



**PLATINUM  
HEALTH**

**PLATINUM HEALTH MEDICAL SCHEME**

**BENEFITS (Plat Cap) 2021**

**ANNEXURE B1**

<b>REGISTERED BY ME ON</b>
<i>Mleboh</i> Mashilo Leboho 20/11/25 09/12/2020 19:06:10 (UTC+02:00) Signed by Mashilo Leboho, m.leboho@medicalschemes.co.za <b>REGISTRAR OF MEDICAL SCHEMES</b>

**Plat Cap Option**  
Effective 1<sup>st</sup> January 2021

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>A STATUTORY PRESCRIBED MINIMUM BENEFITS</b>			
1	100% of costs	Unlimited	All services rendered by a public hospital or the schemes DSP at costs. No levy or co-payment shall apply.
<b>B DAY-TO-DAY BENEFITS</b>			
1	100% of Scheme Tariff GP Consultations and visits	Unlimited	Members located within a 50km radius of Scheme DSPs are obliged to utilise scheme DSPs, subject to regulation 8(3). Members located between 50 - 200 km radius of Scheme DSPs may utilise any GPs and will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Consultations during normal working hours: R80 levy per patient visit will apply Consultations after normal working hours: R85 levy per patient visit will apply. Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.
2	100% of Scheme Tariff Acute medication	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located outside a 50km radius of DSPs may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price list as per the PlatCap option formulary. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme - in which case the Scheme shall be liable for 100% of SEP. 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.
3	100% of Scheme Tariff PAT/OTC	R307 PB per annum, R603 PMF	Subject to Plat Cap option formulary and R136 per event.

**REGISTERED BY ME ON**

*M. Leboho* 2020/11/25  
Mashilo Leboho  
09/12/2020 19:06:21 (UTC+02:00)  
Signed by: Mashilo Leboho  
m.leboho@medicalschemes.co.za  
South Africa

**Plat Cap Option  
Effective 1<sup>st</sup> January 2021**

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>B DAY-TO-DAY BENEFITS (continue)</b>			
4 Specialist Consultations	100% of Scheme Tariff	3 visits or R3,647 per beneficiary, up to 5 visits or R5,289 per family	Pre-authorisation needs to be obtained prior to consulting any specialist. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200 km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntarily in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. Subject to clinical protocol approval and regulation 8(3). Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). 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). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntarily in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by general practitioners or specialists. Subject to clinical protocol approval.
5 Occupational Therapy, Physiotherapy & Biokinetics	100% of cost/negotiated tariff	R4,156 PMF	Members located within a 50km radius of DSPs are obliged to utilise such DSPs subject to regulation 8(3). 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). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntarily in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by general practitioners or specialists. Subject to clinical protocol approval.
6 General radiology	100% of Scheme Tariff	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs subject to regulation 8(3). 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). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntarily in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. Subject to clinical protocol approval. Approved black and white X-rays and soft tissue ultrasound.
7 Pathology	100% of Scheme Tariff	Unlimited	Members are obliged to utilise DSPs, subject to regulation 8(3). Subject to referral by Scheme's DSP Medical Practitioner, clinical protocol and according to a list of approved tests.

**REGISTERED BY ME ON**


  
 Mashilo Leboho  
 09/12/2020 19:06:31 (UTC+02:00)  
 Signed by Mashilo Leboho,  
 m.leboho@medicalsechemes.co.za

**Plat Cap Option**  
**Effective 1<sup>st</sup> January 2021**

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>B DAY-TO-DAY BENEFITS (continue)</b>			
8 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. List of approved codes, subject to Scheme DSP.
9 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.
10 Specialised Dentistry	80% of Scheme Tariff	Dentures only One set of plastic dentures PB	Dentures shall be limited to one set of plastic dentures per 3 consecutive years PB, applicable over age of 21 years. (20% co-payment applies).
11 Optometry Examination Frames Lenses Contact Lenses	100% of Scheme Tariff	Combined 2-year benefit limit of R1,258. One set of spectacles per beneficiary.	Two year benefit from anniversary of claiming PB.
			One optometric consultation PB limited to Scheme DSP.
			Range of Scheme approved frames every 24 months. One set of frames PB.
			Single vision lens subject to Scheme DSP.
		No benefit	

REGISTERED BY ME ON

*M. Leboho*  
Mashilo Leboho 2020/01/25  
09/12/2020 19:06:43 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za  
REGISTRAR OF MEDICAL SCHEMES



**Plat Cap Option  
Effective 1<sup>st</sup> January 2021**

	<b>Service</b>	<b>% Benefits</b>	<b>Annual Limits</b>	<b>Conditions/Remarks</b>
<b>C</b>	<b>IN-AND-OUT OF HOSPITAL BENEFITS</b>			
1	Maternity Care (ante and post-natal)	100% of Scheme Tariff	Antenatal consultations are subject to the GP consultations and specialist consultation benefit	Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). Subject to registration on the Maternity Programme.
2	Neonatal Care	100% of Scheme Tariff	Limited to R51,545 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-and-out of hospital)	100% of Cost/ Negotiated Tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). No cover for physiotherapy in mental health facilities.
4	Specialised Radiology (in-and-out of hospital)	100% of Scheme Tariff	R13,185 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	R6,172 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).

**REGISTERED BY ME ON**

*M Leboho* 2020/11/25  
 Mashilo Leboho  
 09/12/2020 19:06:54 (UTC+02:00)  
 Signed by Mashilo Leboho  
 m.leboho@medicalschemes.co.za

**Plat Cap Option**  
**Effective 1<sup>st</sup> January 2021**

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>D IN-HOSPITAL BENEFITS</b>			
1 GP Consultations	100% of Scheme Tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
2 Specialist Consultations	100% of Scheme Tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
3 Pathology	100% of Scheme Tariff	Limited to R30,557 per family per annum	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.
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	R4,915 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	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.

**REGISTERED BY ME ON**

*M. Leboho*  
Mashilo Leboho 2009/11765-02:00  
09/12/2020 19:07:09 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za, scs@leboho.com  
**REGISTRAR OF MEDICAL SCHEMES**



**Plat Cap Option**  
**Effective 1<sup>st</sup> January 2021**

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>E CHRONIC MEDICINE BENEFIT</b>			
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). The Scheme shall accept liability of 100% of Therapeutic Reference Price List as per the formulary. In all instances chronic medication shall be obtained from the Scheme's DSP, subject to registration on the Chronic Medication Programme. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.
<b>F HOSPITALISATION</b>			
<b>Designated Service Provider Hospitals (100% agreed and negotiated Tariffs – unlimited)</b>			
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. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of negotiated tariff, subject to regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of negotiated tariff, subject to regulation 8(3). Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.
2 Theatre fees and materials			
3 Ward, Theatre drugs and hospital equipment			

**REGISTERED BY ME ON**

*M Leboho* 2020/11/25  
Mashilo Leboho  
09/12/2020 19:07:21 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za | [escheme.co.za](https://www.escheme.co.za)

**Plat Cap Option**  
**Effective 1<sup>st</sup> January 2021**

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>F HOSPITALISATION continue</b>			
<i>Designated Service Provider Hospital (100% agreed and negotiated Tariffs - unlimited)</i>			
4 Medication-to-take-out (TTO)	100% of Scheme Tariff	7 day supply PB, per admission	Subject to Plat Cap option formulary.
5 Alternative to hospitalisation (step-down or home nursing)	100% of Scheme Tariff	Limited to R16,209 per family per annum	Where possible, own facilities shall be utilised. Members are obliged to utilise DSPs, subject to regulation 8(3). Subject to referral by Scheme's DSP Medical Practitioner, authorisation and clinical protocol approval. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment: at another private hospital or clinic.
6 Physical rehabilitation	100% of Scheme Tariff	Limited to R57,873 per family per annum	Where possible, own facilities shall be utilised. Members are obliged to utilise DSPs, subject to regulation 8(3). Subject to referral by Scheme's DSP Medical Practitioner, authorisation and clinical protocol approval. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment: at another private hospital or clinic.

**REGISTERED BY ME ON**

2020/11/25

*M. Leboho*  
Mashilo Leboho  
09/12/2020 19:07:42 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za

**Plat Cap Option**

**Effective 1<sup>st</sup> January 2021**

<b>LEGEND</b>	
AIDS	Acquired immunodeficiency syndrome
CDL	Chronic disease list
CDRP list	Chronic disease reference price list
DSP	Designated service provider
GP	General practitioner
HIV	Human immunodeficiency virus
OTC	Over-the-counter
PAT	Pharmacist advised therapy
PB	Per beneficiary
PMBs	Prescribed minimum benefits
PMF	Per member family
Plat Cap Formulary	List of medicine inclusive of all classes on a reference price
Scheme Tariff	NHRPL 2010 + 5%, escalated by percentage increase every benefit year
SEP	Single exit price
Medicine TTO	Medicine to-take-out
TRP list	Therapeutic reference price list

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2020/11/25

REGISTRAR OF MEDICAL SCHEMES



## PLATINUM HEALTH MEDICAL SCHEME

### Plat Cap

### ANNEXURE A1


### Contributions 2021

Effective on 1<sup>st</sup> March 2021

Salary Band	R0 – R10800	R10801 – R17000	R17001+
Principal	R1087	R1318	R2452
Adult	R1087	R1318	R2452
Child	R444	R554	R852

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.

REGISTERED BY ME ON

 2020/11/25  
Mashilo Leboho  
09/12/2020 19:06:47 (UTC+02:00)  
Signed by Mashilo Leboho  
m.leboho@medicaischemes.co.za

REGISTERED BY ME ON

JOHN.COM



**PLATINUM  
HEALTH**

**PLATINUM HEALTH MEDICAL SCHEME**

**BENEFITS (Plat Comprehensive) 2021**

**ANNEXURE B2**

*Mleboh*  
Mashilo Leboho  
09/12/2020 19:06:06 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za

REGISTERED BY ME ON  
2020/11/25  
REGISTRAR OF MEDICAL SCHEMES



**Plat Comprehensive Option  
Effective 1<sup>st</sup> January 2021**

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>A STATUTORY PRESCRIBED MINIMUM BENEFITS</b>			
1	100% of costs	Unlimited	Services rendered by a public hospital or the Scheme's DSP at cost. No levy or co-payment shall apply.
	80% of costs		Subject to regulation 8(3) any service rendered by a non-DSP on a voluntary basis will be subject to 20% co-payment.
<b>B GENERAL PRACTITIONER SERVICES</b>			
1	100% of Scheme Tariff (in-and-out of hospital)	Unlimited	Members located within a 50km radius of Scheme DSPs are obliged to utilise scheme DSPs, subject to regulation 8(3). Members located between 50 - 200 km radius of Scheme DSPs may utilise any GPs and will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Consultations during normal working hours: R80 levy per patient visit will apply Consultations after normal working hours: R85 levy per patient visit will apply. Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.
<b>C SPECIALIST SERVICES</b>			
1	100% of Scheme Tariff (in-and-out of hospital)	Unlimited	Pre-authorisation needs to be obtained prior to consulting any special list. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200 km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. Subject to clinical protocol approval and regulation 8(3).
			Members located between 50 - 200km radius who elect to utilise a non-DSPs shall be deemed to have voluntary obtained services and 20% co-payment shall apply (including Psychiatric Services). Members to be referred by a general practitioner or specialist and Scheme DSPs shall be utilised at all times. Subject to regulation 8(3).

  
 Mashilo Leboho  
 091727020490558 (UTC+02:00)N  
 Signed by Mashilo Leboho.  
 m.leboho@medicalschemes.co.za  
 2020/11/25  
 REGISTRAR OF MEDICAL SCHEMES

**Plat Comprehensive Option  
Effective 1<sup>st</sup> January 2021**



Service	% Benefits	Annual Limits	Conditions/Remarks
<b>D HOSPITALISATION</b>			
1 Accommodation in a general ward, high-care ward and intensive care unit	100% of Scheme Tariff	Unlimited	Where possible, own facilities shall be utilised. Members to be referred by general practitioners or specialists. Subject to clinical protocol approval. No levy is applicable for hospitalisation at a DSP hospital provided that the Scheme's DSP practitioner or specialist has referred the member and that the hospitalisation is authorised. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.
2 Theatre fees and materials			
3 Ward, Theatre drugs and hospital equipment			
4 Medication to-take-out (TTO)	100% of Scheme Tariff	7-day supply PB, per admission	Subject to Scheme formulary and regulation 8(3).
<b>Non-Designated Service Provider Hospital (80% agreed and negotiated rates with limits)</b>			
1 Accommodation in a general ward, high-care ward and intensive care unit	80% of Scheme Tariff	R138,925	Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services. Members to be referred by general practitioners or specialists. Subject to clinical protocol approval. Subject to 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).



*Mebons*

Mashilo Leboho, Registrar of Medical Schemes  
 081 720 76 06 or 081 720 76 07  
 Signed by Mashilo Leboho,  
 m.leboho@medicalschemes.co.za

**Plat Comprehensive Option**  
**Effective 1<sup>st</sup> January 2021**

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>E</b>	<b>MEDICATION</b>		
1 Acute	100% of Scheme formulary	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located outside a 50km radius of DSPs may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Scheme formulary. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme - in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.
2 PAT/OTC	100% of Scheme formulary	R323 PB, subject to a limit of R873 PMF	Subject to Platinum Health network pharmacy and R156 per event.
3 Chronic	100% of Scheme formulary	Unlimited for CDL conditions and additional chronic disease list	The Scheme shall accept liability of 100% of Therapeutic Reference Price List as per the formulary. In all instances chronic medication shall be obtained from the Scheme's DSP, subject to registration on the Chronic Medication Programme. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme - in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.

**REGISTERED BY ME ON**

*M. Leboho*  
Mashilo Leboho 09/12/2020 19:05:30 UTC+02:00  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za  
REGISTRAR OF MEDICAL SCHEMES

**Plat Comprehensive Option  
Effective 1<sup>st</sup> January 2021**

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>F DENTAL SERVICES</b>			
1 Conservative Dentistry	100% of Scheme Tariff	Unlimited	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. A 15% co-payment of the benefit limit shall apply in respect of the repair and replacement of dentures. Dentures shall be limited to one set per three consecutive years per PB. The Scheme will accept liability for the under mentioned treatment and a 15% co-payment of the benefit limit shall apply:
4 Specialised Dentistry	85% of Scheme Tariff	R11,211 PMF	<ul style="list-style-type: none"> <li>• Internal and External orthodontic treatment</li> <li>• Prosthodontics, periodontics and endodontic treatment</li> <li>• Crown and Bridge work</li> <li>• Metal Dentures</li> <li>• Porcelain veneers and inlays</li> <li>• External laboratory services</li> </ul>
<b>G RADIOLOGY</b>			
1 In-and-out of hospital	100% of Scheme Tariff	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times. Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols and regulation 8(3). Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as have voluntary obtained services and a co-payment shall apply. Members to be referred by a general practitioner or specialist and Scheme DSPs shall be utilised at all times. Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols.
	80% of Scheme Tariff	Unlimited	

**REGISTERED BY ME ON**

*Mleboh*  
Mashilo Leboho, 2020/11/25  
09:12:20, 19:07:06 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za  
REGISTRAR OF MEDICAL SCHEMES

**Plat Comprehensive Option  
Effective 1<sup>st</sup> January 2021**

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>H PATHOLOGY</b>			
1 In-and-out of hospital	100% of Scheme Tariff	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times. If the Scheme authorises hospitalisation at a DSP, the laboratory costs will be covered 100% of Scheme Tariff.
	70% of Scheme Tariff	Unlimited	Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as have voluntary obtained services and a 30% co-payment shall apply. Members to be referred by a general practitioner or specialist.
<b>I PHYSIOTHERAPY AND BIOKINETICS</b>			
1 In-hospital	100% of Scheme Tariff	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities.
	80% of Scheme Tariff	Unlimited	Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as have voluntary obtained services and a 20% co-payment shall apply. Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities.
2 Out-of-hospital	100% of Scheme Tariff	R4,156 PMF	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). 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). 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). Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities.

**REGISTERED BY ME ON**

*M. Leboho* 2020/11/25  
Mashilo Leboho  
09/12/2020 19:06:19 (UTC+02:00)  
Signed by: Mashilo Leboho,  
m.leboho@medicalschemes.co.za ES

**Plat Comprehensive Option  
Effective 1<sup>st</sup> January 2021**

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>J CHEMOTHERAPY, RADIOTHERAPY, ORGAN TRANSPLANT AND KIDNEY DIALYSIS</b>			
1	100% of Scheme Tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
<b>K EMERGENCY MEDICAL TRANSPORT (ROAD-AND-AIR)</b>			
1	100% of Scheme Tariff	Unlimited	Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).
<b>L BLOOD TRANSFUSIONS</b>			
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.
<b>M MEDICAL AND SURGICAL APPLIANCES</b>			
1		R6,422 PB	Subject to approval by the Scheme, and regulation 8(3). One every three years.
2	100% of Scheme Tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
3		R582 PB	On prescription of medical practitioner and, subject to regulation 8(3). One every three years
4		R3,637 PMF	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
<b>N PACEMAKER, PROSTHETIC VALVES, VASCULAR PROSTHESIS AND ORTHOPAEDIC PROSTHESIS</b>			
1	100% of Scheme Tariff	Unlimited	On recommendation of medical practitioner. Subject to authorisation from the Scheme according to clinical protocols. Subject to regulation 8(3).

**REGISTERED BY ME ON**  
2020/11/25

*Melboho*  
**Melboho**  
MASHILO LEBOHO  
09/12/2020 19:06:30 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za

**Plat Comprehensive Option**  
Effective 1<sup>st</sup> January 2021



Service	% Benefits	Annual Limits	Conditions/Remarks
<b>O OPTOMETRY SERVICES</b>			
1 Eye Examination			
2 Frames, lenses, contact lenses and disposable contact lenses	100% of Scheme Tariff	Combined 2-year benefit limit of R2,432 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.
3 Correction of vision surgery	100% of Scheme Tariff	Unlimited	Subject to referral, authorisation and clinical protocol approval by the Scheme. The benefit excludes excimer laser treatment.
<b>P AUXILIARY SERVICES</b>			
1 Audiology (excluding Hearing aids), Speech therapy, Occupational therapy	100% of Scheme Tariff	Combined limit R7,024 PMF	Subject to referral, authorisation, clinical protocol approval by the Scheme. Subject to regulation 8(3).
2 Hearing Aids	100% of Scheme Tariff	R11,731 PB	Subject to referral, authorisation, clinical protocol approval by the Scheme. Subject to regulation 8(3). Benefit only every three years.
<b>Q CLINICAL PSYCHOLOGY (EXCLUDING SCHOLASTIC AND FORENSIC RELATED TREATMENT)</b>			
1 Clinical Psychology (excluding scholastic and forensic related treatment)	100% of Scheme Tariff	R7,024 PMF	To be referred by a medical practitioner. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200 km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). <i>M. Leboho</i>

Mashilo Leboho  
09/12/2020 19:05:19 (UTC+02:00)  
Signed by Mashilo Leboho  
m.leboho@medicalschemes.co.za  
SPH1000.COM

2020/11/25

REGISTRAR OF MEDICAL SCHEMES

**Plat Comprehensive Option  
Effective 1<sup>st</sup> January 2021**

<b>LEGEND</b>	
AIDS	Acquired immunodeficiency syndrome
CDL	Chronic disease list
CT Scan	Computed tomography scan
DSP	Designated service provider
GP	General practitioner
HIV	Human immunodeficiency virus
MRI Scan	Magnetic resonance imaging
OTC	Over the counter
PAT	Pharmacist advised therapy
PB	Per beneficiary
PET Scan	Positron emission tomography scan
PMBs	Prescribed minimum benefits
PMF	Per member family
RSA	Republic of South Africa
Scheme Formulary	List of medicine inclusive of all classes on a reference price
Scheme Tariff	NHRPL 2010 + 5%, escalated by percentage increase every benefit year

**REGISTERED BY ME ON**

*Mleboh* 2020/11/25  
Mashilo Leboho  
09/12/2020 19:06:48 (UTC+02:00)  
Signed by: Mashilo Leboho  
m.leboho@medicalshemes.co.za MES



## PLATINUM HEALTH MEDICAL SCHEME

### Plat Comprehensive

## ANNEXURE A2

### Contributions 2021

Effective on 1<sup>st</sup> March 2021

Salary Band	R0 - R17000	R17001 – R25900	R25901+
Principal	R1449	R2091	R2452
Adult	R1449	R2091	R2452
Child	R490	R744	R852

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.

REGISTERED BY ME ON

 2020/11/25  
Mashilo Leboho  
09/12/2020 19:07:03 (UTC+02:00)  
Signed by Mashilo Leboho  
m.leboho@medicalschemes.co.za



**PLATINUM  
HEALTH**

**PLATINUM HEALTH MEDICAL SCHEME  
BENEFITS (Plat Freedom Option) 2021**

**ANNEXURE B3**

<b>REGISTERED BY ME ON</b>
 Mashilo Leboho 2020/11/25 09/12/2020 19:04:40 (UTC+02:00) Signed by Mashilo Leboho, m.leboho@medicalschemes.co.za <small>REGISTRAR OF MEDICAL SCHEMES</small>

**Plat Freedom Option**  
**Effective 1<sup>st</sup> January 2021**

BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
Overall Annual Limit (OAL)		R1 050 000 for a family. All limits are subject to the Overall Annual Limit (OAL)	
<b>A ALTERNATIVE HEALTHCARE</b>			
1 Homeopathic consultations and medicine only	80% of the lower of cost or Scheme Rate	R8,146 for a family	
<b>B AMBULANCE SERVICE</b>			
1	100% if authorised by preferred provider		Subject to approval by preferred provider
<b>C APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>			
1 General medical and surgical appliances and appliance repairs	100% of the lower of cost or negotiated Scheme Rate	R19,877 for a family (Appliances limit)	
2 CPAP (Continuous Positive Airway Pressure)		Subject to the Appliances limit	
3 Glucometers		R1,185 for a beneficiary, included in the Appliances limit	
4 Peak flow meters		R510 for a beneficiary, included in the Appliances limit	
5 Nebulisers		R1,362 for a beneficiary, included in the Appliances limit	
6 Foot orthotics		R5,040 for a 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

**REGISTERED BY ME ON**

*M. Leboho*  
Mashilo Leboho, 2020/11/25  
09:12/2020 19:04:50 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za

**REGISTRAR OF MEDICAL SCHEMES**

**Plat Freedom Option  
Effective 1<sup>st</sup> January 2021**

BENEFIT CATEGORY		RATE	LIMIT EACH YEAR	AUTHORISATION
<b>D</b>	<b>BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>			
1		100% of negotiated fee	Subject to OAL	Authorisation required
<b>E</b>	<b>CONSULTATIONS AND VISITS General Practitioners and Medical Specialists</b>			
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: R5,902 M1: R8,853 M2: R11,793 M3+: R14,754 Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.	
<b>F</b>	<b>DENTISTRY</b>			
1	Basic: Includes plastic dentures and basic dentistry performed in-hospital for children under eight (8) and for removal of impacted wisdom teeth.	100% of the lower of cost or Scheme Rate	R14,443 for a family	Authorisation required for all dental treatment in-hospital
2	Advanced: Oral surgery, metal base dentures, inlays, crowns, bridges, study models, orthodontics, periodontics, prosthodontics, osseointegrated implants, orthognathic surgery and dental technician fees	100% of the lower of cost or Scheme Rate	R14,952 for a family	Authorisation required for advanced dentistry in-hospital

**REGISTERED BY ME ON**

*M. Leboho*  
Mashilo Leboho 2020/11/25  
09/12/2020 19:05:00 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za  
REGISTRAR OF MEDICAL SCHEMES

**Plat Freedom Option**  
Effective 1<sup>st</sup> January 2021

BENEFIT CATEGORY		RATE	LIMIT EACH YEAR	AUTHORISATION
<b>G</b>	<b>HOSPITALISATION</b>			
1	Accommodation in a general ward, high-care ward and intensive care unit; theatre fees, ward drugs and surgical items	100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required
<b>H</b>	<b>ALTERNATIVES TO HOSPITALISATION</b>			
1	Physical rehabilitation facilities, hospice, nursing services and sub-acute facilities	100% of the lower of cost or Scheme Rate	R79,858 for a family	Authorisation required
<b>I</b>	<b>IMMUNODEFICIENCY SYNDROME (HIV/AIDS)</b>			
1		100% of cost		Authorisation required
<b>J</b>	<b>INFERTILITY</b>			
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
<b>K</b>	<b>MATERNITY</b>			
1	Hospital: Accommodation, theatre fees, labour ward fees, dressings, medicines and materials. Note: For confinement in a registered birthing unit or out-of-hospital, four (4) post-natal midwife consultations for a family each year	100% of the lower of cost or Scheme Rate	Subject to OAL	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	R9,310 per family, 3D scan paid up to cost of 2D scan	
3	Amniocentesis	80% of the lower of cost or Scheme Rate	R9,372 for a family and further limited to one test for a family each year	

**REGISTERED BY ME ON**

*M. Mashilo*  
Mashilo Leboho 2020/11/25  
09/12/2020 19:05:11 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za

REGISTRATION OF MEDICAL SCHEMES

**Plat Freedom Option**  
Effective 1<sup>st</sup> January 2021

BENEFIT CATEGORY		RATE	LIMIT EACH YEAR	AUTHORISATION
<b>L</b>	<b>MEDICINE AND INJECTION MATERIAL</b>			
1	Acute medicine: including malaria prophylactics	100% of the approved price	M0: R5,923 M1: R10,286 M2: R13,715 M3+: R15,897 (Acute Medicine limit)	Refer to general Scheme exclusions
2	Medicine on discharge from hospital	100% of the approved price	R530 for a beneficiary per admission, included in the Acute Medicine limit	Refer to general Scheme exclusions
3	Over-the-counter medicine	100% of the approved price	R1,767 for a family; maximum R437 per script. Included in the Acute Medicine limit	Refer to general Scheme exclusions
4	Chronic medicine	Chronic Disease List conditions Up to 100% of Scheme Rate for approved chronic medicine on the medicine list (formulary) Up to 80% of MMAP for approved chronic medicine not on the medicine list (formulary)  Additional Disease List conditions Up to 100% of MMAP for approved chronic medicine	Subject to OAL	Authorisation required Refer to general Scheme exclusions
5	Contraceptive benefits: Oral, injectable, patches, rings, devices and implants	100% of approved price	Subject to OAL	Only if prescribed for contraception (not approved for skin conditions)

**REGISTERED BY ME ON**

*MLeboho* 2020/11/25  
Mashilo Leboho  
09/12/2020 19:05:25 (UTC+02:00)  
Signed by Mashilo Leboho.  
m.leboho@medicines.co.za

**REGISTERED BY ME ON**

**Plat Freedom Option  
Effective 1<sup>st</sup> January 2021**

	<b>BENEFIT CATEGORY</b>	<b>RATE</b>	<b>LIMIT EACH YEAR</b>	<b>AUTHORISATION</b>
<b>M</b>	<b>MENTAL HEALTH</b>			
1	Psychiatric and psychological treatment in-hospital (including hospitalisation costs and procedures)	100% of the lower of cost or Scheme Rate	R41,457 for a 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: Consultations, visits, assessments, therapy, treatment and counselling	100% of the lower of cost or Scheme Rate	R8,146 for a family, included in the Mental Health limit	
<b>N</b>	<b>NON-SURGICAL PROCEDURES AND TESTS</b>			
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	R9,819 for a family	Authorisation required
<b>O</b>	<b>OPTOMETRY</b>			
1	Eye examination	100% of the lower of cost or SAOA Rate	One (1) examination for a beneficiary each year	
2	Lenses	100% of the lower of cost or SAOA Rate	Clinically essential every 2 years.. Every 2 years from anniversary of claiming PB.	No benefit for lens additions
3	Frames	100% of the lower of cost or SAOA Rate	One (1) frame for a beneficiary, further limited to R1,601 for a beneficiary, every 2 years from anniversary of claiming PB.	
4	Contact lenses	100% of the lower of cost or SAOA Rate	R3,284 for a 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 limit above, if obtained from a registered practice	
6	Refractive eye surgery	80% of the lower of cost or Scheme Rate	R19,877 for a family	Authorisation required

**REGISTERED BY ME ON**

*Mebets* 2020/11/25  
 Mashilo Leboho  
 09/12/2020 19:05:36 (UTC+02:00)  
 Signed by Mashilo Leboho  
 REGISTRATION OF MEDICAL SCHEMES  
 m.leboho@medicalschemes.co.za

**Plat Freedom Option  
Effective 1<sup>st</sup> January 2021**

BENEFIT CATEGORY		RATE	LIMIT EACH YEAR	AUTHORISATION
<b>P</b>	<b>ORGAN AND TISSUE TRANSPLANTS</b>			
1	Harvesting of organ/s, tissue and the transplantation of them (limited to RSA)	100% of the lower of cost or Scheme rate	R229,090 for a 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	R30,547 for a beneficiary, included in the Organ Transplant limit	Authorisation required
<b>Q</b>	<b>ONCOLOGY (CANCER)</b>			
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	R54,382 for a family	Authorisation required
<b>R</b>	<b>PREVENTATIVE CARE</b>			
1	Childhood Immunisation Benefit	100% of lower of cost or Scheme Rate	According to the Department of Health protocols (excludes consultation cost)	
<b>S</b>	<b>PATHOLOGY AND MEDICAL TECHNOLOGY</b>			
	In-hospital	100% of the lower of cost or Scheme rate	Subject to OAL	
	Out-of-hospital	100% of the lower of cost or Scheme rate	R10,370 for a family	

**REGISTERED BY ME ON**

*M Leboho*  
Mashilo Leboho 2020/11/25  
09/12/2020 19:05:47 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalschemes.co.za  
REGISTRAR OF MEDICAL SCHEMES

**Plat Freedom Option**  
**Effective 1<sup>st</sup> January 2021**

	<b>BENEFIT CATEGORY</b>	<b>RATE</b>	<b>LIMIT EACH YEAR</b>	<b>AUTHORISATION</b>
<b>T</b>	<b>ADDITIONAL MEDICAL SERVICES</b>			
1	In-hospital: Dietetics, occupational therapy, speech therapy and social workers	100% of the lower of cost or Scheme Rate	R14,401 for a family	
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	R5,144 for a family	
<b>U</b>	<b>PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS (EXCLUDING X-RAYS)</b>			
1	In-hospital: Physiotherapy and biokinetics	100% of the lower of cost or Scheme Rate	Subject to OAL	
2	Out-of-hospital: Physiotherapy, biokinetics and chiropractics	100% of the lower of cost or Scheme Rate	R9,009 for a family	
<b>V</b>	<b>PROSTHESIS AND DEVICES (INTERNAL AND EXTERNAL)</b>			
1		100% of the authorised cost	R63,057 for a family	Authorisation required
<b>W</b>	<b>RADIOLOGY AND RADIOGRAPHY</b>			
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	R11 367 for a family	
3	Specialised (in- and out-of-hospital)	100% of the lower of cost or Scheme Rate	R21 581 for a 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

REGISTERED BY ME ON

*M. Mashilo*  
Mashilo Leboho 2020/11/25  
09/12/2020 19:05:59 (UTC+02:00)  
Signed by Mashilo Leboho,  
m.leboho@medicalscchemes.co.za  
REGISTRAR OF MEDICAL SCHEMES



**Plat Freedom Option**  
Effective 1<sup>st</sup> January 2021

	BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
<b>X</b>	<b>RENAL DIALYSIS (CHRONIC)</b>			
1		100% of the lower of cost or Scheme Rate	R229,090 for a family	Authorisation required
<b>Y</b>	<b>SURGICAL PROCEDURES (INCLUDING MAXILLO-FACIAL SURGERY)</b>			
1		100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required

<b>LEGEND</b>	
AIDS	Acquired immunodeficiency syndrome
CPAP	Continuous positive airway pressure
GP	General practitioner
HIV	Human immunodeficiency virus
OAL	Overall annual Limit
OTC	Over-the-counter
PAT	Pharmacist advised therapy
PB	Per beneficiary
PET scan	Positron emission tomography scan
PMB	Prescribed minimum benefit
PMF	Per member family
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

**REGISTERED BY ME ON**

*M. Leboho* 2020/11/25  
 Mashilo Leboho  
 09/12/2020 19:06:15 (UTC+02:00)  
 Signed by Mashilo Leboho,  
 m.leboho@medicalschemes.co.za



## PLATINUM HEALTH MEDICAL SCHEME

### Plat Freedom

### ANNEXURE A3

## Contributions 2021

Effective on 1<sup>st</sup> March 2021

Salary Band	R0-R12000	R12001-R18000	R18001-R24800	R24801-R50300	R50301+
Principal	R2001	R2558	R2769	R3458	R4097
Adult	R1569	R2016	R2128	R2680	R3254
Child	R536	R689	R743	R822	R962

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

REGISTERED BY ME ON

 2020/11/25  
Mashilo Leboho  
09/12/2020 19:07:15 (UTC+02:00)  
Signed by Mashilo Leboho  
m.leboho@medicalschemes.co.za

REGISTRAR OF MEDICAL SCHEMES  
SIGNATURE.COM