZIMBI MEDICAL CENTRE – 014 133 0117 | 9 Watsonia Street, Thabazimbi, 0380

***After-hours emergencies 063 501 0811***

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Consulting Room | 014 133 0117 | Monday to Friday<br>Saturday<br>Sunday and Public Holidays | 08:00 – 17:00<br>08:00 – 12:00<br>09:30 – 10:30 | **Emergencies only.** |
| Primary Healthcare | 014 133 0111 | Monday to Friday<br>Saturday | 08:00 – 17:00<br>08:00 – 12:00 | |
| GP | 014 133 0117 | Monday to Friday<br>Saturday<br>Sunday and Public Holidays | 09:00 – 17:00<br>09:00 – 12:00<br>09:30 – 10:30 | **Emergencies only.** |
| Dentistry | 014 133 0106 | Monday and Thursday<br>Tuesday and Wednesday<br>Friday<br>Saturday, Sunday & Public Holidays | 07:00 – 17:00<br>07:00 – 16:00<br>07:00 – 16:30<br>Closed | |
| Bosveld Pharmacy | 014 133 0110<br>014 133 0108 | Monday to Friday<br>Saturday<br>Sunday and Public Holidays | 08:30 – 17:30<br>08:30 – 12:00<br>09:30 – 10:30 | |
| Optometry | 014 133 0106 | Tuesday and Thursday | 07:30 – 16:30 | **Available on appointment only.** |
| Social Worker | 014 133 0106 | Tuesday, Wednesday & Thursday<br>Friday | 07:30 – 16:00<br>13:30 – 16:00 | **Available on appointment only.** |

## UNION HOSPITAL – 010 133 1613 | Hospital Street, Swartklip, 0370

***Casualty 010 133 1746***

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare (OPD) | 010 133 1733 | Monday to Friday | 06:00 - 16:00 | |
| Consulting Room | 010 133 1709/1706 | Monday to Friday | 07:00 - 16:00 | **Booking for consulting starts at 09:00** |
| Union Pharmacy | 010 133 1732 | Monday to Friday | 07:00 - 16:00 | |
| Dentistry | 010 133 1745 | Monday to Friday | 07:00 - 16:00 | |
| Optometry | 010 133 1744 | Monday to Friday | 07:00 - 16:00 | **Available on appointment only.** |
| Radiology | 010 133 1729 | Monday to Friday | 06:00 – 15:00 | |
| Physiotherapy | 010 133 1701 | Monday to Friday | 07:00 - 15:30 | |
| Psychologist | 010 133 1709/1706 | Every Wednesday | | **Available on appointment only.** |
| Social Worker | 010 133 1736 | Monday to Friday | 07:30 - 16:00 | |

# 14.3 Mpumalanga Region

## BURGERSFORT MEDICAL CENTRE –
**087 463 0275 | Shop no UG04, Tubatse Crossing Mall, Burgersfort**

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 087 463 0275 | Available 24 hours/day, 7days/week | | |
| GP | 087 463 0275 | Monday to Friday<br>Saturday | 08:30 – 17:00<br>09:00 – 12:00 | **After-hours GPs on call** |
| | | Sunday & Public Holidays | | **GPs on call** |
| Iridium Pharmacy | 087 463 0408/0409 | Monday to Friday<br>Saturday | 08:00 – 17:00<br>08:00 – 13:00 | **Closed on Sunday and Public Holidays** |
| Dentistry | 087 463 0406 | Monday to Friday | 08:00 – 17:00 | **Closed on Saturday, Sunday and Public Holidays** |
| Optometry | 087 463 0406 | Monday to Friday | 07:30 – 16:00 | **Available on appointment only. Closed on Saturday, Sunday and Public Holidays** |
| Psychologist | 087 463 0406 | Thursday | | **Available on appointment only.** |
| Social Worker | 087 463 0406 | Fridays | 14:00 – 16:30 | **Available on appointment only.** |

## JANE FURSE CLINIC – 087 463 0851
**Shop 12, JPI Business Centre, Stand no 2008, Vergelegen C Section, Jane Furse Village, Sekwati, 1063**

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 087 463 0851 | Monday to Friday<br>Saturday | 09:00 – 17:00<br>09:00 – 12:00 | **Closed on Public Holidays and Sundays** |
| GP | 087 463 0851 | Monday to Friday<br><br>Saturday | 11:00 – 13:00<br>15:00 – 17:00<br>09:00 – 12:00 | |
| Dentistry | 087 463 0851 | Tuesdays | 09:00 – 15:00 | **Available on appointment only.** |
| Optometry | 087 463 0851 | Tuesdays | 10:00 – 14:00 | **Available on appointment only.** |
| Social Worker | 087 463 0851 | Wednesday | | **Available on appointment only.** |

## MASHISHING (LYDENBURG) MEDICAL CENTRE – 087 463 0846
**The Heads Shopping Centre, Voortrekker Street, Mashishing, 1120**

**Emergency number 063 257 7637**

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Reception | 087 463 0526 | | | |
| Primary Healthcare | 087 463 0846 | **Available 24 hours/day, 7days/week** | | |
| GP | 087 463 0846 | Monday to Friday<br>Saturday<br>Sunday & Public Holidays | 08:00 – 18:00<br>08:00 – 11:00 | **GPs on call** |
| Social Worker | 087 463 0846 | Wednesday | | **Available on appointment only.** |

## MODIKWA PLATINUM MINE CLINIC - 010 133 1766 | Montrose Road, Driekop, 1192

*Trauma and Emergency available 24 hours/day, 7days/week*

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 010 133 1766<br>010 133 1545 | Available 24 hours/day, 7days/week | | |
| GP | 010 133 1769 | Monday to Friday<br>Saturday<br>Sunday | 08:00 – 16:30<br>09:00 – 12:00 | **Thereafter available for IODs and emergencies only**<br>**Thereafter available for IODs and emergencies only**<br>**IODs and emergencies only** |
| Radiology | 010 133 1765 | Monday to Thursday<br>Friday | 06:30 – 15:30<br>06:30 – 12:30 | **Available for emergencies after hours** |
| OHC | 010 133 1760<br>010 133 1756 | Monday to Thursday<br>Friday | 06:30 – 15:30<br>06:30 – 12:30 | |
| Social Worker | 010 133 1779 | Tuesday and Wednesday | 08:00 – 16:00 | |
| Rehabilitation and Functional Centre | 010 133 1758 | Monday to Thursday<br>Friday | 06:30 – 15:30<br>06:30 – 12:30 | |
| Modikwa Accounts Voucher Office | 010 133 1775 | Monday to Thursday<br>Friday | 06:30 – 15:30<br>06:30 – 12:30 | |
| Rand Mutual Office | 010 133 1776 | Monday to Thursday<br>Friday | 06:30 – 15:30<br>06:30 – 12:30 | |

## MOKOPANE MEDICAL CENTRE - 087 463 0835

**112 Thabo Mbeki Avenue, Mokopane, 0600**

*Trauma and Emergency available 24 hours/day, 7days/week*

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 087 463 0835 | Available 24 hours/day, 7days/week | | |
| GP | 087 463 0835 | Monday to Friday<br>Saturday<br>Sunday & Public Holidays | 08:00 – 18:00<br>09:00 – 12:00 | **GPs on call** |
| Psychologist | 087 463 0835 | Tuesday to Thursday | | **Available on appointment only.** |

## STEELPOORT CLINIC - 013 133 0281

**Jorge Business Park, Ext 7, Ext of Portion 5 Olifantsfontein, R555 Road, Steelpoort, 1133**

| SERVICE | CONTACT NUMBER | DAYS | HOURS | PLEASE NOTE |
|---|---|---|---|---|
| Primary Healthcare | 013 133 0281 | Monday to Friday<br>Saturday | 08:00 – 17:00<br>09:00 – 12:00 | **Closed on Public Holidays and Sundays** |
| GP | 013 133 0281 | Monday to Friday<br>Saturday | 11:00 – 13:00<br>15:00 – 17:00<br>09:00 – 12:00 | |

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
Website: 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.